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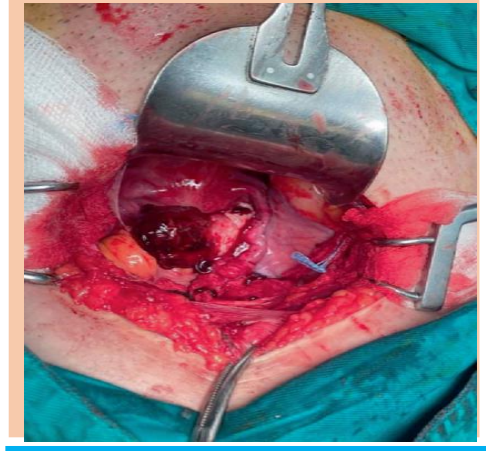
Title: Ovarian Ectopic Pregnancy : A Rare Case

INTRODUCTION

- Ovarian pregnancy is a rare form of ectopic pregnancy.
- Its incidence is 0.5% to 1% of all ectopic gestations, or 1 in 7000 to 40,000 live births.
- The diagnosis is intricate and based on surgical and histopathological observations.
- Traditional risk factors for ovarian ectopic pregnancy are similar to those for tubal pregnancy, but use of an IUD seems to be disproportionately associated.



CASE REPORT

A 22-year-old women, G2P1L1 previous FTND with Copper T insitu. Current pregnancy 6 + 6 weeks, unregistered and unimmunised. Complaints of pain abdomen since 10 days and PV bleed since 1 week soaking 4 pads/day.
On examination : pulse rate- 114bpm, BP- 120/70mmHg, per abdomen- not significant, prevaginal examination-uterus bulky, OS admits tip, bleeding seen,Right fornix fullness present, left flank free,
ON INVESTIGATIONS : USG ABDOMEN & PELVIS SHOWS- right adnexa shows well defined ,thick walled echogenic lesion 11mm with internal echoes , abutting right ovary, surrounded by heterogenous hematoma 5.5*4.1*5.1 cms(62cc) – suggestive of right adnexal ruptured tubal ectopic gestation. Blood routine examination : Hb- 9.2g/dl, rest normal
MANAGEMENT–Patient taken up for Emergency Exploratory laparotomy. Intraop findings- hemoperitoneum 50cc, right ovarian ruptured gestation sac approx. 3*3cms. Right and left fallopian tube normal. Left ovary normal. Partial right oophorectomy done removing the ruptured gestation sac. Ovarian reconstruction done. Specimen sent to histopathology. Copper T removal done.
Histopathology reported as Ectopic Ovarian Pregnancy.
Post op Care : Patient tolerated well and discharged on post op day 4 after doing check dressing.

DISCUSSION

- **RARITY AND DIAGNOSIS:**
Primary ovarian pregnancy is extremely rare.Diagnosed using the Spigelberg criteria and confirmed via histopathology.
- **CAUSES:**
Causes are unclear.Theories include tube dysfunction, inflammation, ovum discharge interference, intrauterine control methods, and empty follicle syndrome.
- **SYMPTOMS AND MISDIAGNOSIS:**
Symptoms resemble disrupted tubal pregnancy.
Often misdiagnosed as chocolate cyst, hemorrhagic corpus luteum, or tubal ectopic pregnancy.
- **PREGNANCY PROGRESSION:**
Typically ruptures in the first trimester.Can occasionally reach full term.
- **ADVANCES IN DETECTION:**
Ultrasonographic techniques, especially vaginal probes, allow pre-surgical identification.
- **SURGICAL DIAGNOSIS AND TREATMENT:**
Final diagnosis is surgical and histopathological.Options include oophorectomy and wedge resection, considering patient factors.
- **MEDICAL TREATMENTS:**
Aim to preserve ovarian tissue and fertility.Include mifepristone, injectable prostaglandin F2a, and methotrexate (MTX) for nonruptured cases identified via laparoscopy or transvaginal USG.

CONCLUSION

- Ovarian ectopic pregnancy is rare and challenging to diagnose.
- Early detection is possible with advanced ultrasonography.
- Conservative treatment can preserve fertility, especially in young patients.
- Histologic confirmation is essential, often confirmed during surgery.
- Avoid IUDs containing copper or levonorgestrel for those with a history of ectopic pregnancies.

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