

A Case Study

Ovarian Pregnancy

By Sosamma and Madhavi*

A patient was admitted to the Hospital with a history of 6 months ammenorrhea. She was complaining of severe abdominal pain and dyspnoea. She was not a registered case.

General and obstetric History

The patient, 5th para with four living children, was looking very pale and very weak. Temp. was 99.6°F; Pulse 94 P.M.; B. p. 90/60, H.B. 40%, Urine Alb. Nil, Sugar Nil.

On abdominal palpation abdominal wall was oedematous and tender. Uterus height was of 7 months gravida size. Neither foetal parts were felt nor foetal heart sounds were heard. However she was showing signs of obstruction for which X-ray was taken. The X-ray did not show any foetal parts.

Treatment for obstruction was given. The patient's husband was informed about the condition. Blood for grouping and cross-matching was sent.

I.V. plasmex was started. First blood transfusion (300 cc) was given on the day of admission and the 2nd blood transfusion (300 cc), the following day. Achromycin 250 mg. was given intravenously. The signs of obstruction subsided and the case was diagnosed as a case of Ovarian Cyst.

Consent for an operation was obtained from the patient's husband.

On the 5th day, the patient was prepared for operation.

Pre-medication

Inj. Atropin 0.6 mgm. was given 30 minutes before the operation. Local preparation was done and bladder emptied. The patient was taken on the table.

Anaesthesia

General anaesthesia (open ether) was given. The patient was in lying position. Linen were arranged and the operation towels draped, local painting was done and towels were fixed with clips.

A lowermedian, about 12 cm incision was given, bleeding points caught and ligated and abdomen was opened layer by layer. A big Ovarian Cyst arising from the left side was seen. As the cyst was quite big, surgeon tried to remove it after the aspiration of fluid through a nip on the anterior surface. Blood clots and membrane were seen. After the rupture of the membrane a 6-month old male dead foetus weighing 1½ k.g. was extracted and placenta was also removed. It was ovarian pregnancy. Left ovary with the tube was resected. Uterus was found little enlarged, about 10 weeks size. Tubectomy was done by Pomeroy's method (Rt. Tube).

Throughout the operation the patient's condition was good. Abdomen closed in layers, skin cleaned with spirit, suture line covered with dry dressings and strapped with lucoplast.

Post-operative care

The patient was transferred to the ward after an hour of the operation. Pulse 110 P.M., Resp. 30 P.M., B.P. 100/80.

The patient was kept in bed. T.P.R. was taken ½ hourly. At about 8 p.m. the patient passed urine on her own. Back was attended 4 hrly. Her condition was good throughout. Inj. Sequil 20 mg was given at 9 p.m.

On the first day I.V. glucose and Saline was continued. Sips of water were given by mouth in the evening.

On the 2nd day the patient was given soap-water enema with good result. Liquid diet was started on the 3rd day. The patient's condition was good. Light diet was continued.

On the 4th day Inj. Streptopenicillin 1 gm O.D. was continued for 5 days.

Full diet was started on the 5th day when the patient's general condition was good.

On the 7th day alternate sutures were removed. The condition



If the doctor fails you, you can keep the doctor away. The golden rules are : a cheerful mind, rest and moderate diet.

Anon

Heal Thyself—Physician

He who with swift, unerring hand,

Has oft removed the prostate gland,

Has reaped the harvest he has sown

He's having trouble with his own

The nurse was in the witness box for a traffic offence.

Pleader : What distance can you see

Nurse : At least 15 crores k.m.

Pleader : That is a lie

Nurse : Why, I can see the Sun and the Moon from earth, which are about that distance away.

Lt. J. K. Saigal, Bilaspur

The call sent to the Director by the night-nurse read : "Patient is going into the tissues. Please come and see the IV."

Anon

The following were seen in answer books :

Pulse : Movements of the wrist.

Dyspnoea. : Periodic cessation of pulse.

Respiration : Heart beats

Tranquilizer : 3 sides, 3 boarders, 3 angles eg. Scapula, Anti-body of body.

Anon

remained good. The patient was encouraged to walk a little.

All sutures were removed on the 9th day. The union was good.

The patient was discharged on the 11th day.

Health teaching

The patient was given a follow-up card and was advised to come after a month or at any time in case of an emergency. □

*Women's Hospital, Yeotmal, Maharashtra