

INTRODUCTION

An ovarian ectopic pregnancy (OEP) is a rare (1 in 7000 to 1 in 40000) and potentially dangerous type of ectopic pregnancy where the fertilized egg implants in the ovary rather than the uterus. This condition accounts for about 3% of all ectopic pregnancies.

Symptoms include: amenorrhea, Vaginal bleeding, lower abdominal pain and Gastrointestinal symptoms such as nausea and vomiting

Diagnosis: A transvaginal ultrasound scan (TVS) is the primary tool. A definitive diagnosis often requires a combination of intraoperative findings and histopathological examination).

Treatment:

- Surgical-Full ovariectomy may be necessary in cases of massive bleeding, where the entire ovary must be removed to control the hemorrhage.
- Methotrexate can also be used as a non-invasive treatment option in early pregnancy



Sonographic image Right Ovarian Ectopic

CASE REPORT

A rare case of rt ovarian rupture ectopic pregnancy (G2P1L1 previous 1 LSCS) presented at the age of 24 yr with complain of amenorrhea since one and half months, bleeding per vaginally since 4-5 days hemodynamically unstable in Dept of OBGY MTH Hospital Indore. UPT positive. Patient gave h/o 1 LSCS 5 Years back

A provisional diagnosis of right rupture ovarian ectopic was made based on ultrasonographic and clinical findings

On per vaginal examination, uterus 6-8 week size, right forniceal fullness, left sided fornix free.

Investigations: UPT positive, USG- 2*1.8cm heterogeneously hyperechoic lesion within which a well defined gestational sac of 12.6mm which is 6wk 1 day and embryo of CRL 5.7mm with significant vascularity FHR 121 bpm with moderate fluid in pouch of douglas with moving echos s/o rt ovarian ectopic pregnancy.

Beta HCG-15000 IU

Exploratory laprotomy f/b right oophorectomy done.

Histopathology Report-ovarian tissue present in G sac s/o ovarian ectopic pregnancy



Specimen of Ovarian Ectopic

DISCUSSION

Pathophysiology-

Primary ovarian pregnancy occurs when the ovum is fertilized while still within the follicle- Secondary ovarian pregnancy develops when a tubal abortion results in reimplantation on the ovarian surface- The exact mechanism remains debatable, but factors include: - **Reverse migration of the embryo** - **Delayed ovulation** - **Dysfunction of ciliary tubes** - **Inflammatory condition**

Diagnostic Criteria (Spiegelberg's Criteria)

1. Intact fallopian tube on the affected side
2. Gestational sac occupying the position of the ovary
3. Ovary connected to the uterus by ovarian ligament
4. Ovarian tissue present in the wall of gestational sac

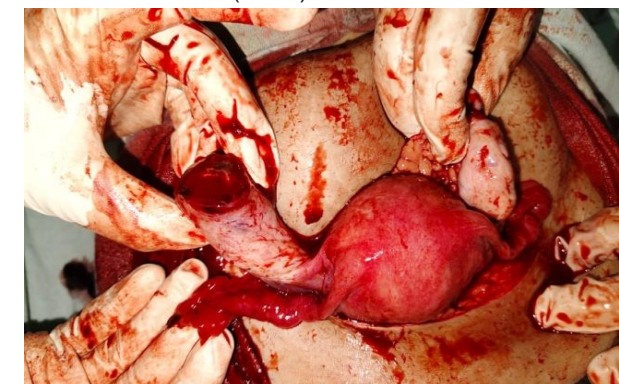
CONCLUSION

Ovarian ectopic is a rare but life threatening condition.

Early identification and treatment is crucial. If left untreated, lead to rupture ovary and causing acute abdominal hemorrhage, which significantly increases the risk of maternal morbidity. to the ovary.

REFERENCES

1. Comstock, Christine, Kathleen Huston, and Wesley Lee. "The ultrasonographic appearance of ovarian ectopic pregnancies." *Obstetrics & Gynecology* 105.1 (2005): 42-45.
2. Ghasemi Tehrani, Hatav et al. "Ovarian ectopic pregnancy: A rare case." *Iranian journal of reproductive medicine* vol. 12,4 (2014): 281-4.
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4. Goyal, Lajya Devi, et al. "Ovarian ectopic pregnancy: A 10 years' experience and review of literature." *Iranian Journal of Reproductive Medicine* 12.12 (2014): 825.



IntraOperative image Ovarian Ectopic