

MISSED OVARIAN ECTOPIC

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CASE

21 yr female 2 nd gravida primipara with one living issue was referred to Bharti Vidyapeeth hospital on 28/07/2021 with Post Exploratory laparotomy done for severe pain in abdomen and raised Beta HCG value 700 IU/ml for further management.

Menstrual history : Previous cycles were regular with moderate flow .

LMP - 04/07/2021.

O/H: previous pregnancy was uneventful with full term normal vaginal delivery 3 yrs back. Exploratory laparotomy was done outside on 27/07/2021 for ectopic pregnancy.

Patient was transfused 3 units of PCV.

Her Hb was 10 gm%.

Intraoperative findings: [a/c to referral sheet]

- Hemoperitoneum with clots were present.
- B/I tubes were normal.
- Right ovary was normal.
- Left ovary having 3x3 cm ovarian cyst.
- No other source of bleeding was found.
- AKD Drain was kept in situ.

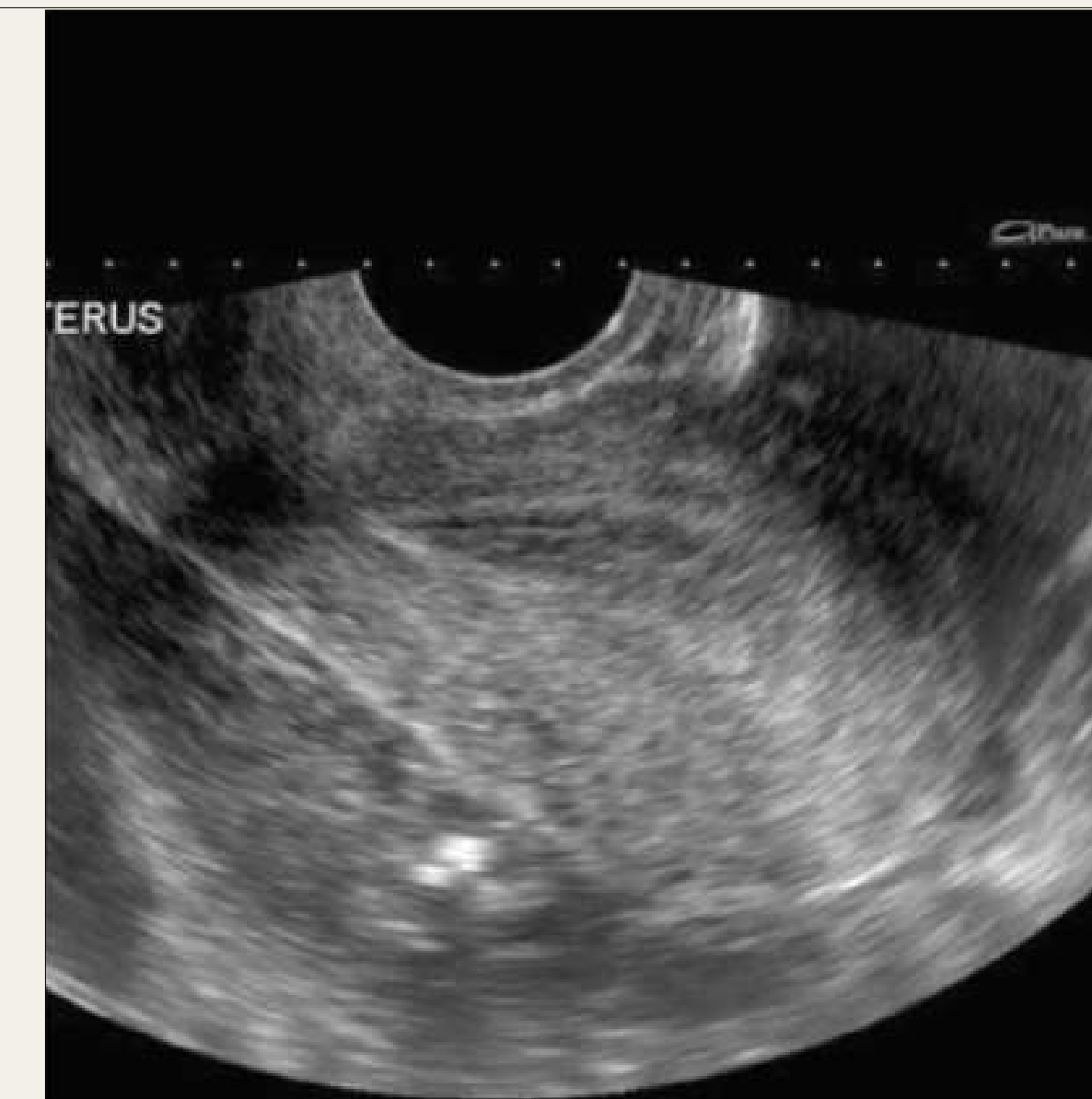
Post op CT {abdomen +pelvis}

•Positive findings :

- 1) Uterus normal
- 2) Multiple tortuous collaterals seen in B/I parametrium with dilated left ovarian veins-suggestive of pelvic venous congestion.
- 3) Moderate hemoperitoneum in the subhepatic, perisplenic region with mild reactive peritoneal thickening and enhancement.
- 4) Surgical emphysema in lower abdominal wall.
- 5) Drain in left upper abdomen.

ON ADMISSION

- Patient had tachycardia
- On per abdomen examination-soft,tenderness present all over abdomen. AKD Drain in situ with minimal hemorrhagic collection in the left iliac region.
- Per speculum examination:-cervix and vagina healthy with no pv bleeding.
- Per vaginal examination:-uterus anteverted,normal sized.
- Patients Beta HCG was repeated and the value was 2720 mIU/ml.
- Repeat USG [A+P] was done on 28/07/2021 and findings were:
 - 1) Evidence of streak of collection in morrison's pouch and perisplenic region.
 - 2) Minimal pleural effusion on right side.
 - 3) Evidence of mild to moderate collection with internal echoes noted in pouch of doughlas.
 - 4) Hemoperitoneum present.
 - 5) E/o multiple dilated tortuous vessels noted in b/l adnexal region more on left side.



USG ABDOMEN + PELVIS
post exploratory laparotomy

DISCUSSION:

- An ectopic pregnancy is characterized by implantation and development of an embryo outside the uterine cavity.
- Implantation in the ovary is very rare with the incidence of 1:3000 to 1:40000 deliveries and represents 1 % to 3 % of all ectopic pregnancies.
- The usual consequence of ovarian ectopic is rupture at an early age.
- Diagnosis is usually done by transvaginal sonography or intraoperatively.
- It is more commonly seen in patients with the use of IUCDs or patients who have undergone Artificial Reproductive technology

MANAGEMENT:

- Beta HCG was repeated sequentially with the results in the declining pattern.
- Patient was treated symptomatically with IV antibiotics and analgesics.
- Drain was removed after 3 days .

Date	Beta HCG value [mIU/ml]
28/07/21	2720
30/07/21	2288
02/08/21	1494
06/08/21	800
13/08/21	106.4

TREATMENT PROTOCOL FOR OVARIAN ECTOPIC PREGNANCY

- The main management of ruptured ovarian ectopic is by surgery,usually ovariectomy has to be performed.
- In case of bleeding from small lesions-Ovarian Wedge Resection is done.
- Laparoscopic laser ablation of ovarian ectopic can be done.
- In unruptured cases ,Methotrexate can be given ,if the patient is hemodynamically stable.