

## Title: A Rare Case Of Ovarian Ectopic Pregnancy – Case Report

### INTRODUCTION

The leading cause of mortality in early pregnancy is ectopic pregnancy. Majorly these pregnancies are located in the fallopian tube. However, implantation can also occur in ovary, cervix, previous caesarean scar, and abdomen. Ectopic ovarian pregnancy is an unusual variant of ectopic gestation with potential complications.

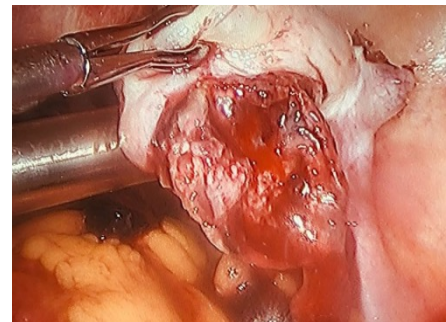
### OBJECTIVE:

To accurately diagnose and effectively manage a rare case of ovarian ectopic pregnancy, ensuring timely intervention to preserve ovarian function and overall reproductive health, while considering the patient's individual circumstances and potential complications associated with this atypical condition.

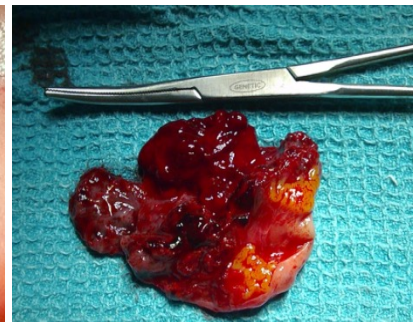
### CASE PRESENTATION

A 28-year-old primigravida, married for 6month presented with complaint of acute abdominal pain for 2 days. She had a history of irregular menstrual cycles previously. She had scanty menses a week back.

On examination, she was pale, extremities -cold and clammy. BP -92/65 mmHg, PR 125 bpm, SpO2 - 94% on RA , temp - 38.2°C, abdomen was distended and generalized tenderness present, dullness on percussion with reduced bowel sounds. On PV examination cervical-os was closed and left adnexal motion tenderness present. On investigation UPT was positive. TVS showing uterine cavity empty and gestation sac present with live fetus in left adnexal region and minimum free fluid present in abdomen. Emergency laparoscopic surgery with a diagnosis of ectopic pregnancy was done.*Intraoperative finding:* hemoperitoneum of 500ml , Uterus size normal , bilateral tubes normal . Right ovary normal ,left ovary - enlarged to size of 5x5cm and bleeding markedly(*Fig – 1*). On cut section, product of conception was present with minimal ovarian tissue(*Fig – 2*). No portion of ovary could be restored and ovariectomy specimen sent for histopathology which later reported as **left ovarian ectopic gestation**, . Post-operative period was without complications.



**Fig -1**



**Fig- 2**

### DISCUSSION:

Primary ovarian pregnancy is known to be a rare form of ectopic pregnancy which is shown by using 4 criteria of Spiegelberg<sup>3</sup>, which includes(a) fallopian tube, with the fimbria ovarica intact and clearly separated from the ovary; (b) gestational sac must be in the normal position of the ovary; (c) the utero-ovarian ligament is connecting the sac to the uterus (d) the ovarian tissue is attached to the wall of gestational sac.

### CONCLUSION:

The presented case report emphasizes the challenges which are associated with diagnostic and therapeutic approach towards ectopic ovarian pregnancies. Early recognition, combined with a multidisciplinary surgical and medical management approach, contributes to a positive outcome. Awareness towards this type of rare condition is crucial for timely intervention and highlights the need for tailored strategies in addressing the unique aspects of ectopic ovarian pregnancies.

### REFERENCES

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2.Comstock C, Huston K, Lee W. The ultrasonographic appearance of ovarian ectopic pregnancies. Obstet Gynecol 2005; 105(1): 42-46.

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