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Ovarian pregnancy is one of the rarest varieties of ectopic pregnancies. The incidence of ovarian pregnancy is less than tubal pregnancy and constitutes 0.5-1% of all ectopic pregnancies.\(^1\)
OVARIAN PREGNANCY- A CASE REPORT

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ABSTRACT

Ovarian pregnancy is one of the rarest varieties of ectopic pregnancies. The incidence of ovarian pregnancy is less than tubal pregnancy and constitutes 0.5-1% of all ectopic pregnancies\(^1\). We report a case of 25 years old women, gravida 4, para 2, abortion diagnosed as ectopic pregnancy on ultrasound. Provisional diagnosis of ovarian ectopic was made during surgery and diagnosis is later confirmed by histopathology. So, we infer that the diagnosis of ovarian pregnancy should be suspected when haemorrhagic mass is identified near ovary with normal fallopian tubes during surgery.

Keywords: Ovarian pregnancy, Oophrectomy, Transvaginal ultrasound

INTRODUCTION

Ovarian pregnancy was first reported by Saint Maurice de perigot in 1682. Ectopic pregnancy is an important health problem and accounts for 10% of all maternal mortality\(^2\). Primary ovarian pregnancy is even rarer, accounting for about 0.5-1% of all ectopic pregnancies\(^1\). The diagnosis of ovarian pregnancy is seldom made before surgery\(^3\). Ultrasound especially transvaginal USG has proved to be an invalueable tool in diagnosis of this condition\(^4\). We report rare case of ovarian pregnancy.

CASE REPORT

A 25 year old female, with one and a half month amenorrhoea, complained of pain abdomen and dizziness for last one week was admitted to our hospital with diagnosis of right ectopic pregnancy and left ovarian cyst on ultrasound. The patient, a fourth gravida, had a previous history of two full term normal vaginal deliveries and one spontaneous abortion. The last child had been born 2 years earlier and thereafter, she was not using any contraceptive methods. On examination, her vitals were stable and on per abdomen examination, no mass was palpable. The vaginal examination revealed tenderness in all the fornices. Her urine showed positive results for pregnancy test. Abdominal ultrasound revealed mass in the right adnexa measuring 2.7X 2.6 cm with gestational sac seen in it and left ovary showed a cyst of size 4X3cm. On laparotomy, a haemorrhagic sac of 6X6cm exuding on right ovary is seen and was enucleared. Right fallopian tube was found to be intact and normal in its entirety. In left ovary a simple cyst of size 4X4cm, with clear fluid is seen.
and was enucleated. Specimen was sent for histopathological examination and histopathological report revealed right sided ovarian ectopic pregnancy and left sided simple cyst.

**DISCUSSION**

Ovarian pregnancy is an uncommon presentation of ectopic gestation being 0.5-1% of all ectopic pregnancies\(^1\). It can be classified as primary and secondary. Primary when ovum is fertilized while still within follicle, secondary when fertilization takes place in the tube and conception is later regurgitated to be implanted in ovarian stroma. The diagnosis of ovarian ectopic pregnancy is rarely made before pregnancy. During surgery, ovarian pregnancy is suspected when any haemorrhagic mass is seen in the ovary with normal fallopian tubes.

The Spielgelberg\(^5\) criteria defines ovarian pregnancy which include: (a) intact ipsilateral tube, clearly separate from ovary; (b) gestational sac occupying the position of the ovary; (c) sac connected to the uterus by the ovarian ligament; and (d) histologically proven ovarian tissue located in the sac wall.

Ovarian ectopic pregnancy may be confused with tubal ectopic pregnancy. Differentiation occurs only on exploration and confirmation is always on histopathology\(^6\). Ovarian pregnancy usually ruptures during the first trimester in 91% cases, 5.3% in second trimester and 3.7% in third trimester\(^2\). Only one case has been reported in literature where ovarian pregnancy has progressed to full term delivery\(^7\).

The diagnosis is difficult and is a challenge to gynaecologists. Ovarian pregnancy can be treated conservatively with methotrexate. However, preferred mode of treatment is oophorectomy by either laparotomy or laparoscopy\(^8\). But the trend has been shifted towards conservative surgery such as cystectomy or wedge resection performed at either laparotomy or laparoscopy. Fertility after ovarian pregnancy has been reported to be unmodified\(^8\).

Although ovarian pregnancy is a rare event, so we conclude, awareness of this condition is important in reducing the associated morbidity and mortality. It commonly mimics tubal ectopic, ruptured corpus luteum and torsion of ovary. The diagnosis is suspected during surgery when a haemorrhagic mass is seen near the ovary with normal fallopian tubes and confirmed histopathologically.
REFERENCES


