



Ovary – site of ova or of pregnancy

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Abstract

Ovarian pregnancy is a rare form of ectopic pregnancy. Although ectopic pregnancies have been reported to implant in the cervix, ovary, interstitial tubal segment, and at various intra-abdominal sites, majority of ectopic pregnancies are identified in the fallopian tube. Data regarding these unusual ectopic pregnancies come largely from case reports and anecdotal information. Management and treatment of these ectopic pregnancies includes various combinations of surgery and/or systemic and local chemotherapy. In this article we present a rare case of ovarian pregnancy which was diagnosed intraoperatively and managed successfully.

Keywords: ovarian pregnancy, ectopic pregnancy

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Introduction

Ovarian pregnancy is a rare form of ectopic pregnancy. Ectopic pregnancy is one of the more serious complications of pregnancy [1, 2]. It is one of the leading causes of maternal mortality and morbidity. Even despite significant advances in diagnosis and treatment, ectopic pregnancy remains the leading cause of maternal death in the first trimester [3, 4]. Here we present on such case seen by us.

Case History

Twenty four year old Mrs. D presented with c/o Lower abdominal pain, dull aching on & off – 20 days

h/o nausea ,vomiting & giddiness +

LMP - 4.3.09 with spotting on 17.4.09 & 26.4.09 prev. periods normal

Married Gravida 2 Para 1Live 1 FTNVD LCB 1 ½ years no contraception

O/e anemic, BP 100/ 70 mm Hg, PR-74 /min

P/ A soft, mild tenderness + in hypogastrium

S/e white discharge + cervical erosion +

P/V Uterus anteverted normal size Rt. Forniceal fullness+ tenderness+

Clinical impression: Chronic tubal pregnancy

Investigations:

Urine pregnancy test +

B hCG -358.9 IU

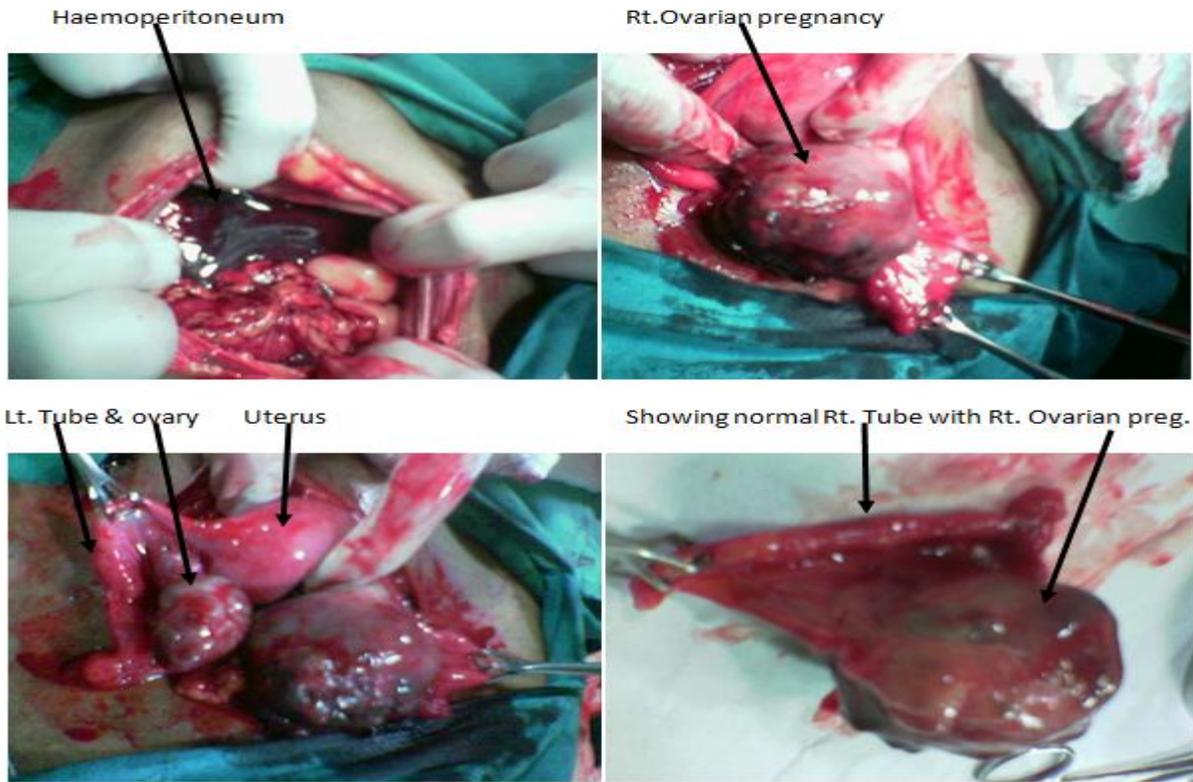
Hb % 7.7 g

Ultrasound abdomen & pelvis: Complex echogenic lesion in Rt. Adnexa , Tubo Ovarian mass with fluid in POD; ?Ectopic pregnancy? Dermoid.

In view of the above findings, lab & radiological findings, a diagnosis of ectopic pregnancy was made and patient taken up for emergency laparotomy. Rt.Salpingo-oophorectomy done.

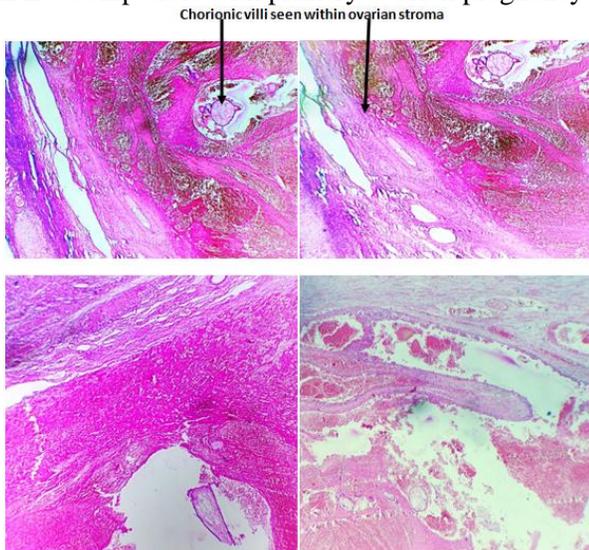
Intraoperative findings:

1. Haemoperitoneum around 200 ml
2. Both tubes normal
3. Uterus & Lt. Ovary normal
4. Right ovary was part of complex mass which was organized ectopic [?primary ovarian ectopic](6×5 cm)



Post operatively she was transfused 1 unit of blood. The postoperative period was uneventful & she was discharged after suture removal.

HPE: Compatible with primary ovarian pregnancy.



Discussion

Primary ovarian pregnancy is a rare form of ectopic pregnancy constituting 0.5 % of ectopic pregnancy. Incidence 1 in 7000 pregnancies. More common in IUCD users.

Spiegelberg criteria:

1. Tube including the fimbria ovarica is intact and clearly separate from the ovary
2. Gestational sac definitely occupies the normal position of the ovary
3. Sac connected to the uterus by the utero ovarian ligament
4. Ovarian tissue is unquestionably demonstrated in the wall of the sac

Commonly presents as chronic pelvic pain. Diagnosed by β -HCG estimation and ultrasound. Treated by conservative resection of the

hemorrhagic portion of the gonad or by oophorectomy.

References

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