

PRIMARY OVARIAN PREGNANCY

(A Case Report)

by

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Primary ovarian pregnancy is a rare entity. Mitra and Das (1973) reported that probably total published cases did not exceed 200. Hertig (1951) reported the incidence as 1 in 25,000 to 40,000 amongst all pregnancies and 0.7 to 1.7% amongst ectopic gestations.

A case of ovarian pregnancy which fulfilled this criteria is presented below.

CASE REPORT

Mrs. R. M., aged 35 years, para 3 + 0 was admitted on 15-3-79 at 11-30 A.M. to General Emergency Ward of this hospital with moderate anaemia and acute lower abdominal pain of 2 days duration, vomiting for 1 day and history of fainting attack once about 8 hours back without history of missing of any period. She was then transferred to Eden Hospital on the advice of a gynaecologist who examined her and diagnosed as a case of disturbed ectopic pregnancy.

Menstrual History

Menarche at 11 years, cycle 28 ± 3 days with duration of 3-4 days. L.M.P.—4-3-79. The patient was not using any contraceptive measures.

Obstetric History

She had 3 previous pregnancies, all ended at normal deliveries at term. L.C.B.—8 years back.

Examination

She was pale and moderately anaemic, pulse 120 p.m., regular, B.P. systolic 70, diastolic could not be recorded. Hb—7.8 gm%. Lower abdomen was tender, distended, thrill was present. No mass could be detected. Vaginal examination showed that the fornices were tender and full. Vagina, pale. Height of the fundus could not be felt separately. There was no vaginal bleeding.

Diagnosis of disturbed ectopic pregnancy was made.

Treatment

I.V. fluid, blood transfusion, Inj. morphine were given culdocentesis gave positive results. Laparotomy was undertaken within one and half an hour of her admission to Eden Hospital.

On opening the abdomen by infraumbilical paramedian incision, peritoneal cavity was found to be full of blood (approximately 1500 ml). Uterus was found to be normal in size, both the tubes and right ovary were healthy. The left ovary which was slightly enlarged contained a haemorrhagic area of the size of a small marble on the surface, from which bleeding was continuing. There was no other pathology in the pelvis. Left oophorectomy was done along with bilateral partial tubectomy. Abdomen was closed in layers, after peritoneal toileting. Clinically it appeared to be a case of ruptured ovarian pregnancy. The patient received 4 bottles of blood in the postoperative

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Accepted for publication on 12-9-79.

period and was discharged on the 8th post-operative day in good condition.

Macroscopic Appearance of the Specimen

The ovary was slightly enlarged with the haemorrhagic area described earlier. On cleaning the blood from the surface, a haemorrhagic sac with a covering suggestive of chorionic villi was seen.

Microscopic Appearance

Multiple sections were studied from different areas. The sections from the haemorrhagic zones revealed blood clots and chorionic villi. Another area of the mass revealed corpus luteum with chorionic villi (Figs. 1 to 2) one of the sections showed ovarian cortical structure.

Comments

A case of primary ovarian pregnancy has been presented. The signs and symptoms of ovarian pregnancy are similar to those of disturbed tubal pregnancy as was observed in the present case. The appearance of haemorrhagic area in the ovary seen at laparotomy may simulate ruptured corpus luteum laematoma, but subsequent histopathological examination showed it to be an ovarian pregnancy. Further healthy condition of the tubes seen during operation pointed towards the diagnosis of primary ovarian pregnancy in this case. Histological picture also show-

ed that there was a mass of chorionic villi and decidua like cells in between the corpus luteum and surface of ovarian substance.

In the present case history of amenorrhoea was absent. Darbar *et al* (1978) opined that history of amenorrhoea may be absent in as many as 50% cases. The age of the patient was 35 years ovarian pregnancy is said to be commoner in the 3rd and 4th decades of life (Mitra and Das 1973). Rupture in the first trimester is the usual rule but pregnancy may advance to fullterm (Darbar *et al* 1973).

Acknowledgements

The authors are grateful to the Head of the Dept. of G and O, and Principal, Calcutta Medical College, Calcutta.

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See Fig. on Art Paper V