

A Rare Case of True Ovarian Pregnancy Managed by Laproscopic Surgery

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Patient B.S.P. was admitted on 19.11.2000 with complaints of pain in lower abdomen since 5 days, & complaints of irregular spotting p/v since 1 month.

History of Present illness

Patient was having secondary infertility: Hysterosalpingography was done in June 2000, following which, she had normal period with normal flow pattern. Patient had regular period on 18.08.2000. On 19.08.2000, she started with spotting p/v, which continued irregularly for 1 month. She developed diarrhoea on 14.09.2000, which was treated routinely by family physician with ciprofloxacin & tinidazole. She consulted for irregular spotting p/v, & pain in lower abdomen.

Past History :

Patient had history of treatment for primary infertility, & her first pregnancy was by treatment with clomiphene citrate.

Family History : Nothing significant.

Menstrual History : M.F.: 4-5/28-30 Days. Regular & Painless, with average loss. (Prior to this irregular spotting)

Obstetrical History : G2 P1 A0

G1 – Two & half year old female child born by FTNVD.

Patient had Cu-T inserted after last delivery for one & half year.

On Examination:

Patient was conscious, cooperative, well oriented, Pallor present, no oedema, icterus.

Temperature : Normal.

Pulse : 98/min, regular.

B.P. : 130/70 mm of mercury.

RS & CVS : Normal

P/A : Normal Peristalsis present.

P/A : Uterus freely mobile & felt separately from a mass in left fornix. Generalised tenderness in pelvis present.

P/S : Slight bleeding from os seen.

Investigations

Haemoglobin was 11 GM%.

Urine routine was normal.

Urine pregnancy test by strip test was positive.

Transvaginal ultrasonography : Showed normal uterus with a mass in left fornix measuring 4.5 to 6 cm in size, with a Gestational sac measuring 3 cm, with a foetal pole. There was minimal free fluid in pelvis. Provisional diagnosis of left unruptured tubal ectopic pregnancy was made.

Operative Note

On visualisation of abdomen with laproscope, there was minimal blood in pelvis. On examining both tubes, they were found to be normal with no inflammation. On examining left ovary, it was found to be enlarged with inflammatory changes on its surface. Diagnosis of true ovarian ectopic pregnancy was made. On husband's insistence, decision for oophorectomy was avoided. Ovarian surface was cut open with high frequency monopolar point, & clots & pregnancy sac with products of conception were evacuated. Some part of ovarian tissue was also removed, as the sac was firmly adherent at some places. Haemostasis achieved with a bipolar forceps. Suction & irrigation was done.

Post Operative : Convalescence was uneventful.

Histopathology : Biopsy report showed products of conception with ovarian tissue.