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 Title: **CHRONIC ECTOPIC PREGNANCY MASQUERADING AS AN ADNEXAL MASS**



Introduction: Chronic ectopic pregnancy is an uncommon and often underrecognized condition that occurs when an ectopic gestation is not acutely diagnosed or ruptured. Unlike acute ectopic pregnancies that present with classic symptoms such as sharp pain, vaginal bleeding, and positive β -hCG levels, chronic ectopic pregnancies may manifest subtly over time, complicating the diagnosis. Over time, the ectopic pregnancy tissue undergoes degeneration and resorption, leaving behind residual trophoblastic or chorionic tissue. This process can result in a localized inflammatory response, leading to the formation of a solid or complex mass.

A 34-year-old female, Prev NVD ST not done, presented with acute, progressive, and non-radiating abdominal pain of one day's duration. On physical examination, a mobile mass measuring approximately 4 x 5 cm was palpable in the left lower quadrant of the abdomen. Vaginal examination revealed **fullness in the left fornix**.

Laboratory investigations, including tumor markers such as β -hCG, AFP, LDH, CA-125, and CEA, were all negative. Ultrasound imaging of the abdomen showed a complex left adnexal mass lesion measuring 7.3 x 5 cm, with peripheral and mild internal vascularity. Moderate ascites with free fluid was noted in the perihepatic, perisplenic, and pelvic spaces.

Further evaluation with contrast-enhanced MRI (CEMRI) revealed a well-defined, lobulated, homogeneously enhancing solid-cystic lesion arising from the left ovary, measuring approximately 4.5 x 5.8 x 7 cm (AP x TR x CC). The lesion appeared heterogeneously hyperintense on T2-weighted and STIR images, with no obvious invasion into adjacent structures. Moderate ascites was also observed, and the lesion was initially suspected to be of neoplastic etiology.

The patient underwent an emergency laparotomy. During the procedure, 200 ml of hemoperitoneum and clots were evacuated. Examination of the left fallopian tube revealed hydrosalpinx. Sterilization was performed as part of the surgical intervention.

Histopathological examination of the tissue samples confirmed the presence of trophoblastic cells and chorionic villi, indicating a diagnosis of chronic tubal abortion. The histology of the surrounding fallopian tube appeared normal.

Discussion: Ectopic pregnancy remains a significant challenge in obstetrics due to its variable presentation and the potential for life-threatening complications. Chronic ectopic pregnancies, particularly tubal abortions, can mimic adnexal masses and present diagnostic hurdles. Imaging findings, combined with negative β -hCG results, often lead to misdiagnosis as ovarian or neoplastic masses.

Imaging Complexity: Transvaginal ultrasound is the first-line diagnostic tool for ectopic pregnancies, but chronic cases may present as complex adnexal masses.

Biochemical Markers: Chronic ectopic pregnancies often exhibit low or undetectable β -hCG levels, making standard biochemical testing less reliable. This can delay the identification of ectopic tissue.

Role of Advanced Imaging: MRI and advanced imaging techniques can help delineate the characteristics of adnexal masses, but findings in chronic ectopic pregnancies may overlap significantly with neoplastic lesions, leading to diagnostic dilemmas.



Conclusion : Chronic ectopic pregnancy, particularly tubal abortion, is a rare and diagnostically challenging condition that can mimic adnexal masses or ovarian neoplasms. The subtle presentation, negative β -hCG levels, and imaging findings resembling malignancies often lead to delayed or incorrect diagnoses. This highlights the necessity for heightened clinical suspicion and a comprehensive approach involving advanced imaging, surgical exploration, and histopathological examination.

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