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Case Report

Rare case of ovarian pregnancy

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ABSTRACT

Ovarian pregnancy is one of the rarest ectopos i.e. out of place pregnancy. Here we present a case of ectopic pregnancy which was misdiagnosed as tubal ectopic but finally came out as ovarian pregnancy after confirmation with surgery and histopathology.

Keywords: Ovarian pregnancy, Ovariectomy

INTRODUCTION

95% of ectopic pregnancy is found in fallopian tubes while remaining 5% in other places. The incidence of ovarian pregnancy is 0.1%-3%.¹ Though the space for expansion is more in ovary but rupture in first trimester is the usual rule.² Still cases has been found up to term successfully.³

CASE REPORT

A 30 year old third gravida patient came with complaint of amenorrhoea of 6 weeks and lower abdomen pain since 7-8 days and also bleeding per vaginum since 2 days. She was having 2 full terms normal delivered baby of 7 years and 5 years both child normal at present. Her previous menstrual cycle was regular with normal and no dysmenorrhea. On examination patient was conscious, oriented, pulse 98/min, BP 110/62 mmHg, per abdomen tenderness in right iliac fossa, per vaginally normal size uterus with tenderness and fullness in right fornix.

Investigation UPT+ve, Hb-10.7 g, TLC-8960, PLT-2.3 lac, bld grp-o neg, b-hcg-1.5 lac IU, on usg-no intrauterine G sac, anechoic round to oval structure in right adnexa suggestive of extra uterine G-sac, mild to moderate fluid in peritoneal cavity thus suggestive of ? Ruptured ectopic.

Thus provisional diagnosis of ruptured ectopic decided in spite of stable vitals and investigation due to some

amount of free fluid. Suddenly patient complained of severe pain and her vitals started becoming unstable. Urgent laparotomy decided and done as patient was deteriorating.



Figure 1: USG right adnexal mass.

Intraoperative, hemoperitoneum of about 300 cc found, 1 fist full clots removed, uterus was normal size, but we found both side tubes absolutely healthy and intact, left side ovary healthy, but right side ovary was covered with a big mass of about 4 cm comprising of clots and some non-ovarian tissue simulating products of conception. Oozing was also present from ovarian surface.

Thus partial ovariectomy done on right side after evacuating the content. Bilateral tubectomy done according to patients wish. Part of tubes and ruptured mass along with ovarian tissue sent for histopathology. One unit intraoperative blood transfusion given.

Postoperative period was uneventful. On histopathology report trophoblastic villi seen embedded in ovarian tissue which confirmed it as ovarian pregnancy.



Figure 2: Ovarian mass and intact fallopian tube.

DISCUSSION

First case of ectopic was reported by St. Maurice in 1689, since then many cases have been reported in literature. Heartig found ovarian pregnancy incidence about 1 in 25,000 to 1 in 40,000 pregnancies, while frequency is 0.3-3.0% in all ectopic gestations.⁴ Risk factors for tubal and ovarian ectopic pregnancy are similar like prior tubal damage due to previous ectopic, tubal surgery for infertility, sterilization, peritubular adhesions, intrauterine devices. In case of ovarian pregnancy the IUD contributes a little more.⁵

Borrow concluded that interference in the release of ovum from ruptured follicle, malfunction of tubes and inflammatory thickness of tunica albuginea is a reasonable explanation of ovarian pregnancy.⁶

Thus in this case intraoperative findings and histopathology report satisfied the criteria for ovarian pregnancy as described by Spiegelberg which is as follows.⁷

- Intact fallopian tube on affected side
- Fetal sac must occupy the position of ovary on affected side
- Ovary connected to uterus by ovarian ligament
- Ovarian tissue must be located in the sac wall which was confirmed by his to pathology.

With the boom of ultrasonography it became possible now to diagnose it preoperatively but still it's a challenge to clinicians to differentiate tubal and ovarian ectopic even with TVS.⁸ If the patient is stable, sac size is less than 2 cm and b-hcg is less than 5000IU, then we can go for medical management with methotrexate.⁹ In ruptured cases usually laparotomy is decided compared to laparoscopy and partial ovariectomy is the procedure of choice.¹⁰

CONCLUSION

Ovarian pregnancy though a rarer entity can be managed easily if diagnosed timely by signs, symptoms, USG findings. Even the conservative management can be done effectively.

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