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Case Report

Primary ovarian ectopic pregnancy

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Key words : ovarian ectopic pregnancy

Introduction

Primary ovarian ectopic pregnancy is a rare clinical entity. Factors determining site of implantation are not yet proved. This is an interesting case of ovarian ectopic pregnancy in a woman using IUD.

Case report

A 28 year old woman with 3 normal deliveries came for CuT on 24th September, 2005. She gave a history of vague abdominal pain, giddiness with sweating and vaginal spotting 10 days prior to her present visit. Her menstrual cycles were regular with the last menstrual period on 30th August, 2005. She had a copper-T inserted 3 years back. It was removed on 24th September, 2005. On examination her vital parameters were stable. Cervix and vagina were healthy.

Uterus was normal size and a tender adnexal mass of 2x2 cm was felt on the right side. She was advised sonography which showed no intrauterine pregnancy.

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The right ovary had a well circumscribed mixed heterogenous lesion of 2.2 cm suggestive of a corpus luteum hematomas or an ovarian ectopic pregnancy. βhCG estimation done on 24th September, 2005 was 2917.89 mIU/mL.

USG repeated on 29th September, 2005 showed a right adnexal lesion with good flow signal and circumferencial flair.

βhCG was 11,640.20 mIU/mL on 29th September 2005. The provisional diagnosis was unruptured ovarian ectopic pregnancy. Laparoscopic surgery was decided upon. At laparoscopy right fallopian tube was normal. Right ovarian pregnancy was apparent (Figure 2). Right uteroovarian ligament was normal and attached to the gestational sac. Left tube and ovary appeared normal. Attempts at excising the pregnancy produced severe bleeding with hypotention and tachycardia. Hence right oophorectomy was done. Bilateral tubal ligation was performed.

Post operative course was uneventful. Histopathology report (Figure 3) showed 4x3x2 cm mass with hemorrhagic necrotic area showing chorionic villi and ovarian stroma.

Patient was seen a month after discharge from the hospital. She had one normal menstruation and had no complaints.

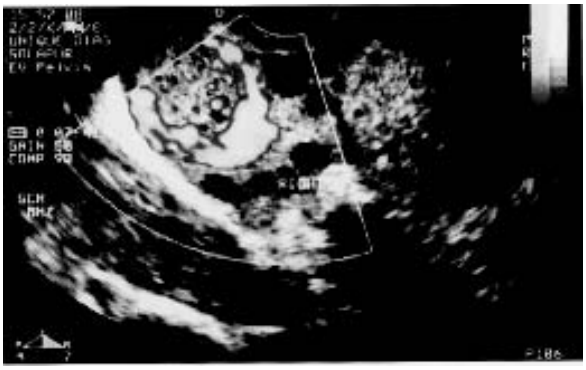

Figure 1. Sonography showing right adnexal lesion with good flow signals

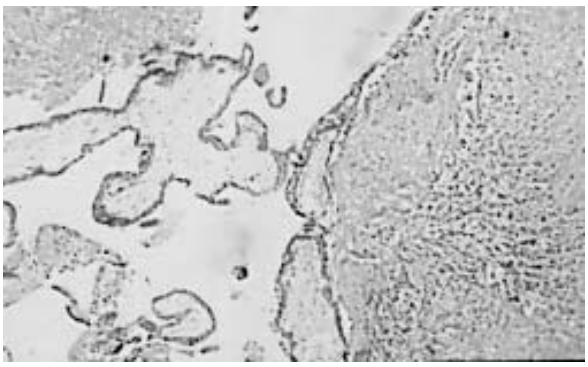

Figure 3. Histomicroscopy showing chorionic villi on the left and ovariian stromaon the right. HE stain 100 x.

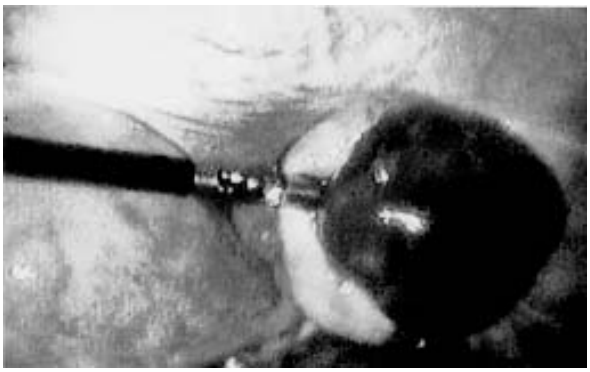

Figure 2. Laparoscopic view right ovary with gestational sac.

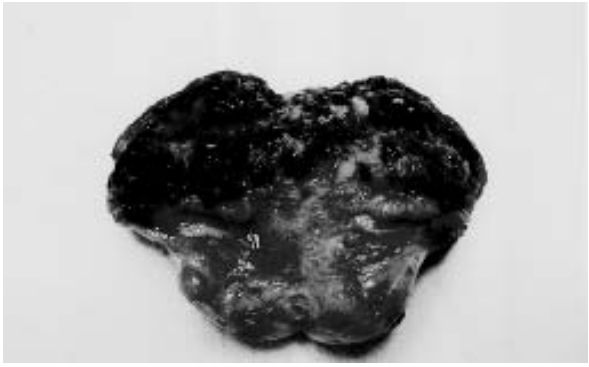

Figure 4. Sonography showing gross specimen

Discussion

The site of implantation of ectopic pregnancy and risk factors for the same are little studied. Incidence of primary ovarian ectopic pregnancy is 3.2%[1]. Incidence of primary ovarian ectopic pregnancy and current use of IUD has statistically significant association[1,2]. Intrauterine contraceptive devices reduce uterine implantation by about 99.5%, tubal implantation by 95% and the ovarian implantation not at all[2]. This case again corroborates it.

Acknowledgement

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Reference

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