



INTRODUCTION

Ovarian ectopic pregnancy (OEP) occurs in 0.5–3% of ectopic pregnancies, posing a major diagnostic challenge due to its rarity and potential for life-threatening complications. This case examines a **13+6 weeks OEP**, emphasising the essential role of systematic ultrasound assessment.



CASE HISTORY

30-year-old G6P4



One week of **severe abdominal pain**



Multiple A&E attendances over 10 days; symptoms were attributed to constipation. Bedside transabdominal ultrasound (TAS) incorrectly estimated an 18–20 week intrauterine pregnancy.



A repeat TAS at a subsequent attendance revealed a gestational age discrepancy, prompting referral to the Emergency Gynaecology Unit.

DIAGNOSTIC JOURNEY



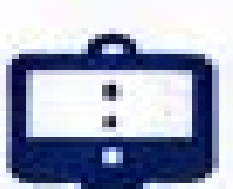
Severe pain
1 week



Multiple A&E
attendances



Misleading
TAS

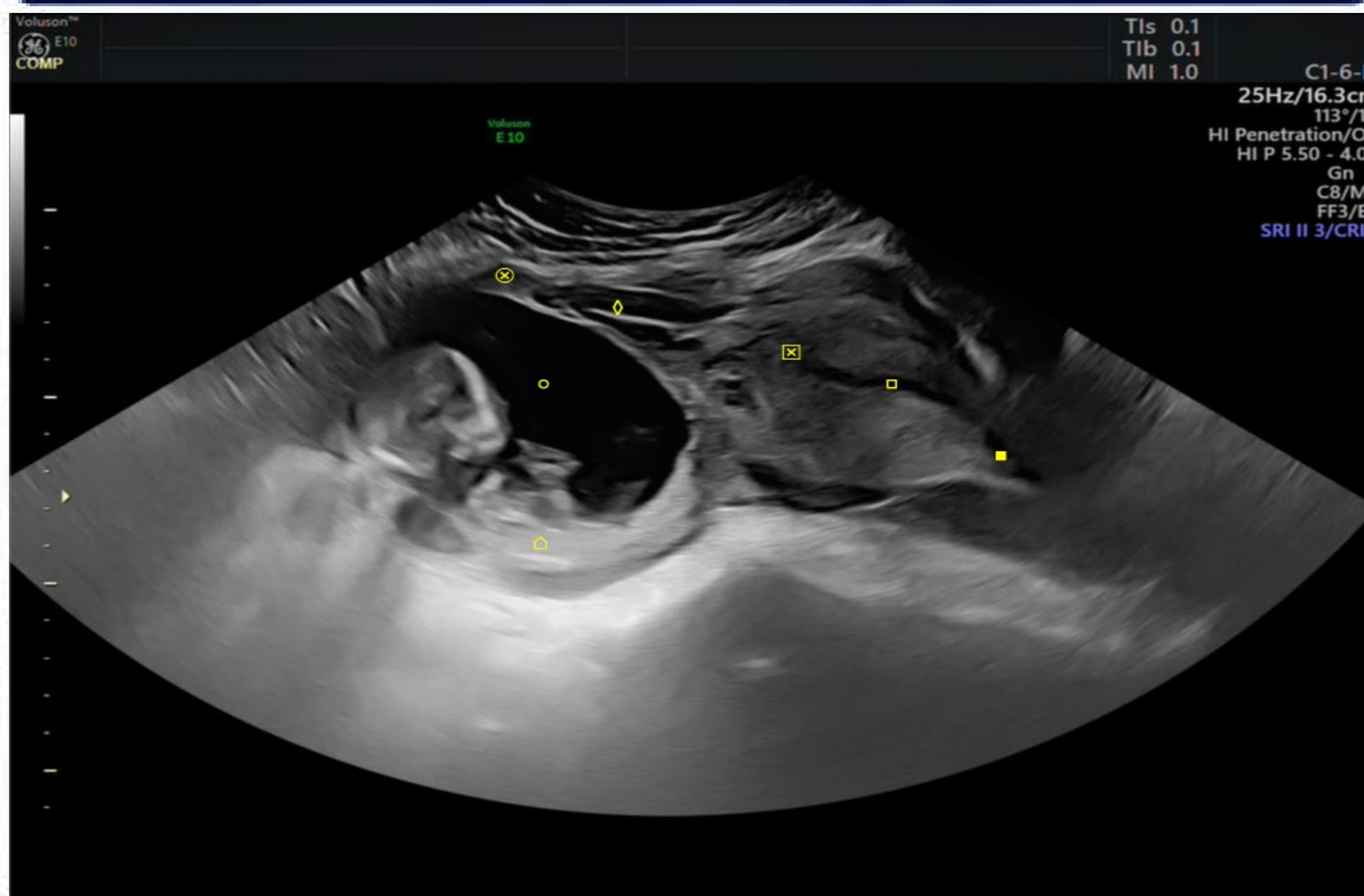


TVS in EGU
reveals OEP



Required
OEP

Image 1. Transabdominal sagittal view of the uterus and the ovarian ectopic pregnancy

