

# Spontaneous Ovarian Heterotopic Pregnancy: A Case Report

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28  
years  
old

G2 P1

4  
weeks  
gest

## Initial Hospital Presentation

| Background                                                                                                                                                                                              | Initial assessment                                                                                                                                                                                                                            | Laparoscopy                                                                                                                                                                                                                                                                                                                          | 48 hours post op                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• 28 yo</li><li>• G2P1 (SVD 6 months ago)</li><li>• 4+0/40</li><li>• 1 day history of lower left abdominal pain with associated right shoulder tip pain</li></ul> | <ul style="list-style-type: none"><li>• Guarding in the LIF</li><li>• Speculum: NAD</li><li>• VE: cervical excitation and left adnexal tenderness</li><li>• BhCG 5306 IU/l, Hb 127, Rh negative</li><li>• Consented for laparoscopy</li></ul> | <ul style="list-style-type: none"><li>• 500 mls of blood in pelvis with clots</li><li>• Haemorrhagic mass removed from left ovarian surface</li><li>• Differentials: haemorrhagic cyst or a possible small ovarian ectopic pregnancy</li><li>• Both tubes and right ovary normal</li><li>• The uterus was not instrumented</li></ul> | <ul style="list-style-type: none"><li>• BhCG 2200 IU/L (reduced by 3106 IU/L -58%)</li><li>• TVUSS: empty uterus</li><li>• Hb 89g/dl, transfused 2 units RBC</li><li>• Observations stable, exam normal</li><li>• Discharged home</li></ul> |

### Histology from left ovarian mass

Macroscopic Description:

Left ovarian ectopic

Multiple, five dark pieces of tissue in aggregate 10 x 15 x 3mm, all embedded in A1.

Microscopic Report:

The section shows ovarian tissue and chorionic villi lined by trophoblasts. A probable implantation site is identified. No molar changes. Compatible with ovarian ectopic pregnancy.

### Histology from STOP

Macroscopic Description:

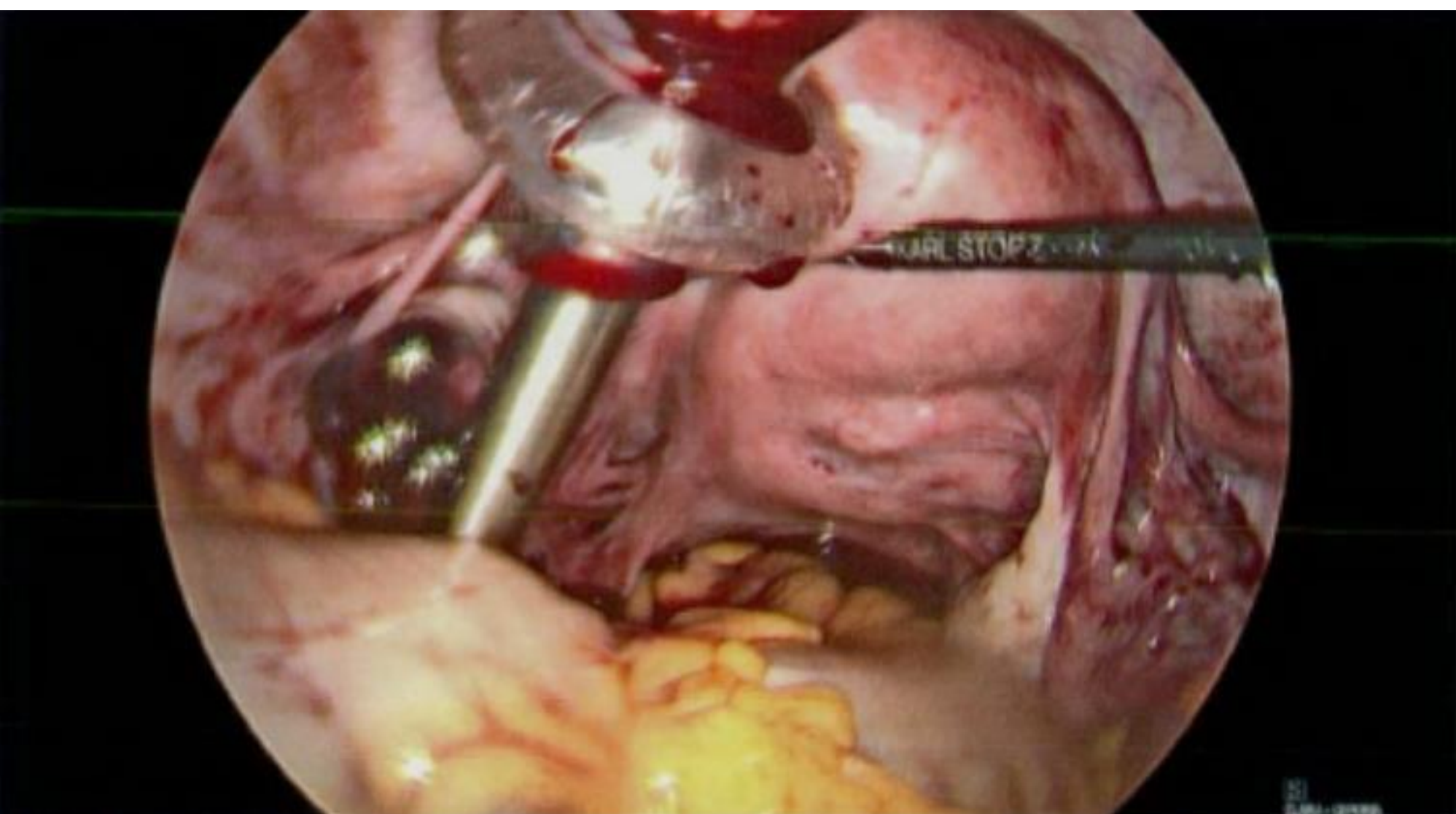
Dark brown and haemorrhagic, ? Villomembraneous tissues, in aggregate measuring 85 x 70 x 15mm. No obvious foetal parts have been identified and no vesicles have been seen. Representative fragments processed in A1+A2.

