



CODEN [USA]: IAJPBB

ISSN: 2349-7750

INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

<http://doi.org/10.5281/zenodo.1011057>Available online at: <http://www.iajps.com>

Review Article

OVARIAN PREGNANCY - A REVIEW

Fateme parooei¹, Mahmood Anbari², Morteza Salarzaei^{1*}¹ Medical student, Student Research Committee, Zabol University of Medical Sciences,
Zabol, Iran² Zabol University of Medical Sciences, Zabol, Iran**Abstract:**

Introduction: The most common cause of maternal mortality in the first three months of pregnancy is ectopic pregnancy. In such cases, the fetus is implanted in places other than the abdomen of the uterus, mostly in the uterine tubes, creating an emergency of pregnancy which often requires rapid intervention.

Methods: In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify the Ovarian pregnancy

. In this review, the papers published until early January 2017 that were conducted to study the Ovarian pregnancy were selected.

Results: Pelvic inflammatory disease, age, and history of ectopic pregnancy can also be predisposing factors for ovarian pregnancy. Also, delayed release of oocytes, thickening of the testis white pod, uterine tuberculous dysfunction, and intrauterine contraception might result in ovarian pregnancy.

Discussion and conclusion:

Ectopic pregnancy is one of the most common emergency cases in women and childbirth occurring in 2% of pregnancies.

Key words: Ovarian, pregnancy**Corresponding author:****MortezaSalarzaei,**

Medical student, Student Research Committee,

Zabol University of Medical Sciences,

Zabol, Iran

Email: mr.mortezasalar@gmail.com

Tell : +989120644917

QR code



Please cite this article in press as MortezaSalarzaei et al *Ovarian Pregnancy - A Review* , Indo Am. J. P. Sci, 2017; 4(10).

INTRODUCTION:

The most common cause of maternal mortality in the first three months of pregnancy is ectopic pregnancy (1). In such cases, the fetus is implanted in places other than the abdomen of the uterus, mostly in the uterine tubes, creating an emergency of pregnancy which often requires rapid intervention (2). According to the report from the World Health Organization, 4.9% of the deaths of mothers are due to ectopic pregnancy. Ectopic pregnancy is a common complication in the world, the occurrence rate of which varies from 1 in 44 to 1 in 21 births in developing countries and from 1 in 233 to 1 in 280 births in advanced Western societies (3). Ovarian pregnancy includes 17000 out of 140000 births and make up 0.5-3% of EP by itself. Without laboratory signs and ultrasonography, ovarian pregnancy is inseparable from tubal pregnancy in women (4). Currently, the use of the intrauterine device is the single risk factor which might result in the incidence of ovarian pregnancy (5). Other risk factors involved in the development of ectopic pregnancy include smoking, endometriosis and previous cesarean section.

METHODS:

In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify the Ovarian pregnancy.

In this review, the papers published until early January 2017 that were conducted to study the Ovarian pregnancy were selected.

FINDINGS:

Pelvic inflammatory disease, age, and history of ectopic pregnancy can also be predisposing factors for ovarian pregnancy. Also, delayed release of oocytes, thickening of the testis white pod, uterine tuberculous dysfunction, and intrauterine contraception might result in ovarian pregnancy (5). Although accurate diagnose of ovarian pregnancy is difficult, ultrasound and BHCG measurements, timely diagnosis and conservative treatment can remove the possibility of future infertility. Although yellow fever bleeding or rupture of ovarian cysts are observed in laparoscopy of ovarian pregnancy, histology of the sample is the only precise and certain way of diagnosis (6). Researchers working on a case of ovarian pregnancy with a history of double ectopic pregnancies realized that ovarian pregnancy is uncommon and difficult to diagnose; however, rapid clinical diagnosis would cause the fertility of the person to remain unchanged (7). The results of a study conducted on a rare case of heterotypic showed that the use of intrauterine devices has been the main risk factor for the incidence of the majority cases of ovarian heterotypic pregnancies.

