

Laparoscopic Management of Ovarian Ectopic Pregnancy

Summary: Ovarian ectopic pregnancy is an exceptionally rare condition, making it challenging to diagnose despite advances in imaging techniques. The majority of cases are identified intra-operatively due to the lack of definitive diagnostic criteria.

Case Report

A 24-year-old, healthy G2P1 woman, approximately 7 weeks pregnant, was referred to the Early Pregnancy Unit at Bradford Royal Infirmary from a termination of pregnancy clinic with a suspected pregnancy of unknown location. The patient was asymptomatic, vitally stable, and had a positive urine pregnancy test. Blood tests, including FBC, G+S, and HCG levels, were conducted upon admission.

Ultrasound revealed ET of 13mm with no IUP. Additionally, the left ovary showed a thick-walled cyst (4.3 x 3.1 cm) and another cyst (4.4 x 1.8 cm) with lace-like internal echoes. Her HCG level was 19,992, and haemoglobin was 144.

Given the ultrasound findings and elevated HCG levels, the patient was informed of the high likelihood of an ectopic pregnancy and the associated risks. She consented to a diagnostic laparoscopy. Laparoscopy revealed normal bilateral fallopian tubes and a normal right ovary. However, a 3x3 cm vascular mass on the left ovary, which appeared to contain pregnancy tissue and bled upon touch, strongly suggested a left ovarian ectopic pregnancy.

The procedure involved a wedge resection of the mass using an advanced bipolar device, preserving the remaining ovarian tissue. Haemostasis was achieved with figure-eight sutures and Floseal. Postoperatively, the patient's HCG levels dropped significantly to 5,185 within 48 hours. She recovered well, with weekly HCG measurements until levels dropped below 5. Histological examination confirmed the diagnosis of ovarian ectopic pregnancy. The patient was informed of the results and future pregnancy discussed.

Discussion

Ectopic pregnancy occurs in approximately 1 in 90 pregnancies, but ovarian ectopic pregnancy is extremely rare, accounting for only 0.3% to 3% of all ectopic pregnancies. Diagnosis is difficult due to the lack of specific ultrasound criteria. Early recognition and surgical intervention are crucial to prevent complications, such as ovarian rupture and haemorrhage, while preserving ovarian function. Laparoscopy remains the gold standard for managing ovarian ectopic pregnancies, with improved outcomes due to advanced surgical techniques and haemostatic agents.

Conclusion

Ovarian ectopic pregnancy is a rare but serious condition that requires early recognition and prompt surgical intervention to prevent complications and preserve ovarian function. As they can be surgically harder to manage than tubal ectopics and are often diagnosed intraoperatively this can be a challenge. Awareness and clinical suspicion are therefore essential.

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