A CASE OF RUPTURED OVARIAN ECTOPIC AFTER EMBRYO TRANSFER WITH LOW SERUM HCG AND FERTILITY CONSERVING LAPAROSCOPY

W.K.R. Lee, S. Nadarajah
Reproductive medicine, KK women and children Hospital, Singapore

Ovarian pregnancy is a rare form of ectopic pregnancy that remains a diagnostic enigma. Incidence reported includes 0.5-3% of all ectopic pregnancies. We report a case of ruptured ovarian pregnancy after embryo transfer during In vitro fertilization (IVF) with low serum beta-hCG levels presenting with an acute abdomen and successfully treated by fertility conserving laparoscopy.

Case history
A 39 year old nulliparous female presented to the emergency room in a tertiary women’s hospital complaining of severe epigastric pain. She recently underwent In-vitro Fertilization (IVF) treatment with embryo transfer 3 weeks ago. Serum beta-hCG 17 days after embryo transfer was previously low at 5.4 IU/L. Subsequent urine pregnancy test was positive. Repeated Serum beta-hCG in the emergency room was 1528 IU/L. Transvaginal ultrasound revealed a 9.8 cm complex mass in the midline in the pouch of Douglas. No intrauterine gestational sac was seen. The patient underwent emergency diagnostic and therapeutic laparoscopy revealing a small 2x2 cm ruptured right ovarian ectopic pregnancy with active hemorrhage seen. The uterus and bilateral tubes were normal. A wedge resection of the right ovarian ectopic was performed and haemoperitoneum evacuated. Ovarian tissue sent for histopathology confirmed the diagnosis of a ruptured ovarian ectopic. Post operatively, the patient remained stable and was discharged from hospital two days later.

Discussion
Ovarian ectopic pregnancy remains a rare occurrence with diagnostic challenges presenting with an acute abdomen. Preoperative diagnosis is often difficult, challenging and unpredictable. Ectopic pregnancy cannot be excluded despite failure of IVF treatment with low levels of serum beta-hCG levels after embryo transfer. Low serum beta HCG levels may also be misleading as tubal ruptures have been reported in cases with decreasing beta HCG levels. Laparoscopic management of ovarian ectopic by wedge resection allows preservation of reproductive capability for patients after surgery.