

Heterotopic ovarian pregnancy---challenges in diagnosis and management.

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- **OBJECTIVES---** Incidence of heterotopic ovarian pregnancy is 2.3% of all heterotopic pregnancies. We report of case of heterotopic ovarian pregnancy after ART and associated challenges faced in diagnosis and management.
- **CASE REPORT-----** A 36-Year-old, approximately 8 weeks, had pain off and on lower abdomen for two weeks. She had opted for IVF in view of bilateral tubal block. First cycle was unsuccessful and in second cycle two frozen embryo were transferred. Her beta hcg was 2795.87miu/ml two weeks after ET. First ultrasound done 3 weeks after ET confirmed live intrauterine pregnancy of 5 weeks and 6 days. She had excessive nausea and vomiting throughout this period. Pain lower abdomen persisted and USG done suggested a right corpus luteal cyst. Possible diagnosis of heterotopic pregnancy was made in view of high early bhcg, FET (possibility of corpus leutem ruled out). USG was done again which showed a single live intrauterine foetus of 8 weeks. 2.2 x 2.2 cm heteroechoic mass was seen in the right ovary with linear echogenic structure? foetal pole of 6 weeks and 2 days. Moderate fluid with multiple echogenic clots were also noted. Laparoscopic salpingoohrectomy was done. HPE confirmed it. 12-week scan showed the normally growing intrauterine pregnancy.
- **DISCUSSION--**The diagnosis of heterotopic ovarian pregnancy is usually difficult. More so in our case as reason for IVF was bilateral tubal block. High level of initial serum β -hcg could be a clue for the suspicion of multiple pregnancy. IVF clinic usually refer patient to obstetrician for further management. Hence, history taking and knowledge about IVF is also essential to clench the diagnosis. As it was frozen embryo transfer the possibility of corpus leutem was ruled out. Serial USG was helpful as well. Laparoscopic surgical management is safe in such cases. Surgery is usually laparoscopic wedge resection or ipsilateral oophorectomy. Challenges of surgery are minimal operating time, no intrauterine manipulation, familiarity with the procedure offered, minimal blood loss and proper haemostasis.
- **CONCLUSION---** Heterotopic ovarian pregnancy is a rare life-threatening condition. High bhcg after ART should alert clinician. Adnexa should be evaluated carefully even in the presence of intrauterine pregnancy as early diagnosis and management in these cases can have a favourable outcome. Laparoscopic procedure is safe even with ruptured ovarian ectopic if mother is haemodynamically stable.