

Ectopic Pregnancy - Two cases of unusual presentations

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Case I :

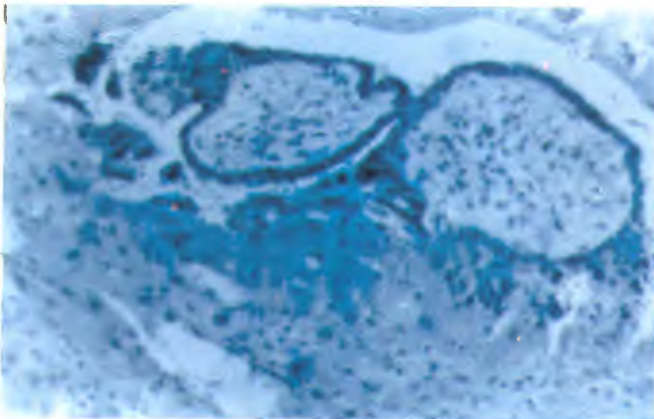
Ovarian pregnancy is the rarest form of ectopic gestation occurring once in every 40,000 deliveries. A patient, VK, 27 years old, presented with bleeding p/v since 3 days, pain in abdomen and weakness. She was para 3, her previous menstrual cycles were regular and LMP was 16 days back. Patient's pulse and BP were unrecordable and she was very pale. Per abdominal examination revealed tenderness and guarding all over. On per vaginal examination, cervical movements were tender, uterus was anteverted and normal in size. USG revealed a mass of 8 x 6.4 x 5.5 cms on the left of the uterus, the uterus was empty, and there was free fluid in the whole of the abdomen. On aspiration, it was confirmed to be blood. On laparotomy, the left ovary was enlarged and blood was oozing out of it. Both fallopian tubes and right ovary were normal. The uterus was of normal size. The Left ovary was removed. Histopathological examination revealed a few cystic follicles, a large corpus luteal cyst showing haemorrhage and a few chorionic villi



entrapped in blood clots within the cystic spaces (Fig-1) which confirmed the diagnosis.

Case II :

Abdominal pregnancy is rare, occurring about once in 15,000 deliveries. A patient MK, 29 years old, presented with 4 months amenorrhoea with severe pain in the abdomen. She was a second gravida and was operated for ectopic pregnancy (right salpingo-oophorectomy done at a private nursing home) 6 months back. She was pale, pulse and blood pressure were normal. Per abdomen, a lump arising from the hypogastrium of about 14 weeks size of uterus was felt, foetal heart picked up with doppler, was regular. Marked tenderness was felt in the whole of the lower abdomen. On ultrasound examination a live foetus of 12 weeks gestation was seen lying outside the uterus and superior to it; there was free fluid in the abdominal cavity. On Laparotomy, free blood was present in the



abdominal cavity, the foetus was seen lying between the intestines (Fig 2). The uterus was normal in size, the right tube and ovary were absent, placentation was on the fundus of the uterus and intestines and the left tube could not be identified. The left ovary was seen in the pouch of douglas. The foetus was removed. Placenta was removed as

much as possible and a drain left in the placental bed. The post operative period was uneventful. Subsequently, the patient has been menstruating normally. On ultrasound, the left ovary has been visualized and found to be normal in size. She has been advised IVF for future pregnancy planning.