

Suspected ovarian ectopic in IUCD user – a case report and literature review.

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Case Study

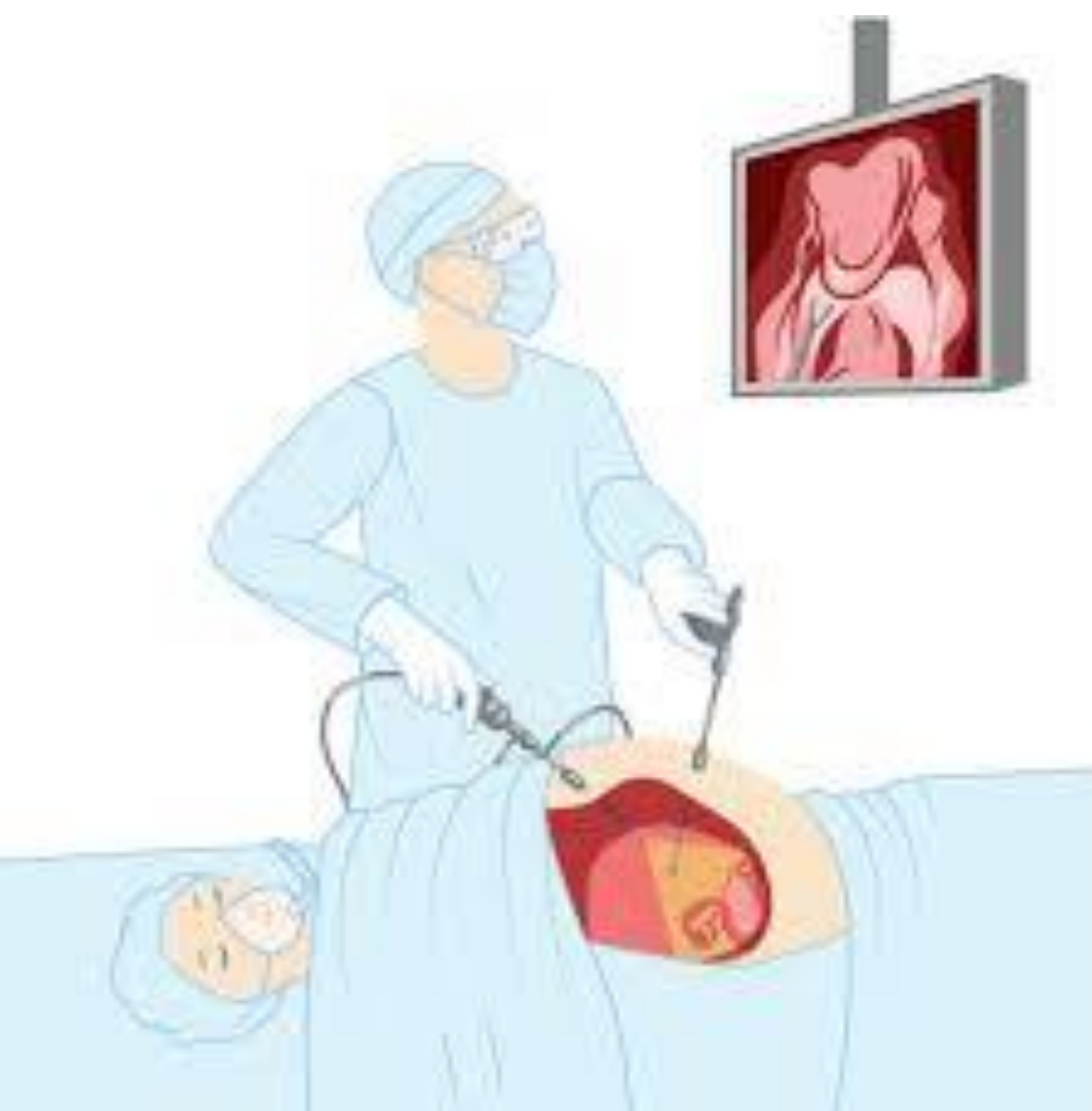
Patient: Multiparous 40-year-old with an intrauterine device (IUCD) in situ

Presentation: 20 days of pelvic pain and vaginal spotting

Investigation:

- Positive urine pregnancy test
- TVUSS: well-placed IUCD and a right sided inhomogeneous conglomerate mass separate to the ovary with free fluid measuring up to the uterine fundus.

