A case of ovarian pregnancy.

Bad see Grivé "Ein Fall von primärer peritonealschwangerschaft" Centralbl. f. Gyn. 1896 p. 45

Tracts 1827

Lancet II 1896 p. 331. (Aug 1)

(1)

A CASE OF OVARIAN PREGNANCY.

To the Editors of THE LANCET.

SIRS,—I have read with great interest Dr. Oliver's case of ovarian pregnancy published in THE LANCET of July 25th. The writer states that "the tumour, which was the right ovary, was found to be a closed sac containing a full-grown fœtus with its cord and placenta. ..... No breach in the right Fallopian tube could be detected either at the time of operation or afterwards." I trust that so valuable a specimen will be skilfully mounted and carefully preserved. It appears to be an instance of ovarian pregnancy, but evidence is wanting that the ovary was the primary seat of the abnormal gestation. Allow me to refer Dr. Oliver to some notes which I published in the Transactions of the Obstetrical Society, vol. xxxv., 1893, p. 222, entitled "Fœtus in Peritoneal Cavity: Question of Abdominal Gestation, with a Summary of Reported Cases of Primary Abdominal and Ovarian Pregnancy." Dr. A. Beale's case, on which the notes were founded, is very instructive. The fœtus lay on the broad ligament close to the tube, whence it had probably been shed. I noted (p. 232) that Dr. Lusk attached little credit to cases where the tubes are reported as intact and not in communication with the sac. I further observed that the theory that the fimbriæ might retract from an ovum developed in the ostium was supported by the high authority of Braun of Vienna, who observed that when the ovum developed in the outer part of the tube the membranes might project freely from the ostium and contract adhesions to the surrounding structures, the ovary, for example. Further development would lead to the evident source of fallacy indicated by Lusk. Thus in an advanced case like Dr. Oliver's it is impossible to prove that the ovary was the primary seat of the pregnancy. In four out of the five cases of alleged primary ovarian pregnancy which I analysed gestation was more or less advanced. I concluded by showing that we cannot hold primary ovarian pregnancy as proved until some observer can demonstrate a minute fœtus lodged in a sac entirely inside the ovary, just as we so often detect a very early ovum entirely inside the tube. Such a specimen has not been satisfactorily demonstrated, whilst early tubal pregnancy is familiar to us all. Hence it is more probable that the fœtus in Dr. Oliver's case developed originally in the tube and escaped after the fashion indicated by Braun, than that it was from the first an inhabitant of the adjacent ovary.

If primary ovarian pregnancy be possible, how is it that we do not meet with hæmatoceles destroying the ovary at an early stage of gestation? This accident is very frequent in tubal sacs. I published in THE LANCET[1] four cases which came under my own care within four months. Yet an early ovum in the ovary would be poorly protected and very liable to burst. The grafting of an older ovum with strong membranes on the surface of the ovary is not difficult to understand. I am, Sirs, yours faithfully,

Granville-place, W., July 25th, 1896. ALBAN DORAN.

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v I 1896, p. 836. (March 28)

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