Ovarian pregnancy in the wall of corpus luteum

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Case report

A 28-year-old nulliparous woman was referred by her GP because of low abdominal pain of 1 day's duration associated with vaginal spotting. The pain was sharp and intermittent mainly in the left lower abdomen. Her last menstrual period (LMP) occurred 3 weeks previously and this bleeding was earlier than she expected as she has regular cycles 7/28 days.

She had used oral contraceptive pills followed by condoms but the couple had discontinued contraception 19 months previously to try for a baby.

She was clinically stable. There was minimal tenderness on deep palpation in the left iliac fossa. Speculum examination showed a bloody discharge. There was no adnexal tenderness or cervical excitation. Triple swabs were taken. Her haemoglobin was 13.6 g/dl and serum hCG was 1,297 U/l. She was seen 48 h later in the early pregnancy assessment clinic where she was stable with persistent vaginal spotting; a repeat serum hCG was 2,393 U/l. Transvaginal ultrasound showed an empty uterus, both ovaries appeared normal and there was no free fluid in the pelvis. Ectopic pregnancy was suspected or early intrauterine pregnancy.

She was seen 48 h later in the Early Pregnancy Assessment Unit (EPAU) for serum hCG (3,034 u/L). This started to plateau over the next 48 h at 3,594 U/l. A vaginal scan showed no intrauterine gestational sac, normal ovaries and a left sided adnexal cystic mass (9 × 30.4 mm).

After appropriate counselling, decision was made to perform a laparoscopy on assumption of ectopic pregnancy.

At laparoscopy, both fallopian tubes looked normal with a minimal amount of altered blood in the pouch of Douglas. There was a dark-red vascular lesion in the right ovary resembling a ruptured cyst or ectopic pregnancy. As the lesion was highly vascular, a decision to perform a laparotomy was made. Findings were confirmed and excision of the lesion (partial oophorectomy) with reconstruction of the ovary was performed. The postoperative period was smooth and she was discharged home on the third postoperative day.

Serum hCG, 2 days after the operation, had dropped to 687 U/l.

Macroscopically, pathology showed small brownish tissue nodule measuring 18 × 18 × 15 mm. Microscopic histology showed ovarian tissue, which includes part of a corpus luteum of pregnancy and mildly degenerated first trimester chorionic villi (Figure 1).

The presence of placental tissue on the ovarian surface and within its substance is consistent with ovarian ectopic pregnancy.

Discussion

Reports of the incidence of ovarian pregnancy, being rare, vary greatly. The incidence of ovarian pregnancies seems to have been increasing during recent years, comprising 3.3% of all extraterine

Figure 1. Photomicrograph of ovarian ectopic pregnancy. Luteinised ovarian cortex is present to the left of the photograph. Morphologically normal chorionic villi are seen to the right of the picture. There has been considerable haemorrhage. Hematoxylin and Eosin, ×30.