DISCUSSION AND CONCLUSION:

Ectopic pregnancy is one of the most common emergency cases in women and childbirth occurring in 2% of pregnancies. Ovarian ectopic pregnancy is a rare type of ectopic pregnancy, with signs and symptoms similar to other types of ectopic pregnancy, including positive pregnancy tests, abdominal pain and vaginal bleeding; the similarity of symptoms, however, might cause wrong diagnosis and mistaken abortion (8). Pre-operative diagnosis of false ovarian pregnancy is quite difficult and wrong diagnosis of ovarian pregnancy is a common phenomenon, because it is confused with the rupture of yellow body in 75% of cases (9). Advances in ultrasound and the use of sensitive radioimmunoassay for detecting BHCG has provided more accurate diagnosis. Like all other non-tubular miscarriages, ovarian pregnancy may occur without normal risk factors (10). In miscarriages with an abnormal diameter of more than 5/3 cm, HCG higher than 5000, and the presence of fetal heart in ultrasound, the risk of failure of polar treatment is high and surgical treatment is preferable. Multi-dose regimens can be used in cases where there is a risk of failure with methotrexate single dose therapy.

REFERENCES:

- Hallatt JG. Primary ovarian pregnancy: a report of twenty-five cases. *American journal of obstetrics and gynecology*. 1982 May 1;143(1):55-60.
- Lehfeldt H, Tietze C, Gorstein F. Ovarian pregnancy and the intrauterine device. *American journal of obstetrics and gynecology*. 1970 Dec 1;108(7):1005-9.
- Grimes HG, Nosal RA, Gallagher JC. Ovarian pregnancy: a series of 24 cases. *Obstetrics & Gynecology*. 1983 Feb 1;61(2):174-80.
- Behzadmehr R, Keikhaie KR, Pour NS. The Study of Pregnant Women's Attitude toward Using Ultrasound in Pregnancy and its Diagnostic Value based on the Demographic Features in Amir-al-Momenin Hospital of Zabol. *Int J Adv Res Biol Sci*. 2017;4(6):58-63.
- Poureisa M, Behzadmehr R, Daghighi MH, Akhoondzadeh L, Fouladi DF. Orientation of the facet joints in degenerative rotatory lumbar scoliosis: an MR study on 52 patients. *Acta neurochirurgica*. 2016 Mar 1;158(3):473-9.
- Daghighi MH, Poureisa M, Safarpour M, Behzadmehr R, Fouladi DF, Meshkini A, Varshochi M, Kiani Nazarlou A. Diffusion-weighted magnetic resonance imaging in differentiating acute infectious spondylitis from degenerative Modic type 1 change; the role of b-value, apparent diffusion coefficient, claw sign and amorphous increased signal. *The British journal of radiology*. 2016 Aug 11;89(1066):20150152.
- Nemati M, Hajalioghli P, Jahed S, Behzadmehr R, Rafeey M, Fouladi DF. Normal Values of

Spleen Length and Volume: An Ultrasonographic Study in Children. *Ultrasound in medicine & biology*. 2016 Aug 31;42(8):1771-8.

8. Behzadmehr R, Keikhaie KR, Pour NS. The Study of Pregnant Women's Attitude toward Using Ultrasound in Pregnancy and its Diagnostic Value based on the Demographic Features in Amir-al-Momenin Hospital of Zabol. *Int J Adv Res Biol Sci*. 2017;4(6):58-63.

9. Shirazi M, Hantoush-Zadeh S, Rezaie-Keikhaie K, Pirjani R. Spontaneous Uterine Rupture and

Live Fetus in 21th Week of Pregnancy with Hemorrhagic Shock Due to Placenta Percreta: A Case Report. *Case Reports in Clinical Practice*. 2016 Jan 20;1(1):19-21

10. Kahkhaie KR, Keikhaie KR, Vahed AS, Shirazi M, Amjadi N. Randomized comparison of nylon versus absorbing polyglactin 910 for fascial closure in caesarean section. *Iranian Red Crescent Medical Journal*. 2014 Apr;16(4).