A Ruptured Old Ectopic Pregnancy that was Suspicious for Tumor

Corresponding Author:
Prof. Hae-hyeog Lee,
Ph D, Department of Obstetrics and Gynecology, College of Medicine, Soonchunhyang University, Department of Obstetrics and Gynecology, College of Medicine, Soonchunhyang University Bucheon Hospital, 1174 Jung-1-dong, Wonmi-gu, Bucheon-si, Gyunggi-do, 420-767, Republic of Korea - Korea, South

Submitting Author:
Prof. Tae-Hee Kim,
Department of Obstetrics and Gynecology, Soonchunhyang University Bucheon, 1174, Jungdong Wonmigu Bucheon Si Gyeonggido, 420-767 - Republic of Korea

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Author(s): Kim T, Lee H, Chung S, Lee W

Case

A 40-year-old woman was admitted for melena that she’d experienced for 2 days. For the laboratory findings, the lactate dehydrogenase (LDH) (610) and cancer antigen (CA) 125 (326.7) were increased, and the hemoglobin/hematocrit (Hb/Hct) (10/31.0) were slightly decreased: the beta-human chorionic gonadotropin (B-HCG) was 500. Her last menstruation period was 10 days previously. The magnetic resonance image suggested there was a 10 x 10 x 7 cm lobulating cystic mass on the right adnexa with ascites and adenomyosis with a thin endometrium (Figure 1). The impression was malignant cystadenocarcinoma of the right ovary or Krukenberg tumor. The gastrofibroscopic finding was erosive gastritis and chronic gastritis with intestinal metaplasia. On the positron emission tomography-computed tomography (PET-CT) findings, the more increased F-fluorodeoxy glucose (FDG) uptake in the ovarian cystic wall on the delayed image (p-standardized uptake value (SUV) = delayed image; 2.3->2.9, early image; 1.5->2.0) revealed cancer of the ovary (Figure 2). An exploratory laparotomy revealed 1000cc of hemoperitonium and paratubal hematoma (Figure 3) The frozen findings of right salpingoectomy was the product of conception, and this was consistent with a ruptured tubal pregnancy. We report on a case in which an old ruptured ectopic mass without pain was misdiagnosed as ovarian malignancy.
Illustrations

Illustration 1

The magnetic resonance image suggested there was a 10 x 10 x 7 cm lobulating cystic mass on the right adnexa with ascites and adenomyosis with a thin endometrium

Illustration 2

The positron emission tomography-computed tomography (PET-CT) findings revealed cancer of the ovary
Illustration 3

An exploratory laparotomy revealed 1000cc of hemoperitonium and paratubal hematoma.
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