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**Literature search results**

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**Search details**


**Resources searched**

Medline, Cochrane Library, TRIP database, Embase, NHS Evidence – Women's Health

**Database search terms** : Pregnancy, ectopic, ovary, case report

**Google search string** : ovarian pregnancy case report or clinical trial or RCT

**Summary**

Ovarian Pregnancy – only 1 clinical trial found, other items found are all case reports.

**Guidelines**

No guidelines found.

**Evidence-based reviews**

No systematic reviews found.

**Published research**

1. **Conservative laparoscopic management of a case of ruptured ovarian ectopic pregnancy by using a Harmonic scalpel.**

   **Author(s)**: Eskandar O

   **Citation**: Journal of Obstetrics & Gynaecology, January 2010, vol./is. 30/1(67-9), 0144-3615;1364-6893 (2010 Jan)

   **Publication Date**: January 2010
2. Ovarian ectopic pregnancy: diagnosis, treatment, correlation to Carnegie stage 16 and review based on a clinical case.

Author(s): Kraemer B, Kraemer E, Guengoer E, Juhasz-Boess I, Solomayer EF, Wallwiener D, Rajab TK

Citation: Fertility & Sterility, July 2009, vol./is. 92/1(392.e13-5), 0015-0282;1556-5653 (2009 Jul)

Publication Date: July 2009

Abstract: OBJECTIVE: To present a case of a vital ectopic pregnancy after 8 weeks that was located in the right ovary. DESIGN: Case study and literature review. SETTING: Hospital outpatient clinic. PATIENT(S): A 29-year-old primigravida presented with lower abdominal pain and mild vaginal bleeding at 8 weeks after her last menstrual period. INTERVENTION(S): Wedge resection of the ovary which did not affect subsequent fertility. MAIN OUTCOME MEASURE(S): Conservative treatment options and preservation of patient's reproductive capacity. RESULT(S): The embryo was laparoscopically removed in toto and visualized. Therefore, macroscopic correlation to Carnegie stage 16 of development was possible. CONCLUSION(S): Approximately 3% of all ectopic pregnancies are located in the ovaries. Preoperative diagnosis of this extremely rare condition is challenging, because the ectopic tumor often resembles cysts of the corpus luteum. At surgery, the trophoblast tissue or the embryo can rarely be visualized completely.

Source: MEDLINE


Author(s): Su CC, Tzeng CC, Huang KF

Citation: Acta Cytologica, March 2009, vol./is. 53/2(195-7), 0001-5547;0001-5547 (2009 Mar-Apr)

Publication Date: March 2009

Abstract: BACKGROUND: Chronic ectopic pregnancy is an enigma. The clinical presentation can be mild, with absent or subtle symptoms. Ovarian pregnancy usually ends with rupture. We report the first case of unruptured chronic ovarian pregnancy that was initially diagnosed by peritoneal washing cytology. CASE: A 35-year-old woman suffered from low abdominal pain during the presumed menstrual period for 6 months. Abdominal computed tomography revealed a huge cystic mass with intralesional hematoma and soft tissue components located in the pelvic cavity. Mild right hydronephrosis caused by tumor obstruction of the right ureter were noted. Right ovarian cancer was suspected. Peritoneal washing cytology revealed both cytotrophoblasts and syncytiotrophoblasts. Patient received enucleation of the right ovary. Microscopically, the ovarian mass exhibited extensive hemorrhage and necrosis, embedding degenerated chorionic villi. CONCLUSION: When a patient experiences low abdominal
pain during a menstrual period, the possibility of ectopic pregnancy should be considered in addition to possible endometriosis. Ovarian or other abdominal pregnancies, even unruptured, may be discriminated from other lesions in cases of abdominal pain by peritoneal washing cytology.

Source: MEDLINE

4. **Laparoscopic treatment of a spontaneous ovarian heterotopic pregnancy.**

**Author(s):** Dickes JM, Hansen KA

**Citation:** South Dakota Medicine: The Journal of the South Dakota State Medical Association, February 2009, vol./is. 62/2(47, 49), 0038-3317;0038-3317 (2009 Feb)

**Publication Date:** February 2009

**Abstract:** Spontaneous heterotopic pregnancies are uncommon, and ovarian implantations are even more unusual. Clinical symptoms, serial human chorionic gonadotropin levels and the presence of an intrauterine pregnancy on ultrasound are not reliable to diagnose a heterotopic pregnancy. A 27-year-old Gravida 2 Para 1 presented with a complaint of right lower quadrant sharp, cramping pain associated with nausea and vomiting. Ultrasound demonstrated an intrauterine pregnancy and a right adnexal mass. The right adnexal mass had a gestational sac with a fetal pole and positive fetal heart activity. A laparoscopic ovarian cystectomy was performed with preservation of the corpus luteum. A discussion of conservative versus radical treatment of the heterotopic pregnancy is presented.

