ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

A CASE REPORT ON RIGHT OVARIAN ECTOPIC PREGNANCY

KEY WORDS:

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INTRODUCTION:

Ectopic pregnancy is a potentially life-threatening condition in which a fertilized ovum implants outside the uterine cavity, most commonly in the fallopian tube. The following report highlights a rare case of Right Ovarian ectopic pregnancy.

OBJECTIVE:

To emphasize the importance of prompt clinical evaluation and timely intervention in reproductive-aged women presenting with abdominal pain and/or abnormal vaginal bleeding.

CASE REPORT:

History:

A 22-year-old Female, married since 4 years, Gravida 2 Para 1 Living 1 (Previous LSCS), gestational age by date - 8+2 weeks, presented in OPD with complaint of Pain Abdomen and Burning Micturition since the night before, sudden in nature, acute in onset, severe intensity, not associated with bleeding per vaginum, white discharge, vomiting, fever, cough/cold, or bowel disturbances. Patient gave no history of comorbidities, past surgeries, allergies, or blood or products transfusion.

Menstrual history:

3-4 days/ 28-30 days - Regular cycle, Moderate flow (3-5 Pads per day), Painless
Last Menstrual Period = 01/12/2024
Estimated Due Date = 07/09/2025

Obstetric history:

Para 1 Living 1 = Male, 1.5 Years old, BW = 3 kgs, LSCS i/v/o failure of induction

Examination:

On General examination: Mild Pallor found
On Per Abdomen examination – Right iliac fossa tenderness +, No guarding, rigidity, distension.
On Per Speculum examination – Cervix, Vagina healthy; no bleeding

On Per Vaginum examination – Right Forniceal Fullness and Tenderness+, Uterus normal size

Investigations:

UPT – Positive (in OPD); Beta HCG = 413 IU/mL
Other Laboratory investigations were normal
Ultrasonography (Transvaginal) was suggestive of
Mild free fluid in pelvic cavity
Bulky left ovary ~ 12 cc

Right adnexal ill-defined heterogeneously hyperechoic mass of size 6.7x5.8x4.3 cm, ~ 89.3 cc volume, reaching towards midline, continuous with Right Fallopian tube, which also appears bulky – suggestive of:
Right adnexal ectopic pregnancy
Right ovarian torsion-detorsion
Right tubo-ovarian mass secondary to ?infective ?inflammatory etiology

Management:

In view of USG report and Beta HCG levels, patient was immediately admitted and taken up for EMERGENCY EXPLORATORY LAPAROTOMY WITH RIGHT SIDE PARTIAL OOPHORECTOMY I/V/O ?RIGHT ADNEXAL ECTOPIC PREGNANCY, done under Spinal anesthesia.

Intra-operative findings:

Haemoperitoneum of ~150 cc noted and cleared
Right Ovarian Ectopic noted of ~6x6x7 cm
Part of Right Ovary including ectopic excised; remaining part of right ovary marsupialised
Hemostasis checked and achieved; Patient withstood procedure well; Vitally stable
1 pint of Packed cells transfused intra-operatively

DISCUSSION:

The above discussed case of Right Ovarian Ectopic Pregnancy shows the need for early identification of signs, and the benefits of prompt appropriate medical or surgical management in preventing maternal morbidity and mortality. The use of Transvaginal ultrasonography as the most significant investigation is suggestive of its value in day-to-day practice where life threatening consequences are prevented due to prior recognition and rapid management.

CONCLUSION:

A right adnexal ectopic pregnancy refers to implantation within the structures on the right side of the pelvis, typically the right fallopian tube, but may also involve the ovary or adjacent tissues, as shown in the above discussed case.

Transvaginal Ultrasonography is the Gold Standard for rapid diagnosis.

Early recognition and prompt management is crucial, as rupture can lead to significant intra-abdominal bleeding and maternal morbidity or mortality.

Figure 1

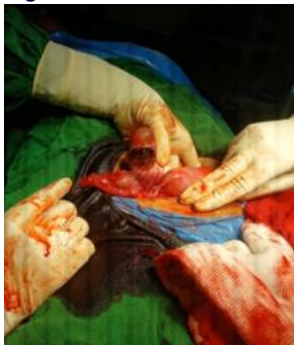

Figure 2