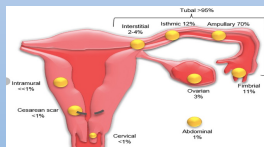


A diagnostic dilemma; Ruptured ovarian cyst or ruptured ovarian ectopic?- A Case report

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Background

- Ovarian ectopic pregnancy is rare and accounts for 1-6% of all diagnosed ectopic pregnancies.¹
- Determining the location of an ectopic pregnancy can be challenging on ultrasound.
- At surgery, early ovarian pregnancies are likely to be mistaken for a haemorrhagic cyst or bleeding corpus luteum cyst.¹



Case background:

- A 33 year old nulliparous woman presented with a crampy suprapubic pain and vaginal bleeding.
- 8 weeks pregnant from her last menstrual period with regular 5 day cycles.
- Not taking any forms of contraception
- No PMH or past surgical history
- Her observations on admission were normal.
- Abdominal palpation revealed moderate left iliac fossa tenderness.
- Speculum exam showed a closed cervix with minimal blood in her vagina.
- Her initial investigations Hb 131, BhCG 7977.



Figure 1 - Empty intrauterine cavity



Figure 2 - ?Gestational sac in left fallopian tube

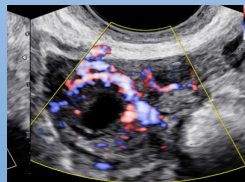


Figure 3 - corpus luteum in Rt. ovary

USS findings:

- An inhomogenous looking mass in the left adnexa measuring around 33x37x38 mm.
- Query gestational sac seen in the mass measuring 12.8mm with no yolk sac and a small left ovary seen attached to the mass.
- Right ovary appeared normal with a corpus luteum.
- Small amount of free fluid in the POD 8.7x15mm, likely haemoperitoneum.
- No intrauterine pregnancy visualised.

Scan diagnosis = left tubal ectopic pregnancy

- Consented for an urgent laparoscopy and removal of ectopic tubal pregnancy.

Intraoperative finding:



Figure 4- Intraoperative findings of ruptured right ovarian mass



Figure 5- Posterior aspect of ruptured ovarian mass

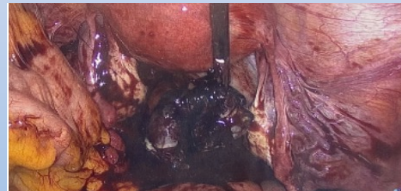


Figure 6- Detached mass with preservation of left ovary

- Haemorrhagic mass attached to her left ovary, completely separate from her left fallopian tube., which was removed with preservation of healthy looking ovarian tissue.
- 900mls of haemoperitoneum drained in the beginning of laparoscopy
- Recovered well and discharged home.
- Serial bHCG performed that showed a downward trend.

Histo-pathology results confirmed ovarian ectopic pregnancy tissue with cellular ovarian stroma.

Conclusion:

This ovarian ectopic pregnancy was not conclusively diagnosed until after surgery with declining beta hCG levels and a histology report.

The TVS showed a right corpus luteal while mass seen on left side and though transmigration can happen², due to the rarity of the condition, diagnosis of ovarian ectopic not considered preoperatively. Intra operative, ruptured mass makes it difficult to label it as ovarian ectopic only and it was considered as differential with ruptured ovarian cyst along with complete miscarriage.

Conclusion: This case highlights the importance of holistic approach and considering all the possible diagnosis regardless of the rarity of situation.

References:

1. Sonographic Detection of Ovarian Ectopic Pregnancy: <https://doi.org/10.1177/8756479316663163>

2. Contralateral corpus luteum in ectopic pregnancy: [https://doi.org/10.1016/S0015-0282\(01\)03271-X](https://doi.org/10.1016/S0015-0282(01)03271-X)