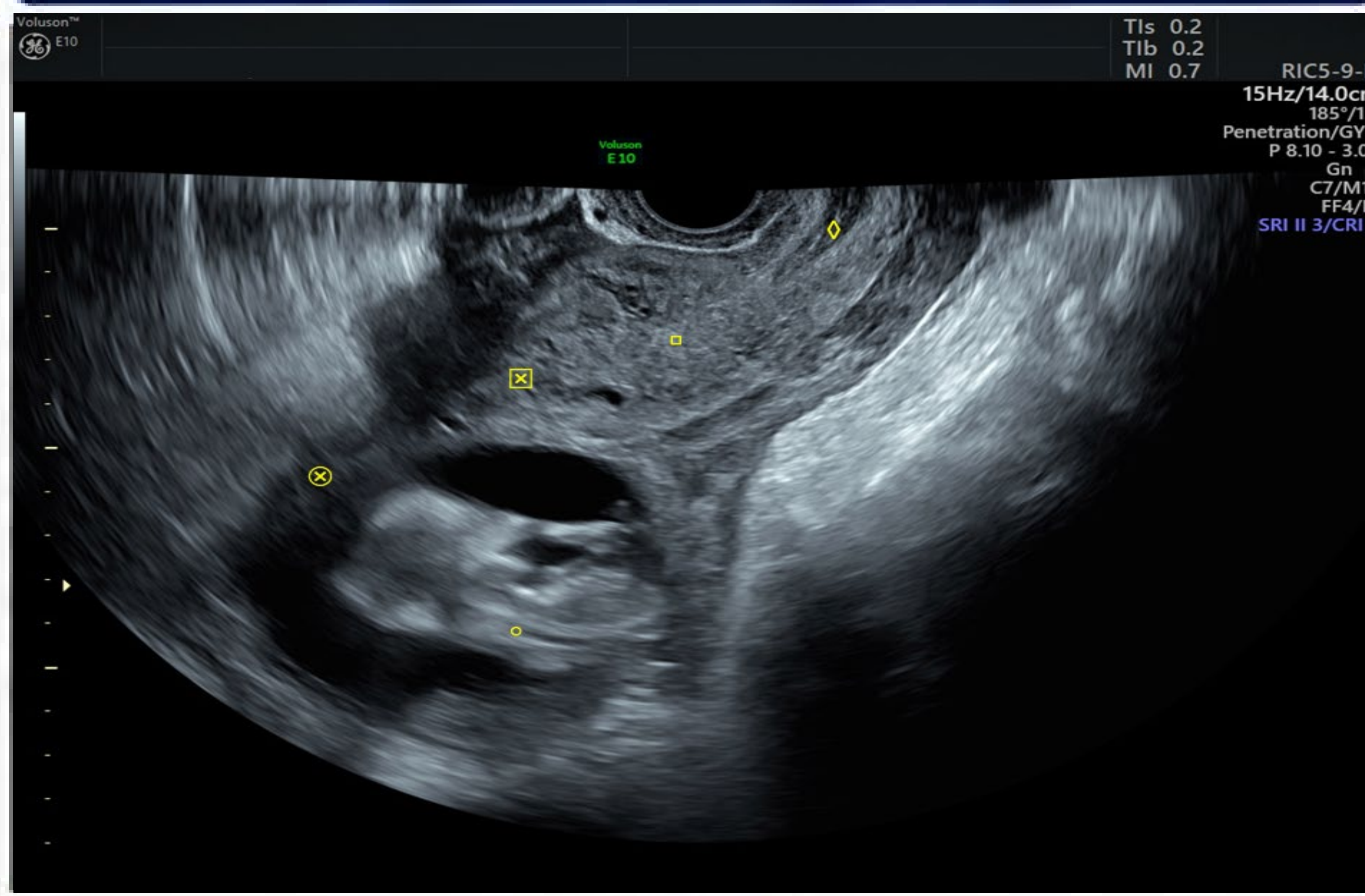


LEGEND – IMAGE 1 (TAS)

- Endometrial cavity
- Uterine fundus
- Haematosalpinx

- Ovarian ectopic pregnancy
- Ovarian stroma
- Placenta

Image 2. Transvaginal sagittal view of the uterus and the ovarian ectopic pregnancy



LEGEND – IMAGE 2 (TVS)

- Cervix
- Endometrial cavity
- Uterine fundus

- Ovarian ectopic pregnancy
- Ovarian stroma

KEY SONOGRAPHIC LEARNING POINTS



OEP more frequently demonstrates embryo visualisation.



Isolated abdominal pain is the commonest presenting symptom.



Significant haemoperitoneum is more common.



A standardised TVS protocol is essential for accurate and timely diagnosis.



FINDINGS

Transvaginal ultrasound (TVS) identified a live 13+6 week ectopic pregnancy in the left adnexa extending behind the uterine fundus, establishing the diagnosis of a ruptured live ovarian ectopic pregnancy with significant haemoperitoneum.



OPERATIVE OUTCOME



4 L

Haemoperitoneum



50 g/L

Hb nadir



6 units

RBCs transfused



6 units

FFP transfused

Laparoscopic salpingo-oophorectomy confirmed a ruptured ovarian ectopic pregnancy.



DISCUSSION

- OEP remains a rare but serious cause of ectopic pregnancy.
- Diagnosis is challenging and delay increases the risk of catastrophic haemorrhage.
- Systematic TVS assessment of the cervix, endometrial cavity and uterine fundus in a single sagittal view is essential, even when an apparent pregnancy is visualised on TAS.
- Early recognition and prompt surgical management are critical to reduce maternal morbidity and mortality.



CONCLUSION

Standardised transvaginal ultrasound protocols are essential for the timely diagnosis of ovarian ectopic pregnancy and the prevention of life-threatening complications.