

A rare case of ovarian ectopic pregnancy

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Background Ovarian ectopic pregnancy remains a rare event, accounting for 1-3% of all ectopic pregnancies, and it is often misdiagnosed as haemorrhagic corpus luteum. The Spielberg criteria is useful to recognise it and the role of ultrasound has also been described, nonetheless a high clinical suspicion is required.

Case 38yo woman presented to the emergency department complaining of right iliac fossa pain associated with light-headedness and 5 weeks amenorrhea. She had no associated vaginal bleeding, urinary or bowel symptoms. She had two previous normal vaginal deliveries, one miscarriage and no other significant medical history. On examination, she was haemodynamically stable, her abdomen was soft but tender on palpation with no guarding or rebound tenderness.

Pelvic ultrasound showed an anteverted uterus, measuring 7.5x5.3x4.4cm with an endometrial thickness of 13mm. The right ovary was 2.8x1.6x2.9cm with a gestational sac-like structure adjacent to it, measuring 1x0.6x0.8cm, containing a yolk sac 2-3mm. Her β HCG levels were 5625IU/L.

Laparoscopy revealed a bulky uterus with normal tubes and normal left ovary. Her right ovary appeared with what looked like a ruptured haemorrhagic corpus luteum, with blood clots adherent to it and 100ml of blood in the pouch of Douglas. Haemostasis was challenging and was achieved with diathermy. Histology confirmed evidence of chorionic villi and extravillous trophoblast. Her outpatient follow-up demonstrated falling of the β HCG levels.

Discussion Although ovarian pregnancy is rare, it is important to have a high clinical suspicion. Conservative management should be sought to preserve ovarian function when possible as done in this case with haemostasis by thermal coagulation.

Date	On admission	2 days post-op	7 days post-op	10 days post-op
βHCG levels	5625 IU/L	1502 IU/L	351 IU/L	102 IU/L

