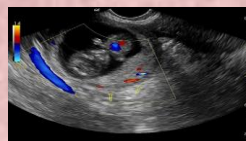


- Ovarian Ectopic** is one of the rarest forms of ectopic pregnancy having an incidence of **1/7000 to 1/40000 live births**. It constitutes **0.5-3 % of all ectopic pregnancies**.

Case Summary

- 32 year old female G5P2L2A1E1 presented to the emergency with 2 months amenorrhea along with complains of pain in abdomen and bleeding per vaginum since 4 days.
- She had **a history of right ruptured Tubal ectopic pregnancy 6 years back** for which she underwent an Emergency exploratory laparotomy **Right Salpingectomy** in 2018.
- Per vaginal examination revealed a bulky uterus with a **right sided tender adnexal mass** along with cervical motion tenderness.
- Ultrasound Pelvis was suggestive of a live adnexal ectopic pregnancy corresponding to 8+4 weeks with an Empty uterine cavity



Intraoperative Findings

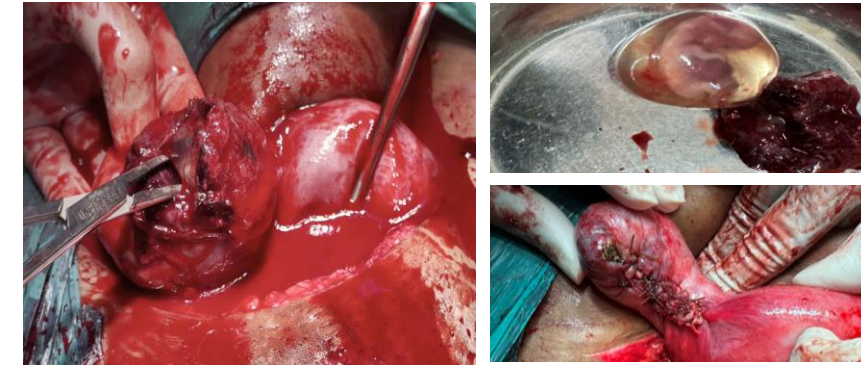


Diagnosis

SPIGELBERG CRITERIA

1. Fallopian tube on the affected side must be intact/unremarkable
2. The Fetal sac must occupy the position of the ovary
3. The ovary must be connected to the uterus by the ovarian ligament
4. Ovarian tissue must be located in the sac wall

Surgery : Excision and Ovarian Reconstruction



Treatment

Treatment of choice is **resection of sac either by preferably laparoscopy or laparotomy** especially when patients arrive in a hemodynamically unstable state or where laparoscopy may not be feasible.

Resection of the sac followed by **ovarian reconstruction** helps preserve ovarian function

In cases of uncontrolled haemorrhage or failure to achieve hemostasis . **Oophorectomy** may be performed as **last resort surgery**

Medical Management with Methotrexate may be considered in early unruptured ovarian ectopics