

A urinary tract infection with a twist

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A 30-year-old female presented to the acute medical unit with moderate-to-severe lower abdominal pain, stating that she needed antibiotics for a urinary tract infection. Her only medical background included a history of previous urinary tract infections; she had an intrauterine device in situ and was not taking any regular medications. She reported that the pain started 2 days earlier, waking her in the middle of the night, and was worse when she had a full bladder and relieved by passing urine. She denied any fever, change in bowel habit, vaginal discharge or bleeding. She had not had a menstrual cycle since having the intrauterine device inserted.

Her baseline observations were normal. She had some suprapubic tenderness but no palpable bladder, rebound tenderness or guarding. Urinalysis and urine pregnancy test were negative. She had a normal full blood count, normal urea and electrolyte levels, liver function tests and C-reactive protein level, and her serum pregnancy test was negative. A transabdominal (followed by transvaginal) ultrasound (**Figures 1 and 2**) was performed which showed an abnormally large left ovary, with ultrasonographic features highly suspicious for ovarian torsion and necrosis. She went on to have an emergency laparoscopic cystectomy to remove the large haemorrhagic ovarian cyst and the affected ovary was preserved.

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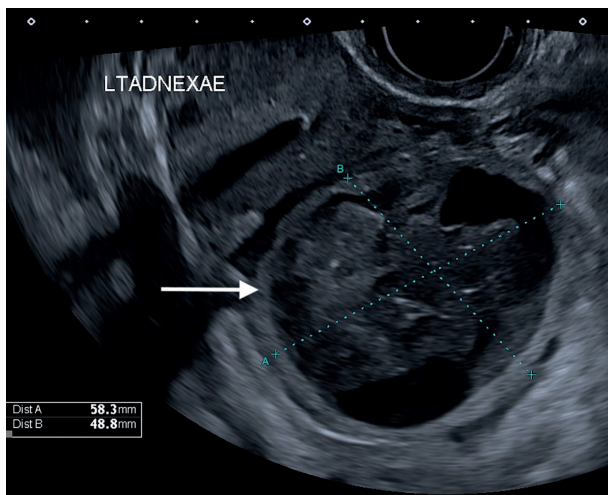


Figure 1. Transvaginal ultrasound showing abnormally large left ovary (5.8 x 4.9 cm) with heterogeneous echotexture.

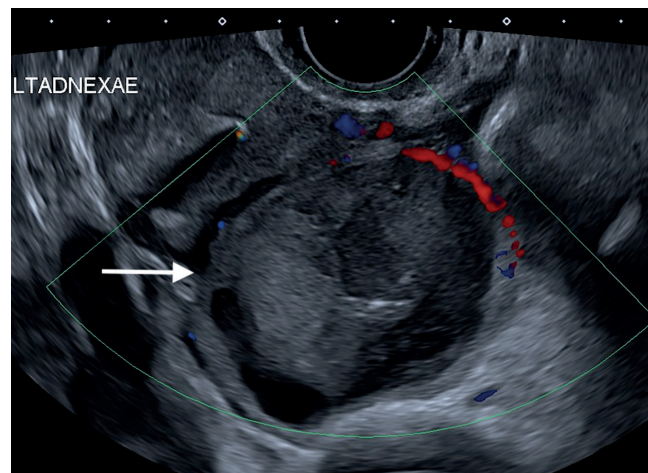


Figure 2. Transvaginal ultrasound showing lack of internal vascularity, with increased peripheral vascular flow ('ring of fire'), highly suspicious for ovarian torsion and necrosis.