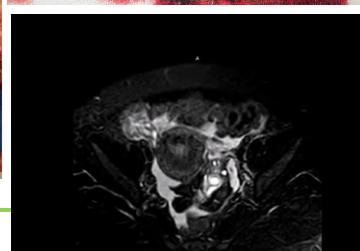
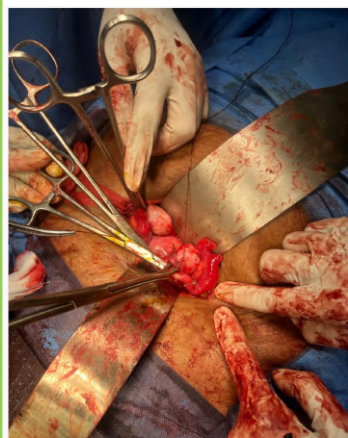


Introduction

- Chronic ectopic pregnancy is rare and often misdiagnosed due to nonspecific clinical presentations (1).
- Subtle symptoms like abdominal pain and adnexal fullness (2, 3).
- Imaging findings may mimic ovarian tumors or benign gynecological lesions (3, 4).
- Negative pregnancy tests (5).
- Comprehensive diagnostic tools, including imaging and histopathology, are crucial for accurate diagnosis (3).

Objectives

- To present a rare case of chronic ectopic pregnancy masquerading as an adnexal mass.
- To emphasize diagnostic challenges and review clinical, imaging, and histopathological findings.



Case Operation Procedure

- Patient Presentation:** A 34-year-old female (P2L2) presented with acute, progressive abdominal pain lasting one day. Physical examination revealed a mobile mass (4x5 cm) in the left lower quadrant and left fornical fullness.
- Investigations:** Laboratory tests, including UPT, β -hCG, CA-125, and other markers, were negative. Imaging showed a complex left adnexal mass with moderate ascites. Ultrasound Findings: 7.3x5 cm mass with vascularity. MRI Findings: A 4.5x5.8x7 cm heterogeneously hyperintense, solid-cystic lesion in the left ovary.
- Intraoperative Findings:** Emergency laparotomy revealed hemoperitoneum (200 ml clots), hydrosalpinx in the left fallopian tube, and no invasion of adjacent structures.
- Procedure:** Evacuation of hemoperitoneum and sterilization performed.

Results

- Histopathological examination revealed trophoblastic cells and chorionic villi, confirming chronic tubal abortion. The postoperative period was uneventful, with full recovery.

Discussion

- Chronic ectopic pregnancy often mimics adnexal masses, such as ovarian cysts or tumors, making it a diagnostic challenge (2)
- Negative β -hCG levels and imaging findings resembling neoplastic lesions complicate diagnosis (3, 4)
- This case highlights the importance of maintaining a high index of suspicion (1, 4)
- Imaging helps narrow the differential diagnosis but is often nonspecific
- Histopathological confirmation is essential for definitive diagnosis (2, 5)
- Early surgical intervention prevents complications like rupture and ensures accurate diagnosis and treatment (4, 5)
- Vigilance and a multidisciplinary diagnostic approach are key to improving outcomes in atypical adnexal masses (1, 5)

Conclusion

Chronic ectopic pregnancy, particularly tubal abortion, requires a high index of suspicion due to its atypical presentation. Imaging findings, while nonspecific, should prompt surgical evaluation. Histopathology is vital for confirmation. Early recognition is key to appropriate treatment and fertility preservation.

References

- Hassen BM. Torsion of a wandering spleen in a pregnant patient presented with acute abdomen: A case report. *Int J Surg Case Rep.* 2024;119:109721. doi:10.1016/j.ijscr.2024.109721.
- Quilter LAS. Clinical Updates in Sexually Transmitted Infections, 2024. *J Womens Health (Larchmt).* 2024;33(6):827-837. doi:10.1089/jwh.2024.0367.
- Tinelli A. Advanced maternal age (AMA) and pregnancy: a feasible but problematic event. *Arch Gynecol Obstet.* 2024;310(3):1365-1376. doi:10.1007/s00404-024-07678-w.
- Nikolettos N. The Impact of Adenomyosis on Pregnancy. *Biomedicines.* 2024;12(8). doi:10.3390/biomedicines12081925.
- Ghazal K. Advanced abdominal pregnancy complicated by pelvic inflammatory disease: A compelling case report. *SAGE Open Med Case Rep.* 2024;12:2050313X241288432. doi:10.1177/2050313X241288432.