



# A Case of Primary Omental Pregnancy

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## Background:

Omental pregnancies are a rare form of ectopic pregnancy associated with increased rates of morbidity and mortality.<sup>1</sup> This is due to diagnostic delay and increased intra-abdominal bleeding.<sup>1</sup>

## Case:

A nulliparous woman presented with a 3-week history of vaginal bleeding and abdominal pain, in the context of a Kyleena intrauterine contraceptive device.

On presentation she had abdominal tenderness and a positive serum beta-hCG. Ultrasound revealed a 4 cm complex right-sided adnexal mass with surrounding free fluid. There was no evidence of intrauterine pregnancy and the IUCD was correctly placed.

Laparoscopy revealed an omental adhesion to the right inferior, anterior abdominal wall. Following adhesiolysis, a 5 x 4 cm mass was noted within the distal omentum, with 300 mLs haemoperitoneum. Partial omentectomy was completed. No other abnormalities were identified. Uterine curettage was performed for diagnostic clarity with no intrauterine products of conception seen. Histopathology of the omental mass revealed chorionic villi within the omental fat, confirming a primary omental pregnancy. She had an uncomplicated postoperative period and beta-hCG were repeated until negative.

## References:

Fylstra, DL. Ectopic pregnancy not within the (distal) fallopian tube: etiology, diagnosis and treatment. American Journal of Obstetrics and Gynecology. 2012 Apr;206(4):289-99



Figure 1: Intraoperative image of omental adhesion to right inferior abdominal wall



Figure 2: Intraoperative image of primary omental pregnancy

## Discussion:

This case describes a primary omental pregnancy, a pregnancy that implants directly into the omentum in the absence of tubal abnormalities or a uteroperitoneal fistula. Omental pregnancy is a challenging diagnosis that is achieved intraoperatively and confirmed histologically. It is necessary to consider omental pregnancy in patients who present with clinical features of ectopic pregnancy with normal pelvic organs at laparoscopy, even if they have reliable contraception.