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Introduction Ovarian ectopic pregnancy is a rare form of extrauterine implantation, representing under 1% of ectopic pregnancies. its presentation often mimic tubal ectopic pregnancy or ovarian pathology

Case report

32yo. 7 weeks Pregnant lady , presented with severe LIF pain, β -hCG 29,000 IU/L

Ultrasound Findings (TVUS): no intrauterine pregnancy seen, cystic structure resembling a gestational sac in Lt Ovary, **Fetal pole present**, CRL 9.34 mm ($\approx$ 7 weeks) **No fetal heart activity**, Free fluid in the pouch of Douglas
Impression: *Left ovarian ectopic pregnancy*

Management

Urgent laparoscopy

Ovarian-sparing resection of ectopic pregnancy
Estimated blood loss: **1.9 ml**

Histopathology confirmed ovarian ectopic pregnancy

Learning points

Ovarian ectopic pregnancy is rare but must be considered when adnexal masses mimic gestational structures. TVUS plays a central role in early diagnosis. Fertility-preserving laparoscopic management is effective and safe in stable patients.

References

- Comstock C, Huston K, Lee W. *The ultrasonographic appearance of ovarian ectopic pregnancy*. Obstet Gynecol. 2005;105(1):42–

Conclusion: Ovarian ectopic pregnancy, though rare, requires a high index of suspicion due to its diagnostic complexity. Early recognition and prompt surgical management are key to preventing morbidity and preserving reproductive potential.



Figure 1. Enlarged Lt ovarian with ectopic pregnancy sac



Figure 2. Ovarian Ectopic pregnancy, CRL 9.34 (7W)

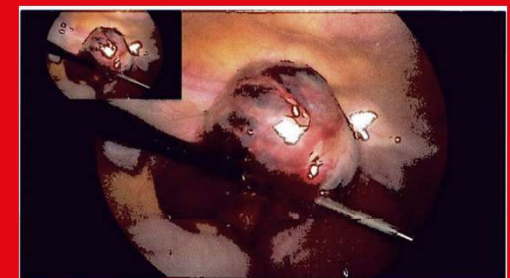


Figure 3. Laparoscopic excision of ovaroan ectopoic