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RESEARCH ARTICLE

OVARIAN PREGNANCY: APROPOS OF A CASE

Tossi Sara, Nouri Meriem, Imami Youssef, Mohamed Jalal, Lamrissi Amine and Samouh Naima

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Abstract

Introduction: Ovarian pregnancy (ON) is a rare form of pregnancy where the ovary is the site of embryo implantation. Among the 5% of extra-tubal pregnancies, ovarian pregnancy alone represents 2% of these cases, apart from rare locations [6].
Case Report: We report a rare case of spontaneous ectopic ovarian pregnancy of a 38-year-old woman, diagnosed with a ovarian pregnancy by ultrasound and treated by laparotomy in emergency obstetrical department of Ibn Rochd University Hospital of Casablanca.
Clinical Discussion: The discovery of ovarian pregnancy dates back to 1614, thanks to the work of Mercureus and other researchers cited by Grall Women at risk of ovarian pregnancy are generally young, fertile, multiparous and IUD carriers The most common clinical symptoms are abdominal pain, menstrual delays and uterine bleeding. These pains are caused by the rupture of the ovarian capsule and the formation of a hemoperitoneum The therapeutic management of an ectopic pregnancy depends on several factors, such as the location of the pregnancy.
Conclusion: Ovarian pregnancy (GO) is uncommon and remains a rare event compared to other types of GEU.

Introduction:-

Ovarianpregnancy (ON) is a rare form of pregnancywhere the ovaryis the site of embryo implantation. [1] It differsfromotherectopicpregnancies by itsrarity and isoftenobserved in countries withlowsocio-economic and medicaldevelopment. [2]. The pathophysiology of SM is not wellunderstood, but itappears to becaused by reflux from the fertilized oocyte to the ovary [3, 4]. SM is a rare and isolatedphenomenon, independent of the usualriskfactors.The objectives of thisstudy are to analyze the determinants of SM and to highlight itsetiopathogenic, histopathological and evolutionarypeculiarities [5].

Observation:-

Patient aged 38 years, multiparous, knowndiabeticunderdietalone, admitted to the emergency room for metrorrhagia of medium abundance on an amenorrhea of 3 months.The examinationfinds a patient unstablehemodynamicallytach ycardia,90/50 mmhg BP,generalizedcutaneous mucosalpallor, sweat, slightlydistended abdomen, withgeneralizeddef ense, bleeding of endouterineorigin. Objective pelvicechography of an empty normal-sizeduterus, a back-uterinegestational sac measuring 78x47mm containing a non-living embryowhosebiometricsevaluates the pregnancy of 7 SA associatedwith an effusion of greatabundance. With a BHCG rate of 79835. Shebenefitedfrom emergency

Corresponding Author:- Tossi Sara

laparotomy, exploration showed a hemoperitoneumestimated at 2.5 liters, a right ovarianpregnancy (FIGURE 1). Shehad a right ovariectomy. (FIGURE 2).

Discussion:-

Among the 5% of extra-tubalpregnancies, ovarianpregnancyalonerepresents 2% of these cases, apartfrom rare locations [6]. The discovery of ovarianpregnancy dates back to 1614, thanks to the work of Mercureus and otherresearcherscited by Grall [7].

Women at risk of ovarianpregnancy are generallyyoung, fertile, multiparous and IUD carriers [8]. According to the literature, the age of the patients concerned varies from 21 to 44 years, with a parityrangingfrom 0 to 3 [9]. Olderageappears to beassociatedwith a higherrisk of ectopicpregnancy due to prolongedexposure to riskfactors [10].

Novak [11] presents the three main theoriesadvanced to explain the pathogenesis of SM, includingtwoconcerning primitive SM. The first theorysuggests intra follicularfertilization,where an eggthatis not expelledwouldbefertilizedi nside a folliclethatis not ruptured by a sperm. However, thistheoryseemswrongbecause the oocyte must undergo a nuclear and cytoplasmic maturation to befertilizable, processesthattake place outside the follicle. The second theory, proposed by Baden and Heins [12], speaks of extra-follicularfertilizationfollowed by ovarian nidation, where the eggispreferablyimplanted on the scar of the original follicular ostium containingfibrin and neocapillaries.

The mostcommonclinicalsymptoms are abdominal pain, menstrualdelays and uterinebleeding. These pains are caused by the rupture of the ovarian capsule and the formation of a hemoperitoneum [13,14]. there are othersymptoms to guide the diagnosis [15]: digestive disorders, abdominal and pelvic pain, anemiawithimpairment of the general state, internal or externalizedhemorrhage, or a toxic-infectious syndrome. Patients are mostoftenseen in an emergency context, withsignificanthemoperitoneum or even in a state of hypovolemicshock [14], these are signsreported in ourcontext.

Ultrasoundis an essential tool to confirm the diagnosis by visualizing a fetussurrounded by a gestational sac outside the uterus.In addition, itassesses the vitality of the fetus and the location of the placenta [16].Biologymayindicateane mia and elevatedlevels of alpha fetalprotein. [17]Diagnosisisoftenalsoconfirmedintraoperatively.

The therapeutic management of an ectopicpregnancydepends on severalfactors, such as the location of the pregnancy, the state of health of the patient and the desire for future pregnancy. It mayinclude close monitoring, administration of drugs to stop embryogrowth, or surgery to remove the embryo [18].

In most cases, treatmentisusuallysurgery.In case of advancedovarianpregnancy,an ovariectomy or an annexectomym aybeperformed. However, partial resection of the ovary can beperformed to ensurehemostasis [16,19,20].

It depends in large part on the speed of diagnosis, management attitude, location of pregnancy, age of pregnancy [17]. Maternalmorbidityismarked by bleedingoperative complications [21].

Conclusion:-

Ovarianpregnancy (GO) isuncommon and remains a rare eventcompared to other types of GEU. Itsunderlying cause isstillpoorlyunderstood, makingitsdiagnosiscomplex and requiring a specificapproach. However, earlydetection and management can improve the prognosis of thisexceptional condition.

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