

'Rare case of ovarian ectopic pregnancy in 19 years old primigravida'

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Ovarian ectopic pregnancy is a rare form of ectopic pregnancy, accounting for 0.5–3% of all ectopic pregnancies. It occurs when a fertilized ovum implants directly onto the ovary. This condition presents a diagnostic and clinical challenge due to its rarity and nonspecific symptoms, such as abdominal pain, abnormal vaginal bleeding, or signs of acute rupture. Advances in ultrasonography, particularly transvaginal ultrasound, have improved early detection, with key diagnostic criteria including an intact ipsilateral tube and gestational sac within the ovary.

Risk factors include assisted reproductive techniques, pelvic inflammatory disease, and intrauterine device use.

Management varies depending on the clinical presentation and may include laparoscopic surgery, conservative medical management with methotrexate, or combined approaches.

Early diagnosis is crucial to prevent life-threatening complications such as hemorrhage and to preserve ovarian function. This review highlights the clinical presentation, diagnostic criteria, and management strategies for ovarian ectopic pregnancy, emphasizing the importance of a multidisciplinary approach to optimize outcomes.

This case report was A 19 years old patient primigravida at 7 weeks presented with lower abdominal pain for two weeks which worsened the last two days. pregnancy test was positive and this was unplanned pregnancy. She is otherwise fit and well. Her examination revealed normal observations, soft abdomen but tender left iliac fossa and there was no vaginal bleeding.

Ultrasound scan was done and showed left ectopic pregnancy and moderate amount of free fluid in pouch of Douglas. Urgent blood tests (FBC, cross matching two units of blood and U&E) were requested and she was cannulated in preparation for emergency laparoscopy. The patient was informed about the diagnosis and plan of management. She was consented prior to surgery.

Laparoscopy was done using verses needle for the insufflation, both tubes were normal and left ovarian ectopic was seen. Gestational sac was excised, hemostasis insured by using diathermy with caution to avoid damage of the remaining ovarian tissue . Robertson drain was kept to insure no further bleeding. Post operative plan to follow her with serial BHCG till normalized.

drain was removed on the next day and patient made a good recovery and successful outcome by preserving both tube and ovary

BHCG dropped dramatically from 5560 mIU to 150 mIU on the first follow up.

