PRIMARY OVARIAN PREGNANCY

(A Case Report)

by

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Abstract

A fresh case of primary ovarian pregnancy is reported. The theories of causation and the criteria for diagnosis, along with a short review of 18 cases published in Indian literature over the past twenty years are presented. Points pertaining to the case are discussed.

CASE REPORT

A 25 year old female was admitted for sever lower abdominal pain of 5 days' duration following 45 days amenorrhea. The pain was of sudden onset, and was situated in the right iliac fossa and suprapubic region. It radiated to the left shoulder. The pain was also associated with vomiting and fainting. In addition, the patient had difficulty in micturition and defaecation. There was no vaginal bleeding. Her menstruation had been regular and normal. She had 4 full term normal deliveries; her last childbirth being 3½ years earlier. She had never used any contraceptive method.

When the patient was brought to the Hospital, she was markedly pale, restless, with a pulse rate of 128/mt. and her BP was 90/60 mm of Hg. There was distension of the lower abdomen. Guarding was present in the right iliac fossa and suprapubic region. Tenderness was however elicited all over the lower abdomen but no mass was palpable. Vaginal examination showed that the cervix and the vagina were healthy, the uterus was enlarged to 8 weeks pregnancy size. A tender mass was felt in the left fornix and all the fornices were tender. Cervical movements were also tender. A tentative diagnosis of a disturbed ectopic pregnancy was made. Colpocentesis revealed altered blood in the peritoneal cavity.

Laparotomy showed 900 ml. of fresh and old blood all over the peritoneal cavity. The right tube was enlarged and the fimbrial end appeared blocked. The right ovary was enlarged, haemorrhagic and was the seat of rupture. The left tube was thickened. The left ovary had a thin walled cyst about 10 cm. x 6 cm. x 6 cm. An operative diagnosis of rupture of right ovarian or corpus luteum cyst with probable intrauterine pregnancy was made.

Bilateral salpingectomy, right ovariotomy and left ovarian cystectomy was done.

The Fallopian tubes were processed in toto for histological examination. Both failed to show any evidence of a primary tubal pregnancy. The left ovarian cyst showed a follicular lining luteinization. Sections from the haemorrhagic mass showed viable chorionic villi within the ovary, and adjacent to the corpus

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luteum (Fig. 1) A histopathological diagnosis of "Ectopic Primary Ovarian Pregnancy" was thus made.

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See Fig. on Art Paper VI