Original Research Paper

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# RUPTURED OVARIAN ECTOPIC PREGNANCY – A CASE REPORT.

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**KEYWORDS :**

## INTRODUCTION

Ovarian ectopic pregnancy is a rare form of nontubal ectopic pregnancy, occurring in approximately 0.5 -3% of all ectopic cases. Several risk factors contribute to its development, including pelvic inflammatory disease, intrauterine contraceptive devices (IUCD), endometriosis, tubal sterilization, previous tubal surgeries, assisted reproductive technology (ART), and a history of prior ectopic pregnancies. Diagnosis can be challenging and typically relies on surgical intervention and histopathological analysis for confirmation.

### Spiegelberg's Criteria

ntact fallopian tube on affected side.The fetal sac occupies position the of affected ovary . Affected ovary is connected to uterus by ovarian ligament. Ovarian tissue located in sac wall.

### Case Report

A 26-year-old woman (G2 P1 L1) presented to our clinic with severe lower abdominal pain and vaginal bleeding that began early in the morning. Her last menstrual period was two months ago, and she has a history of IUCDinsertion one year prior. Her previous pregnancy was uneventful, and she has no known medical conditions.

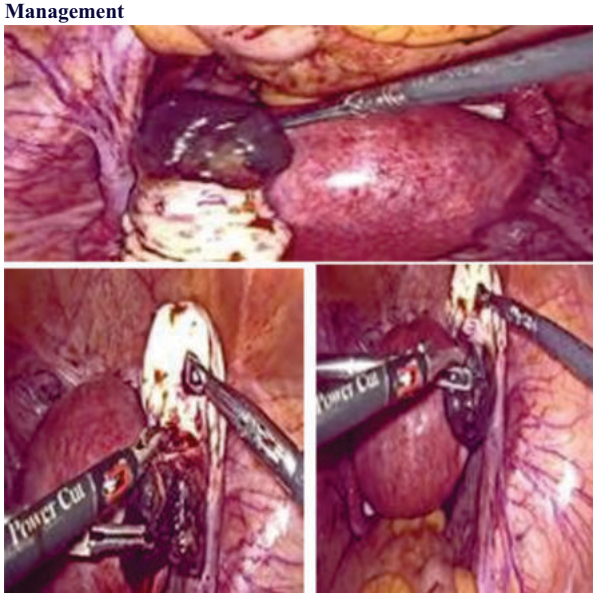
### Clinical Examination

On examination, the patient was hemodynamically stable. Abdominal examination revealed tenderness in the right iliac fossa, and a gentle pelvic examination showed fullness and tenderness in the right fornix.

### Investigations

A urine pregnancy test conducted at the hospital was positive.
For further evaluation, an ultrasound was performed, which showed a normal-sized uterus with no gestational sac, a corpus luteal cyst, an adjacent echogenic mass in the ovary, and free fluid in the pouch of Douglas, suggesting an ovarian ectopic pregnancy.

### Management




Due to the rupture of the ovarian ectopic pregnancy, an emergency laparoscopic wedge resection of the ovary was performed to preserve the patient's fertility, and the IUCD was removed. During the surgery, 400 cc of hemoperitoneum was noted. The patient recovered well, and histopathological examination confirmed the diagnosis of ovarian ectopic pregnancy.

## DISCUSSION

An ectopic pregnancy characterized by implantation and development of an embryo outside the uterine cavity. Ectopic pregnancy can occur in ovaries (0.5-3%) IUCD is one of the risk factor. IUCD causes alteration in tubal motility , there byfacilitates the implantation in the ovary. IUCD prevents uterine implantation but not the ovarian implantation. Patient presents with severe abdominal pain. Diagnosis based on ultrasound and histopathological specimen ,although ultrasound may suggest the diagnosis ,surgery remains the best method of differential diagnosis and management.

## CONCLUSION

This case emphasizes the importance of raising awareness about ovarian ectopic pregnancy, a rare but potentially life - threatening condition. The incidence of ovarian ectopic pregnancy is increasing, likely due to the rising use of IUCDs and assisted reproductive technology (ART).

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