Source: MEDLINE

Full Text:

Available in fulltext at [EBSCO Host](https://www.ebscohost.com)

5. **Is ovarian pregnancy a medical illness? Methotrexate treatment failure and rescue by laparoscopic removal.**

**Author(s):** Su WH, Cheung SM, Chang SP, Chang WH, Cheng MH

**Citation:** Taiwanese Journal of Obstetrics & Gynecology, December 2008, vol./is. 47/4(471-3), 1875-6263 (2008 Dec)

**Publication Date:** December 2008

Source: MEDLINE

6. **Bilateral ovarian pregnancy after intrauterine insemination and controlled ovarian stimulation.**

**Author(s):** Plotti F, Di Giovanni A, Oliva C, Battaglia F, Plotti G

**Citation:** Fertility & Sterility, November 2008, vol./is. 90/5(2015.e3-5), 0015-0282;1556-5653 (2008 Nov)
**Publication Date:** November 2008

**Abstract:** OBJECTIVE: To report a case of bilateral ovarian pregnancy in a young patient who had previously undergone intrauterine insemination (IUI) and controlled ovarian stimulation (COS). DESIGN: Case report. SETTING: University hospital. PATIENT(S): A 34-year-old woman who had previously undergone IUI and COS. INTERVENTION(S): Emergency exploratory laparotomy for circulatory collapse. About 350 mL of bloody fluid was collected in the pelvic cavity. The left ovary was about 6 cm in diameter and was completely involved by a darkish hemorrhagic ovarian mass; the right ovary was involved by a 4-cm mass. A left ovariectomy and a partial resection of the right ovary with preservation of two-thirds of ovarian tissue was performed. MAIN OUTCOME MEASURE(S): IUI and COS outcome. RESULT(S): The pathologic diagnosis was considered, and bilateral ovarian pregnancy was confirmed according to the diagnostic criteria described by Spiegelberg. CONCLUSION(S): Diagnosis of primary ovarian pregnancy is very difficult because of its rarity and asymptomatic state before rupture. However, early diagnosis is fundamental to avoid more serious complications and an emergency invasive procedure.

**Source:** MEDLINE

7. **Successful treatment of ovarian pregnancy with laparoscopy-assisted local injection of etoposide.**

  **Author(s):** Juan YC, Wang PH, Chen CH, Ma PC, Liu WM

  **Citation:** Fertility & Sterility, October 2008, vol./is. 90/4(1200.e1-2), 0015-0282;1556-5653 (2008 Oct)

  **Publication Date:** October 2008

  **Abstract:** OBJECTIVE: To present a case of ovarian ectopic pregnancy successfully treated with laparoscopy-assisted local injection of etoposide. DESIGN: Case report. SETTING: University-affiliated teaching hospital. PATIENT(S): A 33-year-old woman with the diagnosis of an ovarian pregnancy. INTERVENTION(S): Laparoscopically assisted local injection of etoposide. MAIN OUTCOME MEASURE(S): Successful treatment of the ovarian ectopic pregnancy, with preservation of the ovary. RESULT(S): The patient was successfully treated, and she had normal menstruation after surgery. CONCLUSION(S): Treatment of ovarian ectopic pregnancy with a laparoscopy-assisted local injection of etoposide might be a less invasive choice that can circumvent the systemic side effects of the medication.

  **Source:** MEDLINE

8. **Laparoscopic management of an ovarian ectopic pregnancy: case report.**

  **Author(s):** Patel Y, Wanyonyi SZ, Rana FS

  **Citation:** East African Medical Journal, April 2008, vol./is. 85/4(201-4), 0012-835X;0012-835X (2008 Apr)

  **Publication Date:** April 2008
Abstract: Ovarian pregnancy is a rare variant of ectopic gestation. The diagnosis is often made at surgery and requires histological confirmation. The condition has not been reported locally and its diagnosis is easily missed. A case of an ovarian ectopic pregnancy in a 41 year old para 1 + 1 with secondary infertility is reported. The patient presented with lower abdominal pain and vaginal bleeding at six weeks gestation with a serum B-hCG of 79.12 mlU/L. An ultrasound showed a complex left adnexal mass. She underwent a diagnostic and operative laparoscopy. A left oophorectomy was performed due to difficulty in achieving haemostasis.

