

CASE REPORT/FACULTY AWARDS

Although the LNG IUS is a very effective form of contraception (with a cumulative pregnancy rate of 1.1 per 100 woman-years at 7 years³), the possibility of an ectopic pregnancy should always be considered – especially when a woman of reproductive age presents with abdominal pain – as this occurs in 0.06 per 100 woman-years.⁴

Primary ovarian pregnancy is a rare form of ectopic pregnancy occurring in 1 in 40 000 deliveries.⁵ It is relatively more frequent in IUD users, in whom it accounts for 1 in 7–9 ectopic pregnancies.⁶

Ultrasound diagnosis of ovarian pregnancies is rare.⁶ The development of transvaginal ultrasound, together with the availability of a highly specific radioimmunoassay technique for the detection of hCG, has made diagnosis of ovarian pregnancy possible. In the present case an embryo with a measurable crown–rump length was visualised by transvaginal ultrasound scan in the right ovary (Figure 1).

Treatment for ovarian ectopic pregnancy may be medical (methotrexate) or surgical (laparoscopy and laparotomy) abortion. Shamma *et al.*⁷ successfully treated primary ovarian pregnancy with methotrexate. Whereas there exist clear-cut criteria for the management of tubal ectopic pregnancy with methotrexate, the role of medical management in ovarian ectopic pregnancy remains to be defined.

Surgical therapy ranges from oophorectomy, ovarian wedge resection or excision of the ovarian cystic mass with conservation of the ovary. Improvements in operative laparoscopy have led many surgeons to perform conservative ovarian surgery much more frequently than in the past.⁸ The women concerned are generally young and may wish to retain their reproductive capability. Seiner *et al.*⁸ successfully managed primary ovarian ectopic pregnancies by laparoscopic excision of healthy ovarian tissue in addition to the gestation sac. There is little justification for expanding the surgical procedure beyond the removal of the gestation sac. Laparoscopy involves a

shorter hospital stay and allows the patient to resume normal activities within a short period of time. Furthermore, the low risk of adhesion formation that usually accompanies laparoscopic procedures is a major factor as regards reproductive prognosis.

Although laparoscopic management may be associated with these clear benefits, “to the practising physician, it is of greater importance to reach a decision regarding the necessity for laparotomy”.⁸ We reached this decision in our patient when laparoscopic excision was associated with significant intraoperative bleeding. Surgery was, however, still conservative with excision of the ovarian gestation sac and conservation of the remainder of the ovary.

Statements on funding and competing interests

Funding. None identified.

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FACULTY AWARDS

The Faculty of Family Planning and Reproductive Health Care has available a number of annual awards for which applications are invited from Faculty members and non-members as listed below. Details of the individual awards, together with an application form and/or guidelines on how to apply and any eligibility criteria, may be found on the Faculty website at www.ffprhc.org.uk.

Margaret Jackson Prize Essay

Award: Three prizes awarded annually for the best essays on a topic related to contraceptive and sexual health care. The first prize is £300, with £100 each for the two runners-up.

Eligibility: Individuals (undergraduate medical students)

Closing date: 24 March annually

The David Bromham Annual Memorial Award

Award: Prize awarded for a piece of work which through inspiration, innovation or energy has furthered the practice of family planning and reproductive health care in any way and any setting.

Eligibility: Individuals (Faculty members) or teams

Closing date: 7 April annually

International Travelling Scholarship of the Faculty

Award: Scholarship up to the value of £2000 to fund travel abroad to visit international colleagues, services, research or educational establishments to learn about some aspect of family planning or reproductive health care.

Eligibility: Individuals (Faculty members)

Closing date: 7 April annually

The 4-0-8 Sheffield Fund

Award: Approximately £1000 will be allocated every 3 months, either as a single award or divided between the successful applicants, for the purpose of funding training for health care professionals who have limited funding for attending training meetings.

Eligibility: Individuals (Faculty members/non-members)

Closing date: See website for details