

# OVARIAN PREGNANCY ASSOCIATED WITH CU. T.

## (A Case Report)

by

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Throughout the whole World Scientists are trying to control population explosion by various types of contraceptive device, Cu.T is one of the methods recently advocated and also accepted by a good number of female population as a method of Family Planning.

In Eden hospital, during last 3 years, 750 mothers accepted Cu-IUD. Intra-uterine pregnancy occurred in 2 cases giving failure rate of 1 in 375. Not a single case of ectopic pregnancy with Cu.T has been reported from this hospital.

In this paper, a case of ovarian pregnancy with Cu.T is reported.

### CASE REPORT

Mrs. E. 36 years, P<sub>2</sub> + O, was admitted on 6-10-76 with chief complaints of amenorrhoea for 1½ months, pain in lower abdomen for 10 days, and bleeding per vaginam for 9 days.

Menarche was at the age of 11 with normal and regular cycle with duration of 4-5 days. Her last two pregnancies were uneventful and ended in normal delivery. Following her second delivery which took place 10 years ago, she

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### Introduction

adopted oral contraceptives. But very recently i.e. 6 months prior to her admission in this hospital, she was switched to Copper T (in Cuttack Medical College) while she consulted a gynaecologist due to fungal infection of vagina.

Since the insertion of Copper T, her menstrual cycle was normal and regular. The date of her last menstrual period was 16-8-76. Then she missed one period. On 26th September she was seized with excruciating pain in lower abdomen which was associated with vomiting and dizziness. The acuteness of pain was relieved after 4-5 hours with some pain relieving drugs, and dull ache persisted. On 27th September slight spotting (of blackish colour) occurred followed by fresh bleeding after 2-3 days. The pain in her abdomen also increased for which she went to a Nursing Home where pregnancy test was done and it was positive. She wanted to get rid of this pregnancy. So she came to this hospital on 6-10-76 and got admitted.

**On Admission:** G.C.—fair, Pulse—90/min., B.P.—120/80 mm. of Hg.

**Abdominal Examination:** Tenderness over the whole abdomen particularly in right iliac fossa.

**Vaginal Examination:** Uterus was normal in size was pushed to left side by a tender mass in right fornix. The mass could not be properly palpated due to tenderness of adnexa.

It was diagnosed provisionally as a case of ectopic pregnancy.

**On 8-10-76:** The patient was examined in the operation theatre under anaesthesia. Copper T was removed and curettage was done. On needling of pouch of Douglas dark tarry blood came out. On opening the peritoneal cavity, old clotted blood was removed. The tubes of both sides and uterus were healthy. Gestational

sac was in the position of the right ovary and was attached to uterus by the ovarian ligament. But a portion of the right ovary was normal and healthy. The other ovary was found to be healthy (vide picture). Right sided ovarian resection and bilateral partial salpingectomy were done. The abdomen was closed in layers.

Her immediate postoperative period was uneventful and she was discharged on the 9th day.

#### Histopathological Report

1. Tissue from endometrium shows decidual endometritis. In some areas glands are hyperplastic while in others they are small and thin.

2. Tissue from the ovary: Histology shows chorionic villi, some showing molar degeneration. There are marked proliferative changes of Langhan's cells and syncytical cells in some areas. At the periphery there is a corpus Luteum of pregnancy.

#### Discussion

A case of ovarian pregnancy with Cu-IUD has been described. So far to our knowledge, 13 cases of ovarian pregnancies with different IUD's have been reported but not a single case with Cu.T (Lehfeldt *et al*, 1970; Piwer *et al*, 1967; Pane *et al*, 1972).

In recent years increased attention has been given to the outcome of pregnancies occurring in women wearing IUD and it appears that complications of pregnancy (e.g. abortion, ectopic pregnancy) are occurring more frequently among IUD patients than among patients without IUD. According to Lehfeldt, *et al* (1970) the incidence of ovarian pregnancies

among IUD wearers and normal population, is equal (1 in 1000 of all ectopic pregnancies). They concluded that the high relative frequencies of both types of extrauterine gestations (tubal and ovarian) are due to the fact that IUD prevents uterine pregnancies more effectively than tubal pregnancy and do not alter the incidence of ovarian pregnancy. (Normal incidence is 1 in 25,000).

Symptomatology of the case did not differ from that of an ectopic tubal pregnancy. The diagnosis of ovarian pregnancy was only made by laparotomy and finally confirmed from histopathological report.

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