A Rare Case Report of Primary Omental Ectopic Pregnancy

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PRESENTATION OF CASE

A 26-year-old, gravida-2, para-1, live -1, delivered by caesarean section three years back, presented at 8 weeks & 1-day period of gestational age, with sudden onset of lower abdominal pain for 1 day, not associated with bleeding per vaginum. She gives a history of MTP with Mifepristone & Misoprostol 15 days back by herself after confirming the pregnancy (UPT) & presented with bleeding per vaginum for 2 days. On examination, she was pale, blood pressure- 90/50 mmHg, pulse rate- 80 bpm-feeble, CVS & RS findings were normal. On per abdomen examination-soft, tenderness was present over suprapubic region. No guarding or rigidity. On bimanual examination, uterus-anteverted, normal size & mobile, both adnexa were tender, boggy felt at the pouch of Douglas. Transabdominal scan- revealed an empty uterus with endometrial thickness of 6 mm with minimal to moderate amount of free fluid with internal echoes seen in POD, extending to left adnexa & also in hepatorenal pouch.

CLINICAL DIAGNOSIS

Ectopic pregnancy.

DIFFERENTIAL DIAGNOSIS

Appendicitis (Perforated), Acute Pancreatitis, Pelvic Abscess, Septic Abortion, Pyosalpinx, Acute PID, Twisted Ovarian Cyst.

PATHOLOGICAL DISCUSSION

Ectopic pregnancy is the implantation of a fertilized ovum outside the endometrial cavity. It occurs in 1-2% of pregnancies. It is one of the major causes of maternal deaths during the first trimester of pregnancy. Nearly 95% of ectopic pregnancies are implanted in one of the segments of fallopian tubes. The remaining 5% implant in ovary, peritoneal cavity, cervix or in prior caesarean section scar. Abdominal pregnancy is a rare entity, the reported incidence is between 1 in 4857 to 7931.^[1,2] The omental pregnancy is least common form of abdominal pregnancies. To date, there were only few cases being reported. We are reporting a case of primary omental ectopic pregnancy based on Studdiford's criteria.^[3]

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Histopathological examination of the specimen confirmed the diagnosis of primary omental ectopic pregnancy as the villi lined by trophoblastic cells invaded into the omental tissue (Figure 5).

Figure 1. Laparoscopy Showed Hemoperitoneum

Figure 2. There was a Lesion on the Surface of Omentum that Seems Attributable to Blood Clot, Tenaciously Adhered to Omental Tissue

Figure 3. There was a Lesion on the Surface of Omentum that Seems Attributable to Blood Clot, Tenaciously Adhered to Omental Tissue

Figure 4. Friable Mass of About 30 mm Removed by Forceps and Bipolar Scissors

Figure 5. Histopathological Examination of Omental Tissue with Placental Implantation Site .a) Low Magnification Showing Products of Conception with Omental Tissue. b) High Magnification Showed Trophoblastic Cells Including Syncytiotrophoblast

DISCUSSION OF MANAGEMENT

A diagnosis of ectopic pregnancy was made, as UPT was positive and USG Pelvis showed empty uterus with free fluid with internal echoes in POD. Subsequently, she underwent emergency laparoscopy & proceeded for suspected ruptured ectopic pregnancy. Intra operatively, haemoperitoneum of 500 ml was noted (Figure 1). Both fallopian tubes were normal. Right ovary was normal. Left ovary shows a simple cyst of size 2.0* 1.0 cm. on further exploration, 2*2 cm omental ectopic identified in the right lumbar region (Figure 2,3), as an active bleeding point & the same was excised with a bipolar energy source (Figure 4). Specimen was sent for HPE. Post operatively, she recovered well.

Abdominal pregnancy can be classified as primary or secondary. The latter is far more common due to re-implantation of a ruptured tubal ectopic pregnancy.^[4] Early diagnosis of omental pregnancy is difficult but essential to reduce high mortality risk for mother. Ultrasound evaluation & hCG assessment are important to determine extra uterine location of the ectopic pregnancy & also requires a laparoscopic evaluation & as our case has highlighted, thorough abdominal exploration especially in the absence of adnexal findings when ectopic pregnancy is highly suspected. Methotrexate is an alternative nonsurgical treatment option in women with an ectopic pregnancy & no signs of active bleeding presenting with low initial serum hCG concentrations. It was reported that maternal mortality from abdominal pregnancy is 7.7 times higher than tubal ectopic pregnancy and 90 times of a normal uterine pregnancy.^[5]

FINAL DIAGNOSIS

Primary omental ectopic pregnancy.

REFERENCES

- [1] Martin JN Jr, Sessums JK, Martin RW, et al. Abdominal pregnancy: current concepts of management. *Obstet Gynecol* 1998;71(4):549-57.
- [2] Strafford JC, Ragan WD. Abdominal pregnancy. Review of current management. *Obstet & Gynecol* 1977;50(5):548-52.
- [3] Studdiford WE. Primary peritoneal pregnancy. *Am J Obstet Gynecol* 1942;44(3):487-91.

- [4] Hallat JG, Grove JA. Abdominal pregnancy: a study of twenty-one consecutive cases. *Am J Obstet Gynecol* 1985;152(4):444-9.
- [5] Stovall TG. Early pregnancy loss and ectopic pregnancy. In: Berek JS, edr. *Novak's Gynaecology*. Philadelphia: Lippincott Williams & Wilkins 2002.