LETTER TO THE EDITOR

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Angular Pregnancy: Letter to the Editor

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We read the article by Ercan et al. with great pleasure and since we have had experience on the subject because of a long term follow up and delivery of a similar case, we wanted to share our experience and also to contribute and emphasize some points about angular pregnancy.[1]

We all know that angular pregnancy can cause dangerous obstetrical complications in all trimesters, such as spontaneus abortion, uterine rupture, retained placenta, placental adhesion abnormalities and severe postpartum atony bleeding leading to hysterectomy.[2-4]

Diagnosis of Angular Pregnancy is difficult and many cases may actually go undiagnosed. In accordance with the author(s) opinion and explanation mentioned in the article, we believe the most critical ultrasonographic diagnosis of angular pregnancy is that pregnancy is located in the endometrial tissue at the angle of the uterus, medial to the utero tubal junction (interstitial part) of the tube, and the obstetrician must see the endometrial thickness that pregnancy located is continous with central endometrial lining.

Abnormal location of angular pregnancy can cause major complications such as perforation, or retained placenta during termination. Angular pregnancy also can cause placental adhesion abnormalities even in first trimester. We suggest ultrasound guided termination at all times, and additionally, especially in advanced gestations and in possible environments use of office hysterescopy, along with “laparoscopy-ready or laparoscopy-guided” termination instead of routine termination. The physician must consider that alternative procedures (which may require fast decision making) may be necessary during this extraordinary procedure and the supportive personnel and equipment must be available accordingly.

Although the patient in the case by Ercan et al. choosed termination, the angular pregnancy can reach term. The implantation site of angular pregnancy could cause uterine atony due to weakness or lack of myome-

trial tissue. Abnormal location can cause atonia and we suggest to use square sutures in the angular pregnancy location first as we have done in our case to control the bleeding, instead of advancing to hysterectomy right away.

However, hysterectomy is also a serious option of treatment if the case does not respond immediately to compression suturing..

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Authorship Contributions

Idea/Concept: *Ferdi Kıncı;* ***Design:*** *İbrahim Alanbay;* ***Control/Supervision:*** *Kazım Emre Karaşahin;* ***Data Collection and/or Processing:*** *Ferdi Kıncı;* ***Analysis and/or Interpretation:*** *İbrahim Alanbay, Kazım Emre Karaşahin;* ***Literature Review:*** *Ferdi Kıncı;* ***Writing the Article:*** *İbrahim Alanbay; Ferdi Kıncı;* ***Critical Review:*** *Kazım Emre Karaşahin;* ***References and Fundings:*** *Ferdi Kıncı.*

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