

Think Outside the Pelvis: Omental Ectopic Pregnancy in a Patient with PUL

Tuana ARISÜT BÜGER, M.D.

isuog2026.3510bf6

Introduction

Ectopic pregnancy:

- Significant cause of maternal morbidity and mortality,
- Majority occur within the fallopian tubes,
- Implantation sites such as the omentum present substantial diagnostic and therapeutic challenges.

We report a case of secondary omental ectopic pregnancy in a hemodynamically stable patient presenting with non-specific abdominal pain and inconclusive ultrasonographic findings.

Case

- 34-year-old gravida
- 4 previous cesarean sections
- 4-day history of progressively worsening, diffuse abdominal pain.
- Initial β -hCG level: 2380 mIU/mL.

TV USG:

- No intrauterine gestational sac,
- Normal right ovary,
- 15 mm structure with a “ring of fire” appearance in the left ovary
- Minimal free fluid in the pouch of Douglas.

The patient was admitted with a presumptive diagnosis of PUL. Prophylactic endometrial curettage was performed, followed by intramuscular methotrexate administration (50 mg/m²). Despite treatment, β -hCG levels rose progressively, reaching 8927 mIU/mL by day 7. Serial imaging demonstrated increasing free fluid and declining hemoglobin levels, accompanied by worsening abdominal pain. Given clinical deterioration and the patient's surgical history, diagnostic laparotomy was performed. Approximately 250 cc of hemorrhagic fluid was aspirated. Pelvic organs appeared normal, with no evidence of tubal ectopic pregnancy. Further exploration revealed a hypervascular lesion in the distal omentum, which was excised using an energy device. Histopathological analysis confirmed ectopic gestational tissue.

Conclusion

Omental ectopic pregnancy is a rare but potentially life-threatening condition that poses significant diagnostic challenges. This case highlights the importance of maintaining a high index of suspicion in patients with atypical β -hCG trends and inconclusive imaging findings. Early surgical intervention may be lifesaving in cases of diagnostic uncertainty, particularly when clinical deterioration is evident. Multidisciplinary evaluation and individualized management strategies are essential for optimal outcomes.



Figure 1. Left ovary with cyst



Figure 2. Omental ectopic pregnancy