Ovarian Ectopic Pregnancy

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Abstract

Objective: Identifying ectopic ovarian pregnancy before hypovolemic shock occurs.

Patients and Method: Case report, ER fast diagnosis and treatment. In a young female with no history of previous pregnancies with acute abdomen.

Results: The rapid diagnosis and surgical treatment saved a life in an internal bleeding ectopic ovarian pregnancy patient, who was rushed to the OB/GYN ER.

Conclusion: The rapid Clinical and sonogram/Blood tests Diagnosis, Led to a Fast treatment and saved the life of a young female, with hemoperitoneum.

Keywords: Ovarian Pregnancy; Ectopic

Introduction

Ovarian pregnancy is a rare form of the non-tubal ectopic pregnancy. It may cause a mayor bleeding inside the abdominal cavity. One of the important risk factors for ovarian pregnancy is in the use of Intra uterine devices (IUD).

Case Description

A white, 32 Year old female G: P:0. AB:0, Last menstrual period 7 weeks ago, is taken by an ambulance to the ER, with pelvic pain, hypotension 100/40, lab shows H to 29, Hb 10grs, sonogram shows 55 mm mass at the right adnexa, and free pelvic fluid and the Douglas Cul de Sac beta subunit human Chorionic gonadotropin 90 0UI/L. She presented at examination, Uterine cervix congestive, minimum bleeding, abdomen with pain when pressed and decompressed.

She was taken to the O.R, an exploratory laparotomy and a wedge resection of the ovary was performed.

Findings: Free blood in the peritoneal cavity, was taken in an amount of 750 ml, right ovary with an ectopic pregnancy, a wedge resection of the ovary was performed and reconstruction of the remaining organ.

The peritoneal cavity was washed with saline, a drainage was left in cavity.

Patient improved and had a good performance after surgery, and released from the Hospital 30 hours after. A week after the procedure, the human free Chorionic gonadotropin went down to 160 UI/L, and the patient was doing very well.

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Discussion

It’s a life saving procedure, in a reproductive age female with abdominal pain, to rush into fast examination of the abdomen and pelvis, and to have available a sonogram test and blood lab, in order to decide the right management [1-14].

Bibliography


