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A RARE CASE OF RUPTURED OVARIAN ECTOPIC PREGNANCY

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

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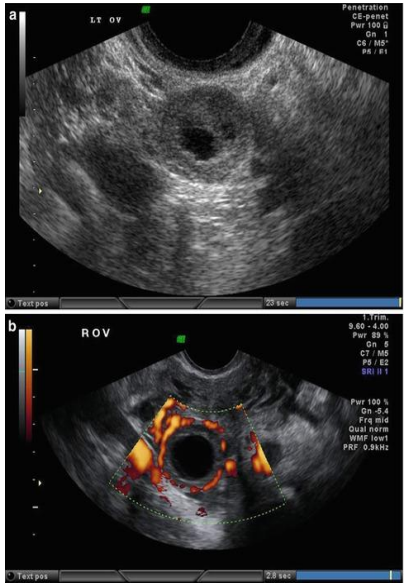
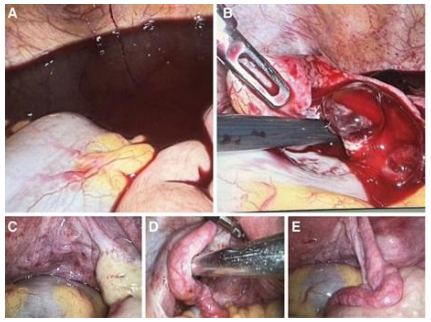
INTRODUCTION: Ovarian pregnancy is rare among ectopic pregnancy spectra. It accounts for almost 3% of all ectopic pregnancies and patients with ovarian ectopic pregnancies usually present with rupture and hemoperitoneum because ovaries have rich blood supply.It is a life threatening emergency and can be fatal, if the diagnosis is missed.So, a high level of suspicion is required clinically as well as radiologically when any woman in the reproductive age group presents with what are classic symptoms like vaginal bleeding following a period of amenorrhea and abdominal pain.Incidence of ovarian ectopic varies from 1/7000-1/40,000 in live births and accounting for 3% of total pregnancy related deaths.

CASE REPORT:A 30-year-old, married for 8 years, G3P2L2 with previous 2 LSCS with 1 month of amenorrhea presented with complaint of intermittent lower abdominal non radiating type of pain since 1 day. On examination, pallor was noted, vitals were within normal limits. On per abdominal examination, diffuse tenderness was noted, no guarding or rigidity. On per vaginal examination uterus was 6-8 weeks size with Right fornix fullness and tenderness noted along with cervical motion tenderness. Ultrasound showed heterogenous mass 7 x 5cm noted in Right adnexa, thick echogenic free fluid noted(~400ml) in POD.She underwent with exploratory laparotomy with right salphingo-oophorectomy. Intraoperatively, ruptured ectopic of 2 x 3 cm was noted on the surface of right ovary. Hemoperitoneum~400mL, clots ~720g and total estimated blood loss~1120mL was noted.B-hcg was sent on POD 1 and POD 3 values were 753 and 234.97.Patient was discharged in a satisfactory condition on POD-4.



DISCUSSION::Ovarian ectopic pregnancy is easily misdiagnosed since they are rare type of ectopic pregnancy. Their pathogenesis remains unclear. Definitive diagnosis is based on Spiegelberg criteria which includes: intact ipsilateral tube, clearly separate from the ovary, gestational sac occupying the position of the ovary, sac connected to the uterus by the ovarian ligament, and histologically proven ovarian tissue located in the sac wall.Since the surface cortex of the ovarian pregnancy tissue is thin,they are always found to be ruptured in first trimester and misdiagnosed as corpus leuteal cyst.The clinical manifestations of ovarian pregnancy are similar to those of tubal ectopic pregnancy, which include classic traid of amenorrhea, abdominal pain, and vaginal bleeding; thus,making diagnosis extremely difficult. Thus,investigations like beta hCG level and ultrasound are important. The classical management for ovarian pregnancies has been surgical which has both a diagnostic and a therapeutic value.Since oophorectomy is a radical procedure small lesions can be managed by ovarian wedge resection. With larger lesions oophorectomy is often performed. Considering patient's age, fertility and the size of the mass medical management with methotrexate can be tried to treat unruptured ovarian ectopic.



CONCLUSION: Ovarian pregnancy is a rare entity with diagnosis beingdifficult and relies on criteria based on intraoperative findings.Thus,a high level of clinical and radiological suspicion is required.Its definitive management is surgical therapy.

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