Video Article

Hysteroscopy Is a Useful Diagnostic and Therapeutic Tool for the Treatment of Angular Pregnancy

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Objective

Due to the challenges in differentiating between angular and interstitial pregnancies noninvasively, diagnostic laparoscopy has remained the mainstay in providing a definitive diagnosis.[1-5] We propose the alternative use of hysteroscopy as a first-line diagnostic tool. Hysteroscopy is less invasive and can be therapeutic as well.

Design

Retrospective chant and video review.

Patient

A 19-year-old single woman was on follow-up at KK Women's and Children's Hospital for early pregnancy. Ultrasound confirmed an irregular intrauterine gestational sac, with a yolk sac within it, that was placed toward the left side of the endometrial cavity.

Resection using hysteroscopic scissors was performed. Finally, a check scope was done ensuring an empty cavity at the end of the procedure. There were no intraoperative complications.

Intervention

Diagnostic hystecoscopy.

Results

Serum beta-human chorionic gonadotrophin trending revealed a suboptimal rise. Ultrasound was repeated weekly, and findings remained stable over the next 2 weeks. In view of the failed pregnancy, she was counseled and consented for evacuation of the uterus under hysteroscopic guidance. Hysteroscopy showed products of conception at the left cornual region of the endometrial cavity, and surgical evacuation of the uterus was done. [Figure 1,2]. Our case describes the role of hysteroscopy as a diagnostic and therapeutic tool for angular pregnancy.

Conclusion

Given the limited literature on this rare condition, the diagnosis and management of angular pregnancy remains controversial. In this case study, we describe the role of hysteroscopy in the diagnosis and hysteroscopic resection in the treatment of angular pregnancy.[6,7]

Supplementary materials

Supplementary material associated with this article be found in the online version at http://www.apagemit.com/page/video/show.aspx?num=262&page=1.

Keywords: Angular pregnancy, evacuation of the uterus, hysteroscopy, minimally invasive surgery

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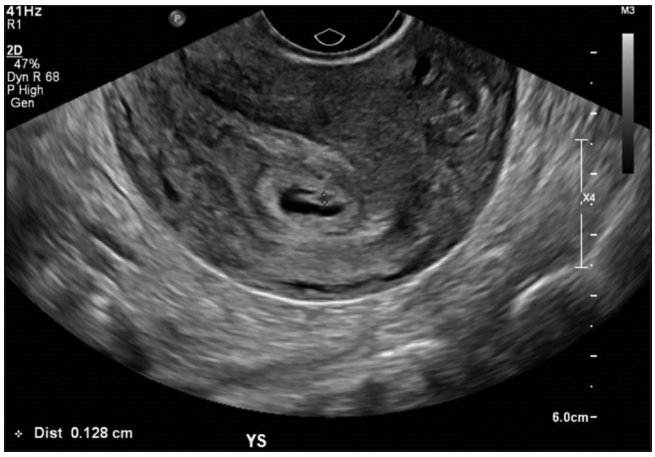

Figure 1: Sagittal view of the uterus on transvaginal sonography showing gestational sac corresponding to 5 weeks and 4 days of gestation and a 0.1-cm yolk sac

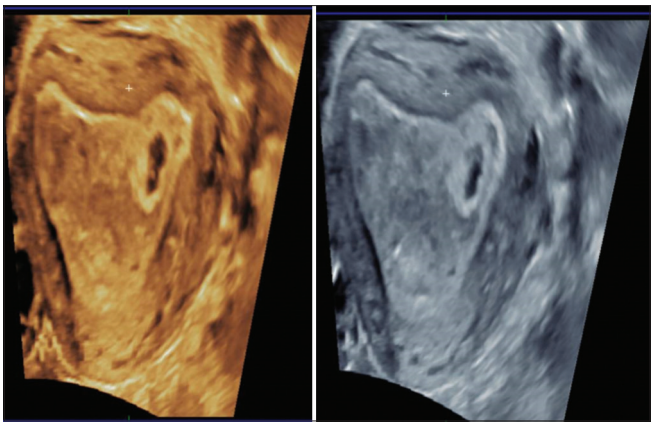

Figure 2: Three-dimensional ultrasonography showing implantation of intrauterine gestational sac into the left lateral superior angle of the cavity

Declaration of patient consent

The authors certify that they have obtained appropriate patient's guardian consent form. In the form, the guardian has given the consent for the images and other clinical information to be reported in the journal. The guardian understands that the name and initial will not be published and due efforts will be made to conceal the identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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