

CASE REPORT: OVARIAN ECTOPIC PREGNANCY: A RARE CASE LEADING TO DIAGNOSTIC DILEMMA

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Introduction: Prevalence of all types of ectopic pregnancies is around 11/1000. The most common site of decasualization apart from the uterine cavity is ampulla of fallopian tube. Primary ovarian pregnancy (OP) is a rare type of ectopic pregnancy accounting to only 0.15-3%. Transvaginal ultrasonography plays a pivotal role in diagnosis. Pre-operative diagnosis is still challenging. Ultrasonic features of OP include appearance of a wide, echogenic ring containing an echolucent area with peripheral colour Doppler activity with or without foetal cardiac activity or yolk sac. Surgery is the mainstay of management. Routine monitoring of Serum Beta HCG is reserved for inconclusive cases.

Case Report: A 22-year old, nulliparous lady was admitted with lower abdominal pain and per vaginal bleeding. She was pale on examination and had a pulse rate of ,110bpm. Blood pressure (BP) was 80/50mmHg. She had a positive urine pregnancy test. Transvaginal ultrasound scan (TVS) revealed a normal size uterus with an empty cavity and a left adenexial mass measuring 4.5cm x 4.1cm with a large amount of free fluid. She was initially suspected to have a left sided ruptured tubal ectopic pregnancy. Immediate laparoscopy was performed after initial resuscitation. Laparoscopy revealed haemoperitoneum around 1000ml, normal bilateral tubes and ruptured ovarian lesion with the affected ovary attached to uterus with ovarian ligament. Laparoscopic enucleation of the ovarian lesion was performed with the aid of Harmonic[®] device. Specimen was retrieved with an Endo-bag[®] and was sent for histological analysis. Postoperative serial serum Beta-HCG was performed and it dropped from 1347.9mIU/ml to 523.4mIU/ml over 48 hours which excluded a missed ectopic pregnancy or the possibility of a ruptured corpus luteum. Histopathology revealed an ovarian ectopic pregnancy (gestational tissues with ovarian tissue). Patient had an uneventful recovery.

Discussion: Incidents of ovarian pregnancy is gradually increasing due to increased detection rate and increasing risk factors. Spiegelberg criteria are used to diagnose OP which includes sonography, surgical findings and histology. Routine measurement of serum Beta HCG is not recommended. Possible surgical management options are enucleation, wedge resection and oophorectomy by laparotomy or laparoscopy. In our case, during the laparoscopy ovarian lesion was clearly visualized and therefore enucleation was done with successful haemostasis while preserving maximal amount of ovarian tissues. It is suggested to carry out research on feasible medical management options for such cases since candidates are in their early reproductive ages.