Source: MEDLINE


Author(s): Naghshvar F, Torabizadeh Zh, Hagghoo A, Ghahremani M

Citation: Pakistan Journal of Biological Sciences, January 2008, vol./is. 11/1(151-2), 1028-8880 (2008 Jan 1)

Publication Date: January 2008

Abstract: A case report of ovarian pregnancy is presented. A 38 year old woman, gravida 3 para 2, was admitted to the hospital for suspected ectopic pregnancy, with vaginal bleeding at 12 weeks after her last menstrual period, associated with pelvic pain. An ultra-sonography led to the diagnosis of ovarian right ectopic pregnancy with dead fetus associated with a compartmentalized hemoperitoneum. Unilateral oophorectomy was carried out by laparotomy. Histological studies confirmed an ovarian pregnancy.

Source: MEDLINE

10. Ovarian pregnancy presenting as ovarian tumour: report of 2 cases.

Author(s): Samaila MO, Adesiyun AG, Yusufu LM

Citation: Annals of African Medicine, March 2007, vol./is. 6/1(36-8), 1596-3519 (2007 Mar)

Publication Date: March 2007

Abstract: We present 2 cases of ovarian masses diagnosed as tumours but turned out to be pregnancy. Ovarian pregnancy, a form of ectopic gestation has a distinct pathology though it can be a source of diagnostic difficulty clinically and intraoperatively. A total of 71 ectopic pregnancies were seen in the department from January 2001 to December 2005, of these only two were ovarian ectopics. Both patients were nulliparous and presented with lower abdominal pains, abdominal masses and menstrual irregularity. They both had laparotomy and total right salpingo-oophorectomy. Grossly, the ovaries were enlarged, grey tan and globular. Focal ruptures in the wall of the ovaries showed protruding fetal parts. Microscopy showed chorionic villi within and in continuity with ovarian stroma and corpus luteum. They were both diagnosed ovarian ectopics. A good knowledge and understanding of the gross pathology, combination of imaging studies and high index of suspicion should help in making an intra-operative diagnosis.
11. **Failed medical management in ovarian pregnancy despite favorable prognostic factors--a case report.**

**Author(s):** Bagga R, Suri V, Verma P, Chopra S, Kalra J

**Citation:** Medgenmed [Computer File]: Medscape General Medicine, 2006, vol./is. 8/2(35), 1531-0132;1531-0132 (2006)

**Publication Date:** 2006

**Abstract:** Primary ovarian pregnancy is a rare form of ectopic pregnancy that must be demonstrated with use of 4 Spiegelberg criteria. It is usually diagnosed at laparotomy or laparoscopy, although it may resemble a hemorrhagic corpus luteum. Successful conservative management of ovarian pregnancy with methotrexate has been reported only occasionally. This may be partly because of the rarity of this condition and partly because when medical treatment is successful, the patient does not need to undergo laparotomy or laparoscopy, and an occasional ovarian pregnancy may have been diagnosed as a tubal pregnancy. We present a case of ovarian pregnancy (diagnosed at laparotomy) for which initial medical management with methotrexate failed despite favorable prognostic factors. Whether the unusual location (ovary) could have contributed toward treatment failure is unknown.

**Source:** MEDLINE

12. **Ovarian pregnancy in the wall of corpus luteum.**

**Author(s):** Field SM, Faraj R

**Citation:** Journal of Obstetrics & Gynaecology, August 2005, vol./is. 25/6(615-6), 0144-3615;0144-3615 (2005 Aug)

**Publication Date:** August 2005

**Source:** MEDLINE

**Full Text:**
Available in fulltext at [EBSCO Host](https://www.ebscohost.com)

13. **Ovarian ectopic pregnancy presenting with haemothorax.**

**Author(s):** Quinn A, Megaly ES

**Citation:** Journal of Obstetrics & Gynaecology, October 2004, vol./is. 24/7(840-1), 0144-3615;0144-3615 (2004 Oct)

**Publication Date:** October 2004

**Source:** MEDLINE

**Full Text:**
14. **Ectopic ovarian pregnancy.**

**Author(s):** Sachdev PS, Memon RA, Jatoi N, Sachdev CS

**Citation:** Jcpsp, Journal of the College of Physicians & Surgeons - Pakistan, April 2003, vol./is. 13/4(229-30), 1022-386X;1022-386X (2003 Apr)

**Publication Date:** April 2003

**Abstract:** A case of ectopic ovarian pregnancy is presented occurring in a 24 years old woman after natural conception. The clinical diagnosis was ruptured tubal pregnancy. Gross findings were suggestive of ruptured corpus luteum cyst on exploration. The histopathological examination of specimen brought forward the diagnosis of ovarian pregnancy.

