

An ovarian ectopic pregnancy is a rare presentation of ectopic pregnancy with most sources documenting the incidence between 0.15-3% of all ectopic pregnancies which are 2% of all pregnancies.

26-year-old gravida 3 para 2002 at approximately 8 weeks gestation by last menstrual period presented with abdominal pain setting of positive qualitative beta HCG. Imaging demonstrated no identifiable intrauterine gestational sac and a right ovarian thick walled complex cyst measuring 1.4 x 1.3 x 1.6 cm and a quantitative beta-hCG of 5144. Repeat imaging 72 hours later was able to visualize the ovaries, however, right adnexa region was noted to have some hyperechoic regions which may represent ectopic material. Due to an acute abdomen and a high level of suspicion for ruptured ectopic pregnancy, exploratory laparoscopy was performed. Surgical findings revealed large amount of hemoperitoneum estimated to be 1 L, normal-appearing fallopian tubes bilaterally, and a ruptured 2 x 3 cm darkly discolored mass off the inferior pole of the right ovary with obvious rupture site that was actively bleeding at the time of surgery. The mass was excised with preservation of the right ovary during laparoscopy. Ovarian ectopic pregnancy was confirmed on histopathology.

Will this condition is rare, it should be considered as a differential diagnosis for reproductive age female with positive pregnancy test in the setting with acute abdomen. Rupture of ectopic pregnancy is associated with a high morbidity and possible mortality. This can't be prevented with time a diagnosis in early surgical intervention.