CASE REPORT

PRIMARY OVARIAN ECTOPIC PREGNANCY: A RARE CASE REPORT

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ABSTRACT: Ovarian implantation of pregnancy is a rare entity. It represents 0.5%-1% of all ectopic pregnancy. The incidence ranges from 1 in 40,000 to 70,000 deliveries. The word ectopic comes from the Greek word "ektopos" which means out of place. Ectopic is a potentially life threatening adverse pregnancy outcome that requires prompt evaluation and treatment. Past studies have found that it affects an estimated 1-2% of all pregnancy. It results significant maternal morbidity, fetal loss, repeat ectopic, impairment of subsequent fertility.

KEY WORDS: Ectopic, Ektopos.

INTRODUCTION: Ovarian implantation of pregnancy is a rare entity¹. It represents 0.5%-1% of all ectopic pregnancy². The incidence ranges from 1 in 40,000 to 70,000 deliveries.

CASE REPORT: A 22yrs old female, P₁L₁ came to labor room on 23rd March 2013, with chief complain of severe pain abdomen for 6 to 8 hours following amenorrhea for 6wks 4 days. Pain associated with vomiting, giddiness and fainting attack. Vaginal bleeding was not observed. Her previous menstrual cycle was regular, normal flow with average duration. Her previous pregnancy was 1½ yr back, term female child delivered by LSCS. PPIUCD had been used.

On examination she was pale, pulse rate 118/min, BP 86/50mmof Hg. The abdomen was distended and tender. On per speculum examination, no active bleeding was seen. The vaginal examination revealed tenderness in all fornices. Culdocentesis showed fresh blood in pouch of Douglas. Her urine β-HCG was positive. Clinical diagnosis of ectopic pregnancy made. Hematological investigations were absolutely normal.

Laparotomy was done, after arrangement of blood. There was hemoperitonium with ruptured right ovarian ectopic pregnancy. Right salphingo-oophorectomy was done maintaining proper hemostasis. She was given three units of blood transfusion. Patients vital improved post operatively. Histopathology of specimen confirmed diagnosis as ovarian ectopic pregnancy.

DISCUSSION: The word ectopic comes from the Greek word "ektopos" which means out of place. Ectopic is a potentially life threatening adverse pregnancy outcome that requires prompt evaluation and treatment. Past studies have found that it affects an estimated 1-2% of all pregnancy. It results significant maternal morbidity, fetal loss, repeat ectopic, impairment of subsequent fertility.

Ectopic pregnancy is a global problem and has a rising incidence during the last three decades because of increase incidence of PID, advances in ART, tubal surgeries, sterilisation and use of IUCD.

In ovarian pregnancy, the symptoms similar to those of ectopic pregnancies at other sites. It is misdiagnosed sometimes because it is confused with a ruptured corpus luteum in upto 75% of

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cases. As with other types of ectopic pregnancy, an ovarian pregnancy has also been reported after hysterectomy. Ultrasonography has made preoperative diagnosis possible in some cases.

The treatment of ectopic pregnancy is influenced by the clinical state of patients, the of the ectopic gestation, the reproductive wish of the patients and the available facilities and technology. Surgical treatment for ectopic is still the norm and 'gold standard' and may be open laparotomy or minimal access surgery.

Treatment of ovarian pregnancy has been changed. Whereas oophorectomy has been advocated in the past, ovarian cystectomy has become the preferred treatment in unruptured cases³. It is possible to perform cystectomy using laparoscopic techniques⁴. Medical treatment with methotrexate or prostaglandin is also useful.

CONCLUSION: Early diagnosis and treatment is crucial in ectopic pregnancy cases⁵. Many presents with classical presentation but few present atypically. Early diagnosis and proper management can save mother's life.

ABBREVIATIONS:

1. LSCS: Lower Segment Caesarean Section.
2. PPIUCD: Postpartum Intrauterine Device
3. PID: Pelvic Inflammatory Disease
4. ART: Artificial Reproduction Technology.

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1- Ovarian pregnancy in situ.

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2- Histopathology of the excised mass showing under high power:cytotrophoblast and syncytiotrophoblast in ectopic ovarian pregnancy.

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