**Source:** MEDLINE

15. **Primary ruptured ovarian pregnancy in a spontaneous conception cycle: a case report and review of the literature.**

**Author(s):** Varras M, Polizos D, Kalamara Ch, Antypa E, Tsikini A, Tsouroulas M, Antoniou S, Paissios P

**Citation:** Clinical & Experimental Obstetrics & Gynecology, 2002, vol./is. 29/2(143-7), 0390-6663;0390-6663 (2002)

**Publication Date:** 2002

**Abstract:** Ovarian pregnancy is an uncommon presentation of ectopic gestation, where the gestational sac is implanted within the ovary. Usually, it ends with rupture, which occurs before the end of the first trimester. Its presentation often is difficult to distinguish from that of tubal ectopic pregnancy and hemorrhagic ovarian cyst. We describe a case of primary ovarian pregnancy in a 31-year-old patient who presented to the emergency room with symptoms and signs of peritonism and positive urine hCG test. The gestation sac was demonstrated in the right ovary by transvaginal sonography. MSD (mean sac diameter) was 15 mm corresponding to the sixth gestational week. Free fluid was found in the Douglas pouch. Culdocentesis was positive for hemoperitoneum. Henceforth, emergency laparotomy and wedge resection of the ovary was performed. Aetiological, clinical and therapeutical aspects of this rare extrauterine pregnancy are described. Also, the problems of its differential diagnosis are discussed.

**Source:** MEDLINE

16. **Ovarian pregnancy: a case report.**

**Author(s):** De Seta F, Baraggino E, Strazzanti C, De Santo D, Tracanzan G, Guaschino S
17. **Primary term ovarian pregnancy superimposed by intrauterine pregnancy: a case report.**

**Author(s):** Shahabuddin AK, Chowdhury S

**Citation:** Journal of Obstetrics & Gynaecology Research, April 1998, vol./is. 24/2(109-14), 1341-8076;1341-8076 (1998 Apr)

**Publication Date:** April 1998

**Abstract:** A case of primary ovarian pregnancy proceeding up to term superimposed by another intrauterine pregnancy is presented. Compound extrauterine and intrauterine pregnancy is a rare obstetric phenomenon and still rarer is a primary ovarian pregnancy proceeding up to the term. The condition was diagnosed at laparotomy during the second trimester of current pregnancy. Diagnostic laparotomy was done because the ovarian pregnancy was mimicking an ovarian tumour. The ovarian pregnancy was successfully managed by surgery. Normal vaginal delivery of a term intrauterine pregnancy occurred in due time. The difficulty of diagnosing the heterotopic pregnancy is discussed and the clinico-pathological features of primary term ovarian pregnancy is emphasized, as it is a very rare condition.

**Source:** MEDLINE

18. **Case report and review of the literature: primary twin ovarian pregnancy.**

**Author(s):** Marret H, Hamamah S, Alonso AM, Pierre F

**Citation:** Human Reproduction, August 1997, vol./is. 12/8(1813-5), 0268-1161;0268-1161 (1997 Aug)

**Publication Date:** August 1997

**Abstract:** A case report of primary twin ovarian pregnancy is presented. A 36 year old woman, gravida 4 para 3, was admitted to the hospital for suspected ectopic pregnancy, with vaginal bleeding at 11 weeks after her last menstrual period, associated with pelvic pain. An endovaginal ultrasonography led to the diagnosis of twin ovarian right ectopic pregnancy with two dead fetuses associated with a compartmentalized haemoperitoneum. Unilateral oophorectomy was carried out by laparotomy. Histological studies confirmed an uni-ovular di-amniotic ovarian pregnancy. Seven cases of ovarian twin pregnancies are reviewed in the literature. This case is the first one where diagnosis has been made by endovaginal

Author(s): Bontis J, Grimbizis G, Tarlatzis BC, Miliaras D, Bili H

Citation: Human Reproduction, February 1997, vol./is. 12/2(376-8), 0268-1161;0268-1161 (1997 Feb)

