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Diagnosis and Management of an Ovarian Ectopic Pregnancy

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Background

Ectopic pregnancies are common and present a leading cause of morbidity and mortality globally. A recent study showed that rates can be as high as 11:1000 pregnancies.[1] Despite widespread knowledge and high clinical awareness, ectopic pregnancies remain the leading cause of death in early pregnancy.[1] 95% of ectopic pregnancies occur in the fallopian tube with common signs and symptoms that clinicians have become primed to recognise. Ovarian ectopic pregnancies account for 1-6% of all ectopic pregnancies and are more likely to present insidiously when compared with tubal ectopics.[2] As a result, a low threshold to admit and observe patients with a positive hCG and no intrauterine pregnancy on ultrasound scan should be adopted. This case study follows the diagnosis and management of an ovarian ectopic, despite a relatively benign presentation.

Case

G.D. is a 29-year-old, para 1 who originally presented to ED at the advice of her GP. She had intermenstrual spotting and a positive hCG of 2547mIU/mL. Transvaginal pelvic ultrasound failed to reveal an intra-uterine pregnancy. It did, demonstrate a haemorrhagic structure within the left adnexa. Except for minor abdominal pain, there were no other signs or symptoms and the patient initially wanted to discharge against medical advice. The provisional diagnosis was left-sided ectopic pregnancy, and the treating team completed an exploratory laparoscopy. Intraoperatively, on entry there was ~100mL of blood in the pouch of Douglas. The left ovary appeared to have a haemorrhagic simple cyst measuring roughly 2cm with a normal left tube. However, attached to the ovary there was a small 1x1cm nodule which was removed and sent to pathology. Histopathology later confirmed the diagnosis of ovarian ectopic pregnancy. The patient remained in hospital overnight and discharged the next morning. Serial hCGs were completed and tracked to zero.

Discussion

Diagnosis and management of ectopic pregnancies (regardless of location) remains an integral part of any physician's scope of practice. A high index of suspicion is required for patients who present with signs and symptoms. Accurate diagnosis and timely management are essential to ensure the best outcome for the women involved.

Figure 1: Ultrasound images of adnexa with colour flow doppler

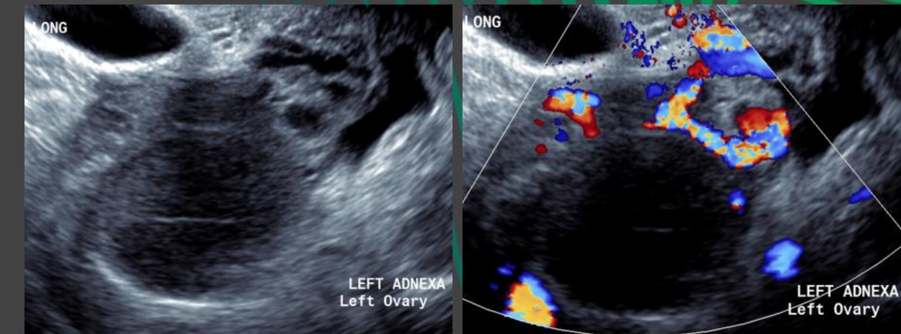


Figure 2: L. ovary + fallopian tube

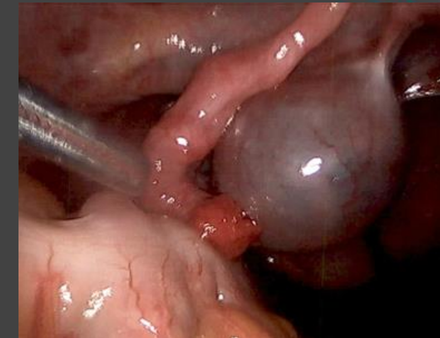
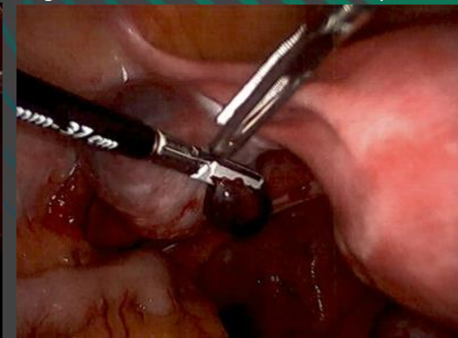


Figure 3: Nodule attached to L. ovary



References

1. Centre for Maternal and Child Enquiries. Saving Mothers Lives: Reviewing Maternal Deaths to make motherhood safe: 2006-2008. BJOG. 2011; 118:1.
2. Parker VL, Srinivas M. Non-tubal ectopic pregnancy. Arch Gynecol Obstet, 2016; 294: 19-27.