Microscopic Report:

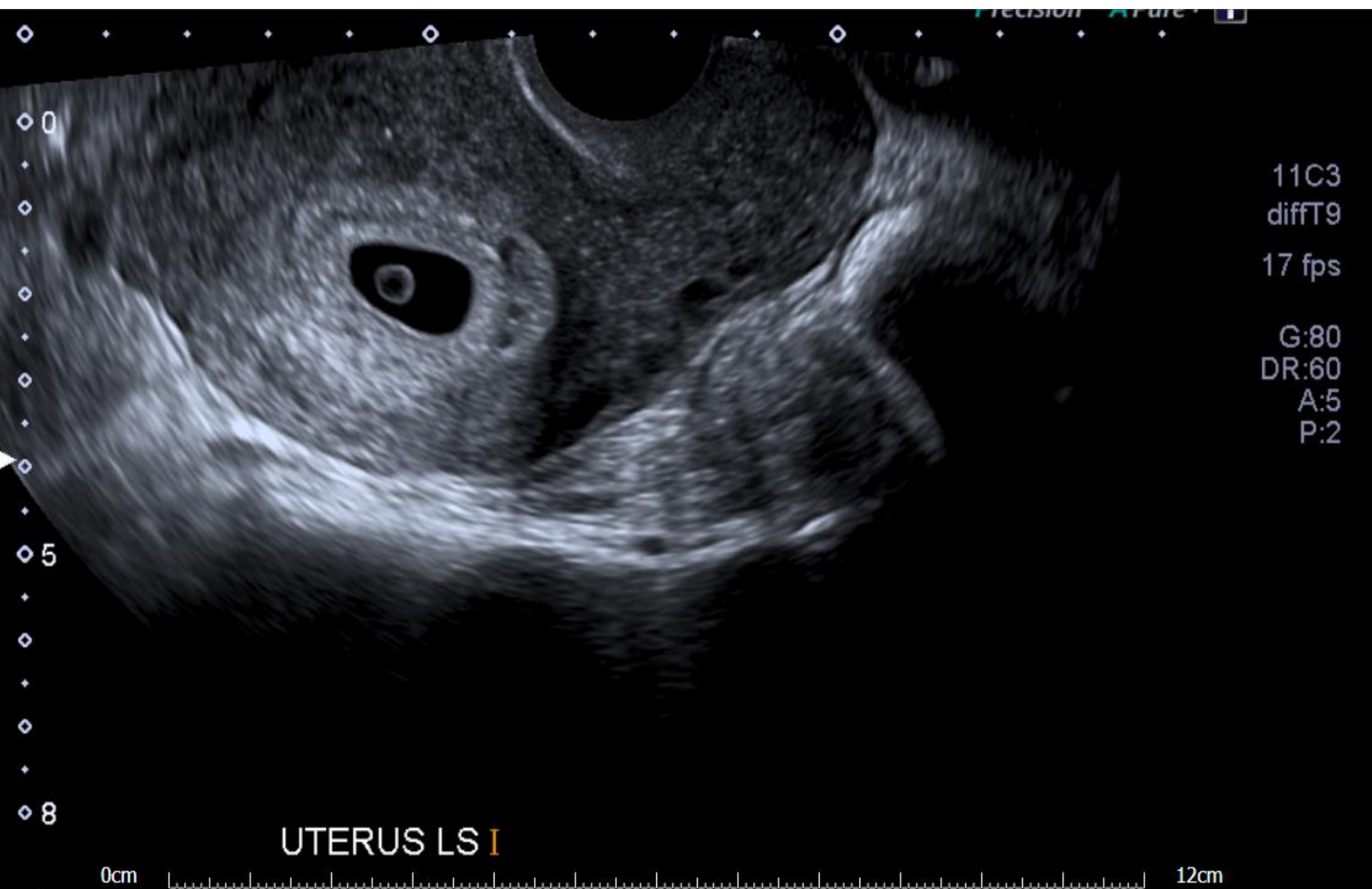
This biopsy shows fragments of endometrium, decidua and chorionic villi lined by trophoblasts. No obvious molar change. Products of conception.