Abstract: Ovarian pregnancy is a rare variant of ectopic implantation. A case of an intrafollicular ovarian pregnancy after ovulation induction/intrauterine insemination is presented. The woman had primary infertility of 4 years. Diagnostic laparoscopy revealed endometriosis and adhesions. After adhesiolysis and laser vaporization of endometriotic implants, the patient underwent ovulation induction with artificial insemination by husband/intrauterine insemination; she conceived at her second attempt. The pregnancy proved to be an ovarian intrafollicular one. She was treated by right partial ovariectomy. Three months later she conceived spontaneously with an intrauterine pregnancy which is still ongoing. The diagnostic problems resulting from the coexistence of ovarian hyperstimulation and the intrafollicular development of pregnancy are discussed. A re-evaluation of the criteria for the diagnosis of ovarian pregnancy based on the currently available diagnostic methods is proposed. Moreover, the pathophysiology of ovarian and especially intrafollicular implantation is reviewed.

Source: MEDLINE

Full Text: Available in fulltext at Highwire Press

20. Is the incidence of ovarian ectopic pregnancy increasing?

Author(s): Gaudoin MR, Coulter KL, Robins AM, Verghese A, Hanretty KP

Citation: European Journal of Obstetrics, Gynecology, & Reproductive Biology, December 1996, vol./is. 70/2(141-3), 0301-2115;0301-2115 (1996 Dec 27)

Abstract: Although tubal pregnancy is increasing, ovarian ectopic
pregnancy has remained a rare event. However, North American reports suggest an increasing incidence relative to both tubal and term pregnancies. We report an unexpected increase in our practice with five primary ovarian pregnancies over the past year. Current understanding of the aetiological factors, pathogenesis and implications for management are outlined.

Source: MEDLINE


Author(s): Stanley JR, Harris AA, Gilbert CF, Dellinger EH

Citation: Obstetrics & Gynecology, October 1994, vol./is. 84/4 Pt 2(648-52), 0029-7844;0029-7844 (1994 Oct)

Publication Date: October 1994

Abstract: BACKGROUND: Ovarian pregnancy presents with abdominal pain and menstrual irregularities, and usually results in hemorrhage and hemoperitoneum in the first trimester. We describe the first case of a twin ovarian pregnancy diagnosed in the second trimester. Magnetic resonance imaging (MRI) was used in the preoperative evaluation of this patient. CASE: A woman presented at 19 weeks' gestation with abdominal pain and irregular bleeding. Her hemoglobin level was 5.9 g/dL, as compared to 10.8 g/dL in early pregnancy. Ultrasound showed a twin gestation with a mass anterior to the pregnancy, thought to be a placenta percreta or a hemorrhagic leiomyoma. An MRI was suspicious for an extrauterine pregnancy, showing the uterus displaced anteriorly by the pregnancy mass. Laparotomy revealed a hemoperitoneum and right twin ovarian pregnancy. A right salpingo-oophorectomy was performed. Pathology confirmed the diagnosis.

CONCLUSION: Although ultrasound is the primary technique of imaging the pelvis during pregnancy, MRI should be considered when the ultrasound findings are limited or confusing.

Source: MEDLINE

Full Text: Available in fulltext at Ovid

22. Primary twin ovarian pregnancy.

Author(s): Tuncer R, Sipahi T, Erkaya S, Akar NK, Baysar NS, Ercevik S

Citation: International Journal of Gynaecology & Obstetrics, July 1994, vol./is. 46/1(57-9), 0020-7292;0020-7292 (1994 Jul)

Publication Date: July 1994

Abstract: A 20-year-old-woman, gravida II, para I, was admitted to the hospital with vaginal bleeding 17 weeks after her last menstrual period. Her pelvic examination was found to be compatible with 3.5 months of pregnancy by the attending physician. Ultrasonographic examination revealed an empty uterus and two dead fetuses with biometric data
consistent with 14 weeks of pregnancy located in the left ovarian region. She was subjected to an explorative laparotomy and an intact gestational sac including the left ovary with normal tubes was observed; a unilateral salpingo-oophorectomy was carried out. Histologic studies confirmed a twin ovarian pregnancy. Although rare, ovarian pregnancy should be considered when approaching a case of ectopic pregnancy. Early diagnosis is generally based on ultrasonographic findings. Advanced cases with unruptured sac and multiple gestations may also be present.

