

isuog2026.0620192

Rare Ovarian Pregnancy Masquerading as Intrauterine Gestation in a Patient with Severe Pre-eclampsia and Multiple Fibroids

Dr Truder Kawaza, Obstetrics & Gynaecology Resident, ECSACOG, Malawi

Background

Ovarian pregnancy accounts for 0.5–3% of ectopic pregnancies. Diagnosis is challenging, and advanced-gestation cases carry a high risk of fatal complications.

Case Presentation

A 40-year-old G4P1+0 with chronic hypertension and prior abdominal/uterine surgery presented at 17 weeks by dates for routine antenatal care in Lilongwe, Malawi.

She was admitted for critically high blood pressure requiring multiple antihypertensives. Initial and repeat scans, concurred by a maternal-fetal medicine specialist, suggested a live intrauterine singleton with multiple fibroids distorting the cavity; anterior placenta, fetal size 14–17 weeks.

Clinical Course

She developed superimposed severe preeclampsia and was readmitted; repeat scan showed similar findings, fetal length 17 weeks.

Medical termination failed. Sudden severe abdominal pain then raised suspicion of uterine rupture, prompting surgical exploration.

Intraoperative Findings

400 mL hemoperitoneum; multifibroid uterus with no rupture and no intrauterine fetus. A right ovarian complex containing the fetus and placenta was found, attached to the uterus via the right ovarian ligament.

Management

Right salpingo-oophorectomy and total hysterectomy were performed. Postoperative diagnosis: ruptured ovarian pregnancy.

Histology

Fetus (femur 5 cm) and placental tissue with normal villi in the ovarian specimen; decidualized endometrium with no villi in the uterus; fallopian tube normal. Spielberg criteria met (IHC unavailable).

Conclusion

Ovarian pregnancy at advanced gestation is a rare, life-threatening diagnostic pitfall that can closely mimic intrauterine pregnancy on ultrasound, particularly when fibroids distort uterine anatomy.

Notably, rupture did not occur until much later, just before surgical intervention.

Figure 1. Antenatal scan: fetal skull, read as intrauterine gestation.



Figure 2. Right ovarian mass with fetus/placenta, attached via the ligament.

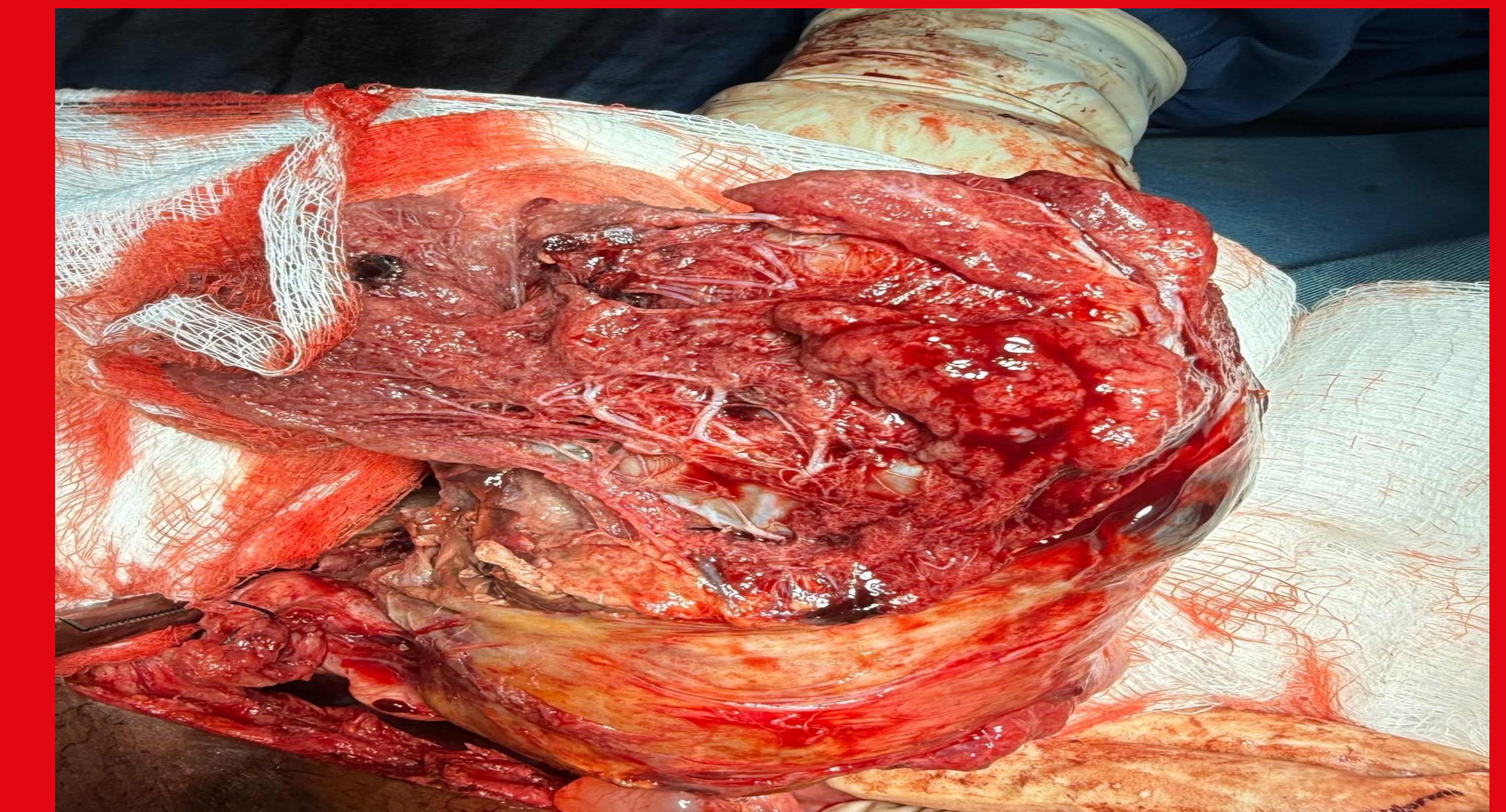


Figure 3. Multiple fibroid nodules distorting the uterine cavity.

