

A RARE CASE OF RUPTURED ECTOPIC PREGNANCY IN THE OVARY

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BACKGROUND

- Ovarian pregnancy (OEP) accounts for <1% of ectopic pregnancies¹
- Its underlying aetiology is likely secondary to fertilised oocyte reflux to the ovary¹
- Risk factors include interference in ovum release from ruptured follicles, altered fallopian tube mobility/function, fertility treatments, & intrauterine contraceptive devices (IUDs)¹⁻³
- Diagnosis requires histopathological confirmation aided by symptomology, serum BHCG, sonography, & intraoperative Spiegelberg criteria^{1,3}
- OEP is managed surgically (cystectomy, wedge resection, oophorectomy) or via methotrexate^{2,3}
- Here, we describe a case of laparoscopically managed ruptured OEP at 5 weeks gestation

SPIGELBERG CRITERIA FOR OEP

- Intact fallopian tube on affected side
- Fetal sac occupies position of affected ovary
- Affected ovary is connected to uterus by the ovarian ligament
- Ovarian tissue located within sac wall

CASE REPORT

PRESENTATION

- 36-year-old G3P2 woman with IUD in situ presented with acute right-sided lower abdominal & shoulder tip pain
- Syncopal, haemodynamically unstable, with elevated serum BHCG (1998IU/L)
- Ultrasound demonstrated copious free fluid, large right-sided corpus luteum, & adjacent associated mass suspicious of ectopic pregnancy

MANAGEMENT

- Underwent emergency laparoscopic resection of ruptured right OEP with ovary preservation, haemoperitoneum drainage (600ml), IUD removal, & dilation and curettage
- Recovery complicated by symptomatic anaemia requiring fluid resuscitation & blood transfusion
- Discharged home day 4 post-procedure with down-trending BHCG

FOLLOW-UP

- Requires serial BHCG until negative due to risk of pregnancy tissue recurring
- For gynaecology clinic review to discuss histopathology findings, ongoing management, & contraceptive planning

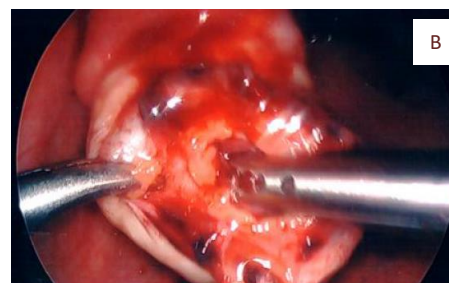
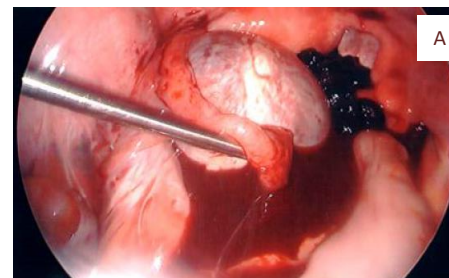


Figure
(A) Haemoperitoneum
(B) Dissection of ectopic pregnancy from right ovary
(C) Haemostatic suture in preserved right ovary

CONCLUSION

- This case increases awareness of OEP, a rare & potentially life-threatening pathology upon rupture
- OEP is likely to upsurge in incidence due to increased use of IUDs, ovulatory drugs, & assisted reproductive techniques¹⁻³
- Rapid clinical recognition, prompt surgical intervention or methotrexate commencement, & strict follow-up underscore fertility preservation & prevention of significant morbidity & mortality

REFERENCES

- (1) Joseph et al. (2012) *Journal of Obstetrics & Gynaecology*. 32(5):472-4.
- (2) Scutiero et al. (2012) *Journal of Society of Laparoscopic & Robotic Surgeons*. 16(3): 492-494.
- (3) Odejimi et al. (2009) *Journal of Minimally Invasive Gynaecology*. 16(3):354-359.

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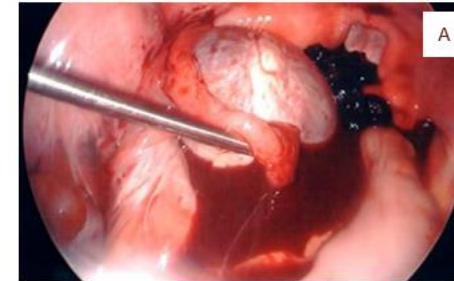


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