Source: MEDLINE


Author(s): Goldenberg M, Bider D, Mashiach S, Rabinovici J, Dulitzky M, Oelsner G

Citation: Human Reproduction, July 1994, vol./is. 9/7(1337-8), 0268-1161;0268-1161 (1994 Jul)

Publication Date: July 1994

Abstract: We present a rare case in which therapy of primary ovarian pregnancy, using laparoscopic laser surgery (videolaseroscopy), was successfully performed without the need of laparotomy. Because operative laparoscopy has the benefits of reduced morbidity, reduced hospitalization and rapid recovery, and because it has the advantage of reducing postoperative adhesions as compared to laparotomy, it is the preferable technique for treatment of ovarian gestation after a laparoscopic diagnosis, especially for a woman who desires to preserve her fertility potential.

Source: MEDLINE

24. Laparoscopic management of ovarian ectopic pregnancy.

Author(s): Hage PS, Arnouk IF, Zarou DM, Kim BH, Wehbeh HA

Citation: Journal of the American Association of Gynecologic Laparoscopists, May 1994, vol./is. 1/3(283-5), 1074-3804;1074-3804 (1994 May)

Publication Date: May 1994

Abstract: Ovarian ectopic pregnancy is a rare entity. Traditional therapy has been laparotomy with oophorectomy and, more recently, with ovarian wedge resection. We report the first case that was diagnosed and treated laparoscopically and retrieved intact. Laparoscopic treatment of ovarian ectopic gestations appears to be a safe and conservative approach in selected patients.

Source: MEDLINE


Author(s): Hirose M, Nomura T, Wakuda K, Ishiguro T, Yoshida Y

Citation: Asia-Oceania Journal of Obstetrics & Gynaecology, March 1994, vol./is. 20/1(25-9), 0389-2328;0389-2328 (1994 Mar)
**Publication Date:** March 1994

**Abstract:** A case of combined intrauterine and ovarian pregnancy diagnosed by postoperative microscopic observations is reported in this paper. The patient was a 23-year-old, Japanese nulligravid female. On the 32 day after a previous D & C when normal chorionic tissues of very early gestation were obtained, she complained of severe lower abdominal pain. Immediate laparotomy revealed hemorrhaging from a hematoma-like region on the surface of the left ovary, and partial resection of the left ovary was performed. The resected ovary was composed of an intact corpus luteum and another thin corpus luteum around a hematoma-like region containing chorionic villi, confirming this case to be an ovarian pregnancy. Histological findings of chorionic villi of the ovary indicated that ovarian pregnancy took place during the same menstrual period as intrauterine pregnancy, and not after the prior D & C. From these observations, this case was diagnosed as a combined intrauterine and ovarian pregnancy.

**Source:** MEDLINE

26. **Primary unruptured ovarian pregnancy--a case report.**

**Author(s):** Sidek S, Lai SF, Lim-Tan SK

**Citation:** Annals of the Academy of Medicine, Singapore, November 1993, vol./is. 22/6(964-5), 0304-4602;0304-4602 (1993 Nov)

**Publication Date:** November 1993

**Abstract:** A rare case of an unruptured ovarian ectopic pregnancy is reported. This patient had a dilatation and curettage for an incomplete abortion and no products of conception were revealed in the histology specimen. A repeat ultrasound scan detected an ectopic pregnancy. Laparotomy confirmed the diagnosis of an unruptured ovarian pregnancy. The problems with the diagnosis and the management of this case are discussed.

**Source:** MEDLINE

27. **Simultaneous ovarian and intrauterine pregnancy: case report.**

**Author(s):** Bernabei A, Morgante G, Mazzini M, Guerrini E, Fava A, Danero S

**Citation:** American Journal of Obstetrics & Gynecology, July 1992, vol./is. 167/1(134-5), 0002-9378;0002-9378 (1992 Jul)

**Publication Date:** July 1992

**Abstract:** The simultaneous presence of an ovarian and a normal intrauterine pregnancy is a very rare condition. We report such a case seen as an ovarian cyst during gestation. It was immediately and successfully treated, thus allowing for the normal physiologic continuation of the gestation.

**Source:** MEDLINE
28. **Laparoscopic management of ovarian pregnancy. A case report.**

**Author(s):** Van Coevering RJ 2nd, Fisher JE

**Citation:** Journal of Reproductive Medicine, September 1988, vol./is. 33/9(774-6), 0024-7758;0024-7758 (1988 Sep)

**Publication Date:** September 1988

**Abstract:** Operative laparoscopy has been reported to be a useful alternative to laparotomy for the treatment of tubal pregnancy. Ovarian pregnancy is a rare form of ectopic gestation that can be treated with operative laparoscopy. The most serious problem in treating ovarian pregnancy is making an accurate diagnosis; pathologic documentation is the only way to confirm the diagnosis. Postoperative follow-up should include evaluation of the patient for bleeding or infection and serial monitoring of quantitative beta-human chorionic gonadotropin levels to confirm the complete removal of placental tissue.