Emergency diagnostic laparoscopy



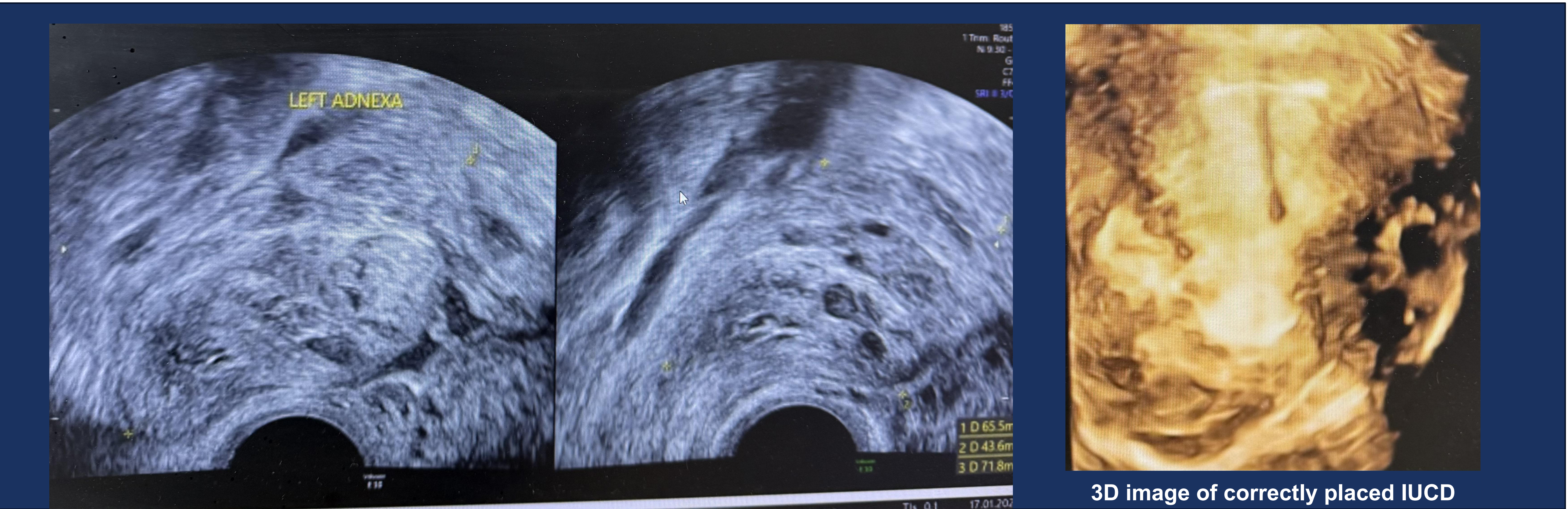
Surgical Findings:

- 500ml haemoperitoneum
- A right-sided ruptured haemorrhagic corpus luteum
- No visible ectopic gestation
- Normal fallopian tubes

Outcomes:

- A presumptive diagnosis - ovarian ectopic pregnancy or possible tubal abortion
- Postoperative serum B-hCG dropped steadily

TVUSS Findings:



Discussion

- **Incidence:** Ovarian ectopic account for roughly 1-3% of total ectopic pregnancies.
- **Risk factor:** Use of IUCD increases risk¹ via inflammation trigger which disturbs tubal mobility leading to obstruction in ovum conveyance.²
- **Diagnosis:** TVUSS can mimic haemorrhagic corpus luteum. Therefore, final diagnosis requires intraoperative findings and histopathological confirmation.
- **Management:** Diagnostic laparoscopy is both therapeutic and confirmatory.

Conclusion

Ovarian ectopic pregnancies are rare and diagnostically challenging. IUCD use is a significant risk factor. Early surgical intervention is crucial for diagnosis and management.

References

- [1] The ultrasonographic appearance of ovarian ectopic pregnancies. Comstock C, Huston K, Lee W. Obstet Gynecol. 2005;105:42–45.
- [2] Herbertsson G, Magnusson S, Benediktsdottir K. Ovarian pregnancy and IUCD use in a defined complete population. Acta Obstet Gynecol Scand. 1987;66:607–10.