

Case report: ovarian heterotopic pregnancy after spontaneous conception-Rare case presentation

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OBJECTIVE:

To report a rare case of ovarian heterotopic pregnancy after spontaneous conception.

CASE REPORT:

Spontaneous ovarian heterotopic pregnancy is a rare clinical condition in which intrauterine and extrauterine pregnancies occur at the same time. The occurrence of an ovarian heterotopic pregnancy is extremely rare among women who conceive naturally. A case of a 22-year old patient was treated for spontaneously conceived heterotopic pregnancy. The patient was admitted to our hospital with mild lower abdominal pain and amenorrhoea. A transvaginal ultrasound scan showed single viable intrauterine pregnancy with coexisting right tubal ectopic pregnancy. There were no features of ovarian ectopic or signs of rupture ectopic on ultrasound. As patient was symptomatic so she was managed laparoscopically. Intraoperative she had ruptured ovarian ectopic pregnancy with 700ml of blood in pouch of Douglas. Right partial oophorectomy/wedge resection along with removal of ectopic was performed. Follow up on the second postoperative day, repeated ultrasound showed a viable intrauterine pregnancy. The patient was discharged on the 2nd postoperative day. Histopathology report confirms ovarian ectopic pregnancy.

DISCUSSION:

The coexistence of intrauterine and extrauterine pregnancy, also known as heterotopic pregnancy, can occur in different forms. Literature showed that most of extrauterine pregnancies were located in the fallopian tube.

Only few cases of ovarian heterotopic were spontaneous while most of them were following clomiphene or ART use. Spontaneous Ovarian heterotopic pregnancy is a potential fatal condition. Clinicians should maintain a high index of suspicion in all patients presenting with amenorrhea, abdominal pain, adnexal mass, peritoneal irritation, and enlarged uterus.

A simultaneous IUP causes difficulties in the interpretation of ultrasound images. The early diagnosis of Heterotopic is difficult; β -hCG alone is not helpful to diagnosis heterotopic. Often the diagnosis of ovarian heterotopic is made during operation or after the histopathological report.

The traditional method of treating an ovarian pregnancy is laparoscopic wedge resection or ipsilateral oophorectomy, whereas the intrauterine component is expected to develop normally. The gravid uterus should be handled carefully during the procedure.

CONCLUSION:

Considering spontaneous pregnancies, every physician treating women of reproductive age should be aware of the possibility of heterotopic pregnancy. It can occur in the absence of any predisposing risk factors; only with an early diagnosis and treatment the intrauterine pregnancies will reach viability with a great chance of a favourable obstetric outcome. There are no specific agreed criteria for the ultrasound diagnosis of ovarian ectopic pregnancy, therefore clinical situation should be considered along with imaging.