A-007

A rare entity of ovarian ectopic pregnancy: A case report

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ABSTRACT

Introduction: Ovarian pregnancy is a rare form of non-tubal ectopic pregnancy. Its incidence ranges from 1 in 3,000 to 1 in 70,000 deliveries and accounts for 3% of all ectopic pregnancies worldwide. **Case Description:** We report a case of a 31-year-old, who was in her 2nd pregnancy, presented to our centre with one day duration of acute abdomen at around 8 weeks of period of amenorrhea without any per vaginal losses. Her previous menstrual cycle was normal, and she was not using any contraceptive method. There was tenderness over the right iliac fossa and the cervical excitation was positive. Transabdominal ultrasound showed a right adnexal mass with fetal heart activity seen. A diagnosis of primary ovarian ectopic pregnancy was made laparoscopically and confirmed by histopathological examination. **Discussion:** Early diagnosis and treatment for ovarian ectopic pregnancy are crucial as it is characterized by poor clinical symptomatology and a vague ultrasound diagnosis. Accurate pre-operative and intraoperative diagnoses are difficult. Diagnosis is usually made by histopathological assessment and therefore the Spielberg criteria are very important for the diagnosis of ectopic ovarian pregnancy. Thus, it continues to pose a challenge to the practicing clinician.

A-008

Spontaneous rupture of the uterus due to placenta percreta at 20 weeks gestation in a patient without risk factors: A case report and literature review

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ABSTRACT

Introduction: Placenta percreta is a rare condition in obstetrics which can lead to massive antenatal or postpartum hemorrhage usually requiring caesarean hysterectomy. Most patients have a prior history of caesarean section, myomectomy or endometrial surgery. Pre-operative diagnosis is usually made by high suspicion index during transabdominal ultrasound and confirmed by MRI. **Case Description:** We report a case of spontaneous rupture of uterus due to placenta percreta at 20 weeks gestation in a patient without prior risk factors. 4 months before conception she had undergone laparotomy and unilateral salpingo-oophorectomy done in a private centre due to a large ovarian tumour. Histopathology showed well differentiated mucinous cystadenocarcinoma and the disease was staged as 1C3. Subsequently patient defaulted follow up. In early pregnancy, she was treated as disease progression of ovarian malignancy. At 20 weeks gestation she underwent emergency laparotomy and hysterectomy with unilateral salpingo-oophorectomy for uterine rupture due to placenta percreta. Histopathology examination of specimen sent confirmed placenta percreta to be the cause of uterine rupture.