Laparoscopy: Haematoperitoneum

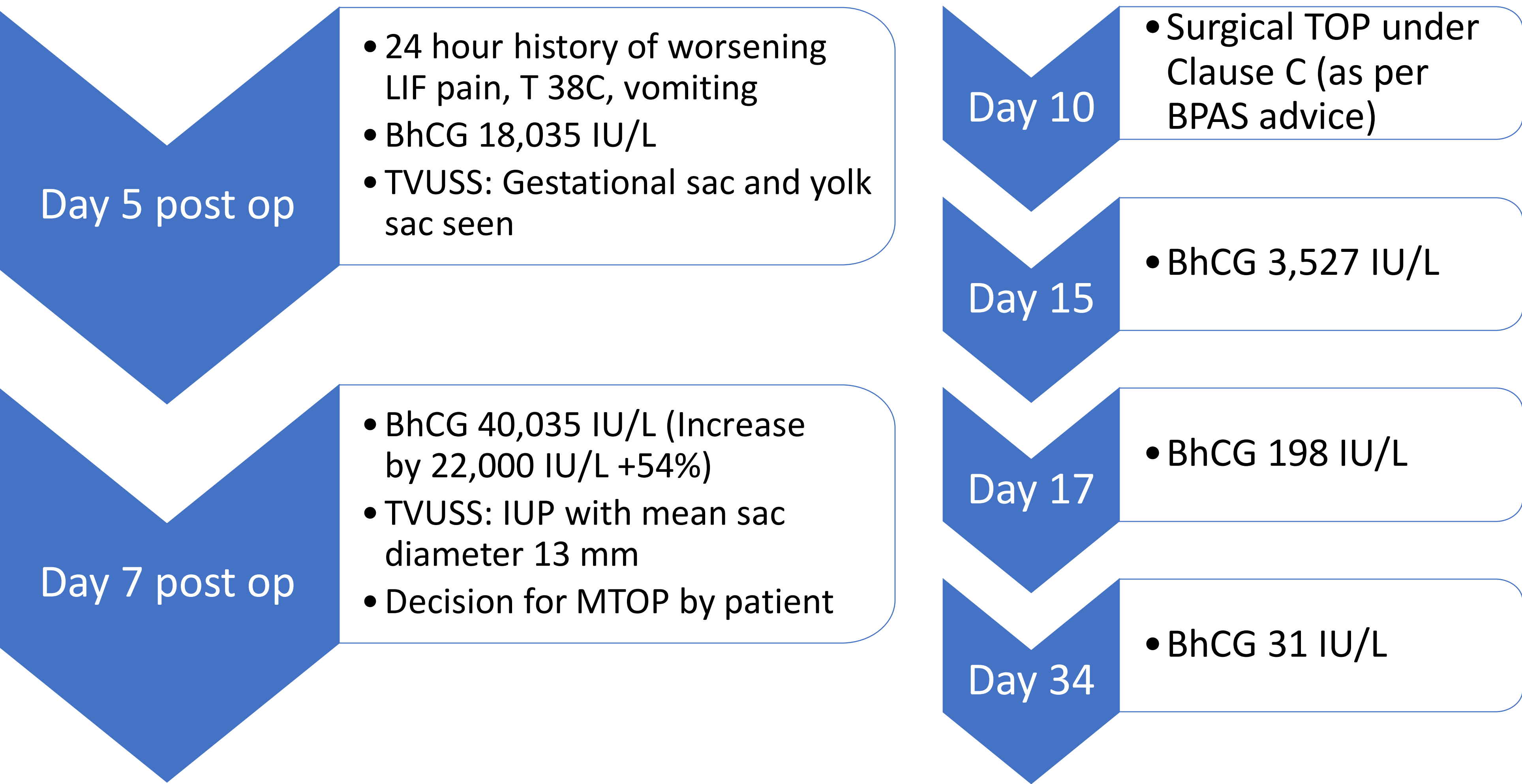


Laparoscopy: Left haemorrhagic ovarian mass



TV USS (Day 9 post laparoscopy)  
Gestational sac: Present Yolk sac: Present  
No fetal pole identified

## Reattendance to Hospital



### Discussion

The management of heterotopic pregnancy is complex, due to its diagnostic challenge, lack of guidance, and the legal status of termination of pregnancy. The diagnosis was made difficult due to the lack of risk factors and acute non-specific presentation out of hours. The patient was managed surgically without prior imaging due to the acuity in presentation and clinical indication for prompt surgical management, therefore subsequent serial BhCG and imaging was pertinent to reaching this diagnosis. The uterus was not instrumented for manipulation during diagnostic laparoscopy, which prevented inadvertent harm to the intrauterine pregnancy. The patient requested for a termination of pregnancy. Following discussion with the clinical director of BPAS, this was carried out under Clause C.

### Conclusion

This case highlights the importance of having a high index of suspicion for heterotopic pregnancies when managing suspected ectopic pregnancies. Guidelines should include avoidance of instrumentation of the uterus in the management of ectopic pregnancies. There are currently no set criteria for ultrasound diagnosis of ovarian ectopic pregnancies, therefore future development of such diagnostic tool will aid management of this potentially life-threatening condition.