

# Ivarian pregnancy

um Kum Avasthi • U. • Midha V. Malhotra •, Harpreet Kaur

dept. of Obstet. & Gynaecol.,

dept. of Pathology, Dayanand Medical College and Hospital, Ludhiana, Punjab.

atient H.K. 20 year old female was admitted on 11.02.97  
with complaints of continuous bleeding PV-20 days.

ain lower abdomen 5 days

omiting and giddiness 5 days

## History of present illness :

atient had Cu-T inserted 2 months back in the post  
menstrual period. She was apparently asymptomatic till  
10 days ago when she started having bleeding P/V which  
was continuous, excessive in amount with passage of clots  
and generalised weakness. The patient got her Cu-T  
removed 6 days ago at a private nursing home. There is  
history of continuous severe pain in the right lower  
abdomen which radiated to whole abdomen. It was not  
relieved with any medication. Pain was associated with  
3-4 episodes of vomiting projectile in nature, containing  
undigested food particles only. It was not bilious and had  
no blood.

Patient had giddiness with syncopal attacks but no history  
of unconsciousness or any other systemic complaint.  
Patient was admitted at a private nursing home where  
ultrasound examination showed a tubal pregnancy. She  
was transfused 4 units of blood and was referred for  
further management.

Past history and family history : nothing significant

Menstrual history : M.F: 7-8/30 days. Regular, painless,  
average loss, L.M.P.: 20/01/97 (prior to this L.M.P. : 20/  
12/96.

Obstetrical history : G<sub>2</sub> P<sub>1</sub> A<sub>0</sub>

G1-5 months old male child born by FTNVD, 5 months  
back.

Patient was using Cu-T for the past 2 months

**On examination:** Patient was conscious, co-operative,  
well oriented.

Pallor+, no cyanosis, no icterus, no oedema.

BP: 150/100 mmHg.

Pulse : 100/mm, regular, average volume: Afebrile.

Respiratory rate : 24/min, regular

Respiratory system and CVS: normal

Per abdomen: not distended.

Tenderness in right lumbar and iliac region

No organomegaly appreciated.

Shifting dullness +

Bowel sounds : absent.

## Pelvic examination:

External genitalia : normal

P/S cervix, vagina : healthy

Bleeding from Os+

## P/V :

Cervix-vagina: healthy

Uterus: bulky

No cervical excitation pain.

No adnexal mass felt

No tenderness in the fornices.

Culdocentesis: negative

Abdominal paracentesis :- (R) flank showed frank  
blood which did not clot.

## Investigations:

Her haemoglobin was 13 gm%; blood group: A+

Routine urine examination: normal.

Operative notes: Laparotomy with dilatation and  
evacuation.

**Per-operative:** Abdomen was opened by midline vertical infraumbilical incision under spinal anaesthesia. Parietal peritoneum was blue in colour. 800 ml. Of frank blood with 400 gm. of clots were removed from peritoneal cavity. Uterus was bulky and soft. Right ovary was slightly enlarged which had active bleeding. Both fallopian tubes and left ovary were normal. Biopsy was taken from the bleeding area over right ovarian tissue and was sent for histopathological examination.

Complete haemostasis was achieved and abdomen closed after putting drain.

**PV:** Uterus length was 4". Uterine cavity was evacuated per vagina and tissue was sent for histopathological examination. Post operative period was uneventful. Histopathological examination showed ectopic (ovarian pregnancy) with corpus luteum. Endometrial tissue showed late secretory endometrium with marked decidual reaction.