J Obst & Gyn of India Vol. 51, No. 3: May/June 2001 Pg 156-157

A Case of Primary Ovarian Pregnancy

G.N. Modi, D.S. Atit, L.P. Gupta, Janki, Mital

Dept. of Obst. & Gynaecology, Smt. S.C.L. Mun. General Hospital, Saraspur, Ahmedabad – 18.

Ovarian pregnancy is a rare entity, reported as in 7000 to 40,000 deliveries. It accounts for less than 13% of all ectopic pregnancies. With the advent of transvaginal sonography diagnosis of tubal ectopic pregnancy is done with high accuracy but diagnosis of ovarian pregnancy is still a dilemma. Continuation of ovarian pregnancy till third trimester is very very rare.

This is a case report of ovarian pregnancy of a 8½ months amenorrhoea.

A 20 years old woman was admitted on 12/10/98 with h/o 8 months and 14 days amenorrhoea and h/o no perceptible foetal movements and slight vaginal bleeding since 2 days. She did not take any antenatal care during this period and did not have any abdominal pain or abnormal bleeding.

She was a 2nd gravida with h/o one spontaneous abortion at 2½ months amenorrhoea one year back. D&C was not needed; she had regular menstruation for 2 months and then developed amenorrhoea since 27/1/98.

On per abdominal examination fundal height was of 28 weeks gestation. Foetus was presenting by floating vertex. Ballotment could not be elicited. FHS was absent, uterus was not contracting and was not tender.

On per speculum examination, there was slight vaginal bleeding.

On per vaginal examination – Cervix admitted one finger & was not effaced. Presenting part could not be felt. Head could be felt through post fornix. Internal ballotment could not be elicited so with provisional diagnosis of intra uterine death or abdominal pregnancy or sacculation of uterus ultra sonography was done.

On ultrasonography – A single foetus, presenting with vertex having B.P.D – 69mm. FL-40mm. Corresponding to 26 weeks of gestation was seen. Foetal heart activity was absent. Placenta was fundo anterior reaching up to internal OS with multiple clots in fundal region. There was severe degree of oligohydramnios.

A part of uterus was seen separately and diagnosis of – ? bicornuate uterus with intrauterine death in one horn, ? extrauterine pregnancy was made.

Laparotomy was decided.

On opening the abdomen uterus was of normal size and shape. Right sided ovary and tube were normal with no sign of recent or past perforation in uterus or tube.

On left side pregnancy was found with intact amniotic sac with ovarian tissue involved in formation of sac. Left tube was found stretched over the mass without any sign of recent or past perforation.

The mass was found to be attached to the uterus with utero-ovarian ligament and was arising from the site of left ovary. The blood supply was from left ovarian vessels only.

There were flimsy adhesions around the mass. They were separated and removal of primary ovarian pregnancy with left sided salpingectomy was done. (Fig. 1)

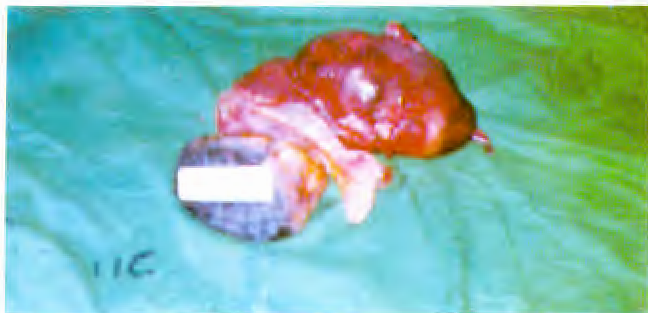

Fig. 1

On opening the sac a still born female foetus weighing 1.4 kg with placenta on the internal side of sac was seen.

Postoperative period was uneventful and patient was discharged on 10th day.

Histopathology confirmed the presence of ovarian tissue in the sac wall, fulfilling Spiegelberg's all criteria for the diagnosis of primary ovarian pregnancy.