**Source:** MEDLINE

29. **Primary ovarian pregnancy. A clinicopathologic study.**

**Author(s):** Ricci M, Mancini L, Santini D, De Jaco P, Orlandi C, Martinelli G

**Citation:** Archives d Anatomie et de Cytologie Pathologiques, 1988, vol./is. 36/3(108-11), 0395-501X;0395-501X (1988)

**Publication Date:** 1988

**Abstract:** 3 women (an 18 year old, a 33 year old, and a 39 year old) were admitted to the University of Bologna's hospital, each reporting abdominal cramping and 2 complained of vaginal bleeding and lypothymia. 2 women had an IUD and had a previous appendectomy, the other woman had a previous abortion, and all reported amenorrhea. Pelvic ultrasound helped establish the diagnosis of an ovarian pregnancy (OP), but diagnosis was confirmed using a laparotomy. A surgeon consequently performed a salpingo-oophorectomy on each woman. The researchers noted an OP incidence of 1.6% of all ectopic pregnancies in their study. All 3 cases fit the pathologic criteria for OP: 1.) normal and distinct tube; 2.) a gestational sac in the normal location of the ovary; 3.) connection of the gestational sac to the uterus by the utero-ovarian ligament; and 4.) ovarian tissue within the walls of the sac. 1 patient even had an implanted fertilized ovum which grew within the graafian follicle, and a corpus luteum was within the wall of the gestational sac. OP generally happens in women who have an IUD and/or a history of pelvic inflammatory disease, such as an appendectomy. Both risk factors may alter normal ovary functions, and OP may result from either a disorder in the release of the ovum or a delay in ovulation.

**Source:** MEDLINE

30. **Ovarian and intra-uterine pregnancy combined.**

**Author(s):** Nilsson BG, Gerdes U
Combined ectopic and intra-uterine gestations are uncommon, especially if the ectopic pregnancy is located in the ovary. A case of combined ovarian and intrauterine pregnancy that resulted in a full-term delivery is reported.

From TRIP database:
Ovarian ectopic pregnancy 6 years after supracervical cesarean hysterectomy: a case report.

From Embase database(case reports and clinical trials):

1. **Practical and current management of tubal and nontubal ectopic pregnancies**

   **Author(s):** Yao M., Tulandi T.

   **Citation:** Current Problems in Obstetrics, Gynecology and Fertility, 2000, vol./is. 23/3(94-107), 8756-0410 (2000)

   **Publication Date:** 2000

   **Abstract:** The incidence of ectopic pregnancy (EP) has been rising, and with the frequent use of assisted reproductive technology, the occurrence of nontubal EP and heterotopic pregnancy is increasing. Management of EP has changed dramatically over the years, and a conservative approach now predominates. The standard surgical treatments of EP in hemodynamically stable patients remain laparoscopic salpingectomy and salpingostomy. Persistent EP (PEP) is one of the complications of laparoscopic salpingostomy. The rate of PEP ranges between 3% and 20%. To decrease the occurrence of this condition, one should make the salpingostomy incision over the site of the maximal tubal distention and extend it medially enough to avoid missing the ectopic gestation. Also, the use of hydrodissection to "flush out" the products of conception instead of removing it piecemeal is important to prevent PEP. Systemic methotrexate (MTX) is a standard medical treatment in appropriately selected patients. The intrauterine pregnancy rate subsequent to treatment ranges from 38% to 75% for salpingectomy, 60% to 70% for salpingostomy, and 54% to 56% for MTX treatment. The best candidates for MTX treatment are women who have * asymptomatic EP * high compliance * serum beta-human chorionic gonadotropin <5000 mIU/mL * tubal size <3 cm * no fetal cardiac activity

   Treatment of extratubal EPs such as interstitial, ovarian, or cervical pregnancies has changed from the traditional laparotomy with radical surgery to conservative laparoscopy or medical treatment. A single dose of
MTX (50 mg/m² body surface) has been shown to be effective in selected groups of women with tubal EP. However, its efficacy in the treatment of cervical and interstitial pregnancies remains unclear. At the present time, a multidose treatment with MTX appears to be the most effective for those conditions. The incidence of heterotopic pregnancy is also rising. Although local KCl injection can be tried, laparoscopic salpingectomy seems the best method of treatment. Future clinical studies should be directed toward reaching a consensus about the management of PEP, prognostic factors in MTX treatment, and fertility after salpingectomy versus salpingostomy. Treatment of EP must take into account the implications of recurrent EP or subsequent infertility, which are as important as the subsequent intrauterine pregnancy rate.

