

Ovarian Ectopic Pregnancy- A Rare Case Report

Rama Devi E¹

¹Prof &Head, Department of Obstetrics &Gynecology
Chalmeda AnandRao Institute of Medical Sciences
Karimnagar-505001,
Andhra Pradesh, India.

Correspondence :

¹Prof. Dr. E. Ramadevi,
MD (Obstetrics &Gynecology)
Email:drramadeviknr@gmail.com

ABSTRACT

A 25 years of old nulliparous woman presented with lower abdomen pain and right ectopic pregnancy for 6 weeks. Beta human chronic Gonadotrophin was 8777 IU/L. An emergency laparoscopic excision was done. The aim of our case study is to report of an ovarian ectopic pregnancy and review of literature.

Key words: Ovarian ectopic pregnancy, ultrasonography, laparotomy.

INTRODUCTION

Ovarian ectopic pregnancy is a rare type of pregnancy. Ovarian pregnancy accounts for less than 3% of all ectopic pregnancies. The exact etiology is difficult to find⁽¹⁾. In recent years, the incidence is increased because of the assisted reproductive techniques and wide use of intrauterine contraceptive device (IUD)⁽²⁾. Our aim of this case study is to report an ovarian ectopic pregnancy and review literature.

CASE REPORT

A 25 years old nulliparous woman presented with pain in the lower abdomen and faintness since 2 days. She was admitted in emergency ward, Department of Obstetrics and Gynecology, Chalmeda AnandRao Institute of Medical Sciences, Karimnagar on 23rd July, 2012. She had no history of pelvic inflammatory disease, abortions and use of intrauterine devices. She had, surgical history of appendectomy 4 years ago. On examination, she had pulse of 80 per /minute, Blood pressure 120/80 mmHg and temperature is normal. Her general condition was satisfactory. The abdomen was extremely tender in the right iliac fossa and had marked rebound tenderness.

Hemoglobin 7.7 gm/dL, blood group is 'O' positive, random blood glucose (RBS) level was 100 mg/dL, HIV and HBSAG were negative. Urine for pregnancy test was positive. Beta human chronic Gonadotrophin was 8777 IU/L. Transvaginal ultrasound examination shows a right ovarian cyst and evidence of a right adnexal ring that was measuring about 18.5 X 15 mm with a live fetal pole adjacent to right ovary and Crown rump length (CRL) measures 5 mm corresponds to 5-6 weeks. The patient was diagnosed as a right ovarian ectopic pregnancy.



Figure: 1 Transvaginal Ultrasound showing right ovary

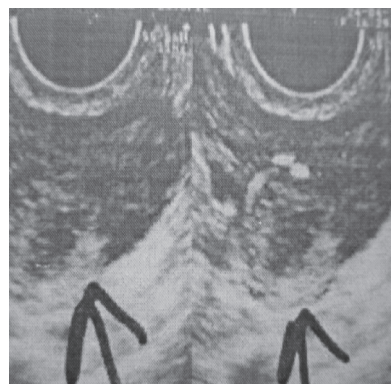


Figure: 2 US showing right ovarian ectopic pregnancy with live fetal pole

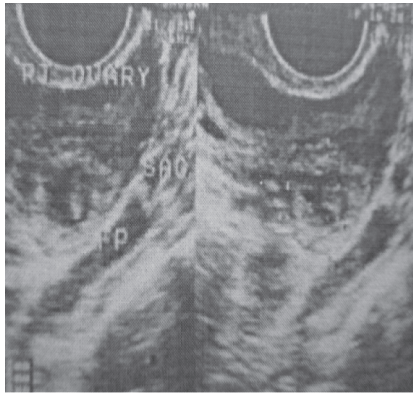


Figure: 3 showing right ovary live early pregnancy

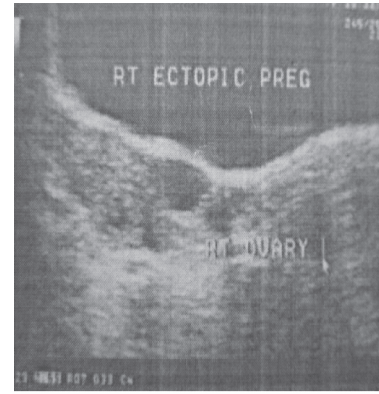


Figure: 4 Abdominal scan showing right ovarian ectopic pregnancy

DISCUSSION

The first reported case in the literature was from Saint Maurice of France in 1682⁽³⁾. The most common site for non-tubal ectopic pregnancy is the ovary, though it is very rare representing 0-2% to 1% of all ectopic pregnancies, the reported incidence ranges from one in 4000 to 7000 deliveries⁽⁴⁾.

Though reported cases in literature are in older age group, but in our patient age 25 years only. most of that of young age group in our case. So, the one of the treatment option is that of the wedge resection of ovary like we did in our case^(5,6). Criteria for ovarian pregnancy diagnosis is described in 1878 by Spiegelberg : (i) the fallopian tube on the effected side must be intact; (ii) the gestational sac must occupy the normal position of the ovary; (iii) the ovary must be connected to the uterus by the ovarian ligament; and (iv) ovarian tissue must be located in the sac wall⁽⁷⁾. On laparoscopy, there was bluish unruptured sac seen in right ovary. A transverse incision given over ovarian pregnancy. All the products are removed, flushed with satine, bleeders are cauterized, preserving the right ovary.

CONCLUSION

Nulliparous patient with ovarian pregnancy, we need not remove the ovary in view of her fertility age.

Conflict of Interest: Nil

Source of Interest: Nil

REFERENCES

1. Sudha S. Ectopic pregnancy. Text book of Gynecology. Jaypee Brothers Medical publishers (P) Ltd, New Delhi, p: 165-171.
2. Yilmaz O, Kucur SK, Yardim D, Davas I, Polat N. Diagnosis and clinical approach in primary ovarian ectopic pregnancy: A case report and review literature. Dicle Med J, 2013; 40(1): 121-123.
3. Farrell DM, Abrams J. Primary ovarian pregnancy: report of a case. Med J Malaysia. 1957; 42: 70-1.
4. Golander TE, Lawson HW, XiaZ etal. Surveillance for ectopic pregnancy-United states, 1970-1989. MMWR CDC Surveill Summ 1993; 42(6): 73-85.
5. Boronow RC, McElin TW, West RH, Buckingham JC. Ovarian pregnancy: report of four cases and a thirteen years survey of the English literature. Am J Obstet Gynecol 1965; 91: 1095-108.
6. Seiner P, Digegorio A, Arisio R, Decko A, Crana F. Ovarian pregnancy and operative laparoscopy: report of eight cases. Hum Reprod 1997; 12 (3): 608-610.
7. Spiegelberg O, Zur Casuistik DER. Ovarialschwangerschaft. Arch Gynaekol. 1878; 13: 73-6.