# A CASE OF PRIMARY OVARIAN PREGNANCY

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Primary ovarian pregnancy is a gynaecological rarity in which the site of implantation may be Graafian follicle, corpus luteum, or an area of endometriosis.

## CASE REPORT

A Chinese woman L.C.S., aged 24, para 1, was admitted on 1st October 1959 with a two-day history of lower abdominal pain. The pain became much worse on the day of admission and spread to the right scapular region. She felt faint on a number of occasions but did not lose consciousness. Her last menses was on 23rd August 1959, the period of amenor-rhoea being 38 days. She had delivered a baby only  $4\frac{1}{2}$  months ago.

On examination, the patient was pale and anxious looking. The blood pressure was 100/70 mm mercury and the pulse rate 100 per minute. There was generalised tenderness and guarding over the abdomen with maximum tenderness over the left illiac fossa. Shifting dullness was absent.

The uterus was retroverted and normal in size. The cervix was exquisitely tender. Extreme tenderness was also present in the left lateral fornix. A diagnosis of ruptured ectopic gestation was made.

At operation, there was about one pint of blood in the peritoneal cavity. The uterus, tubes and right ovary were healthy and normal in appearance. The left ovary was enlarged to twice normal size by a haemorrhagic corpus

luteum which contained a gestation sac. The ovary was quite separate from the tube and surrounding structures, and was connected to the uterus by a well-defined ovarian ligament. The fimbriae of the tube were normal in appearance.

The corpus luteum containing products of conception was removed by wedge excision and the remnants of ovarian tissue were reconstructed. Convalescence was smooth. The patient was discharged on the 6th day.

## Pathological Report

Section showed a well-developed corpus luteum of pregnancy with a haemorrhagic

cavity containing numerous chorionic villi enmeshed among blood clot.

#### COMMENT

Section of the operation specimen (Fig. 1) shows a well-developed corpus luteum of pregnancy. In a further section of the same specimen (Fig. 2) numerous chorionic villi are demonstrated within the haemorrhagic cavity of the corpus luteum. As all the four criteria laid down by Spiegelberg have been satisfied, this is reported as an authentic case of primary ovarian pregnancy.

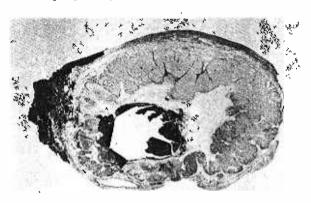


Fig. 1. Section showing corpus luteum of pregnancy. H. & E. x 6.

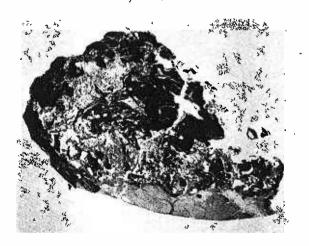


Fig. 2. Section showing haemorrhagic area and numerous chorionic villi within a corpus luteum of pregnancy. H. & E. x 6.

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