Source: EMBASE

2. Primary ovarian pregnancy: current diagnosis and management

Author(s): Sidek S., Lai S.F., Lim-Tan S.K.

Citation: Singapore medical journal, February 1994, vol./is. 35/1(71-73), 0037-5675 (Feb 1994)

Publication Date: February 1994

Abstract: We reviewed five cases of ovarian pregnancy that were diagnosed at the Kandang Kerbau Hospital Histopathology Laboratory over three years. The clinical presentation, diagnosis and management of these patients are discussed in detail. This condition usually occurs in parous fertile women as evidenced by three of the five patients studied. It is probably an accidental event with no predisposing features as compared to the tubal pregnancy patient. The diagnosis has been aided by the recent advances in human chorionic gonadotrophin determination and ultrasound. Ultrasound, especially transvaginal ultrasound scanning has proven to be an invaluable tool in the diagnosis of this condition. Fertility after conservative surgical procedures does not appear to be affected and ovarian wedge resection or ovarian cystectomy is the treatment of choice.

Source: EMBASE

3. Asymptomatic heterotopic ovarian pregnancy

Author(s): Singh K.B., Wise R., Otterton W.N., Dunnihoo D.R.

Citation: Southern Medical Journal, 1992, vol./is. 85/1(53-54), 0038-4348 (1992)

Publication Date: 1992

Abstract: An unruptured heterotopic ovarian pregnancy was diagnosed and managed surgically. We believe this is the first such case in a woman who was asymptomatic at presentation for an unrelated complaint.

Source: EMBASE

4. Mifepristone (RU 486) failure in an ovarian heterotopic pregnancy

Author(s): Levin J.H., Lacarra M., D'Ablaing G., Grimes D.A., Vermesh
A patient treated with mifepristone (RU 486), which successfully induced abortion of an intrauterine pregnancy, was discovered to have a heterotopic ovarian pregnancy resistant to this antiprogesterone. The ovarian pregnancy was removed with operative laparoscopy. This case demonstrates for the first time that an ovarian pregnancy may be resistant to treatment with RU 486 at a dose adequate to abort an intrauterine pregnancy.

5. **Primary ovarian twin pregnancy. Case report**

Author(s): Panda J.K.

Citation: British Journal of Obstetrics and Gynaecology, 1990, vol./is. 97/6(540-541), 0306-5456 (1990)

Publication Date: 1990

Source: EMBASE

6. **Ovarian pregnancy causing obstructed labor at term in a heterotopic gestation**

Author(s): Ogunniyi S.O., Faleyimu B.L., Odesanmi W.O., Fasubaa O.B.

Citation: International Journal of Gynecology and Obstetrics, 1990, vol./is. 31/3(283-285), 0020-7292 (1990)

Publication Date: 1990

Abstract: A case of advanced heterotopic pregnancy in which an ovarian pregnancy caused obstructed labour with incomplete uterine rupture is presented. A live baby that weighed 3.25 kg was delivered at caesarean section. Total abdominal hysterectomy with bilateral salpingo-oophorectomy was performed. The left ovarian mass contained a fetus papyraceus of about 24 weeks gestation.

Source: EMBASE

7. **Ovarian pregnancy diagnosed after a failed midtrimester therapeutic abortion. A case report**

Author(s): Shuster J., Alger L., Mighty H., Guzinski G., Crenshaw Jr. C.

Citation: Journal of Reproductive Medicine for the Obstetrician and Gynecologist, 1990, vol./is. 35/2(187-190), 0024-7758 (1990)

Publication Date: 1990

Abstract: Ovarian pregnancy is a rare phenomenon. Its presentation often is difficult to distinguish from that of tubal ectopic pregnancy and hemorrhagic
ovarian cyst. A patient had an ovarian pregnancy diagnosed following failed midtrimester therapeutic abortion in a suspected bicornuate uterus. Despite vaginal prostaglandin suppositories and intraamniotic instillation of urea and prostaglandin, neither the abortion process nor rupture of the ovarian pregnancy ensued. This is the first reported case of this most unusual presentation of ovarian pregnancy.

Source: EMBASE

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Abstract; Introduction; Case Report; Discussion; References. Abstract. Primary ovarian pregnancy is a rare form of ectopic pregnancy that must be ...