

Angular Pregnancy: A Case Report in Palestine, 2024

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Introduction

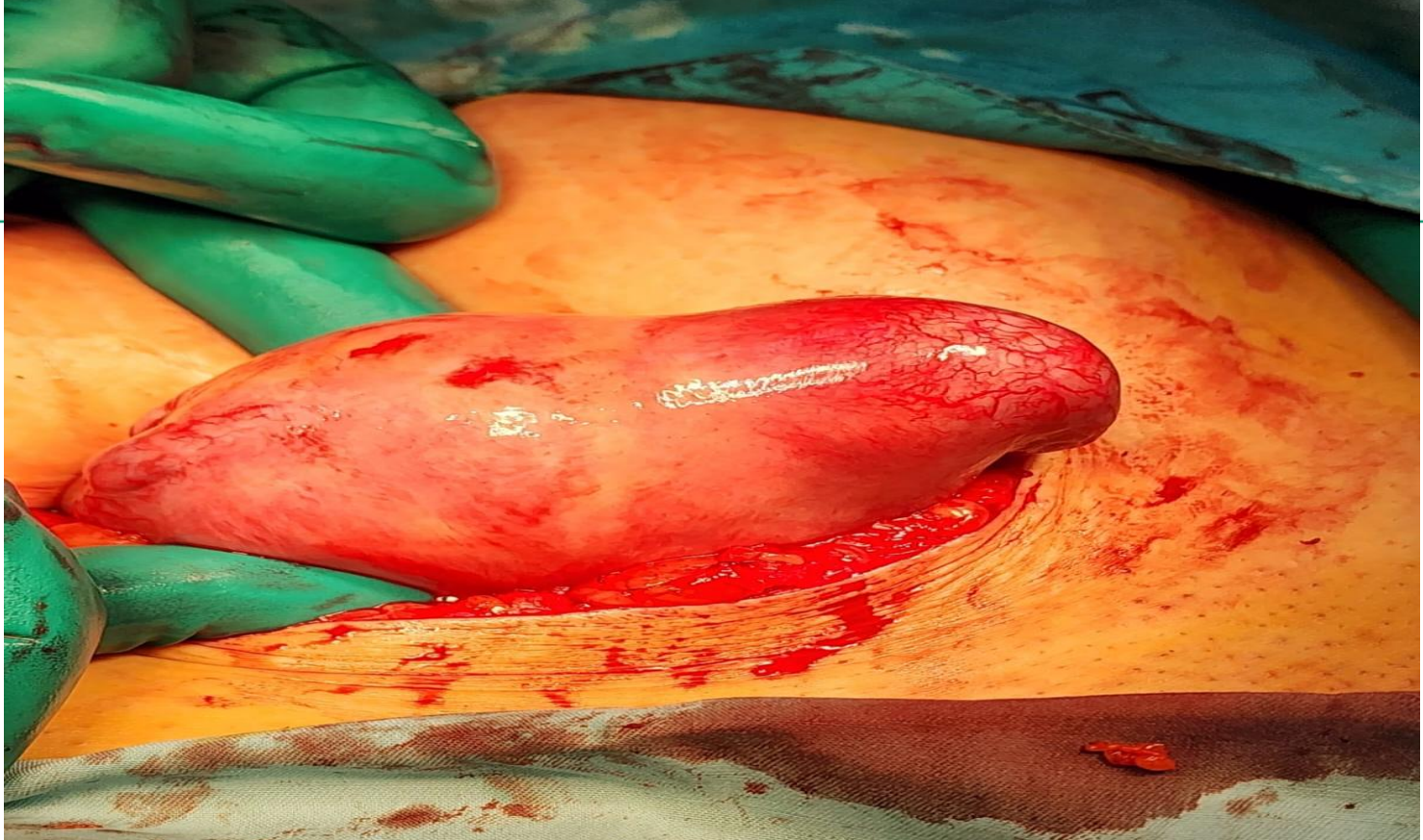
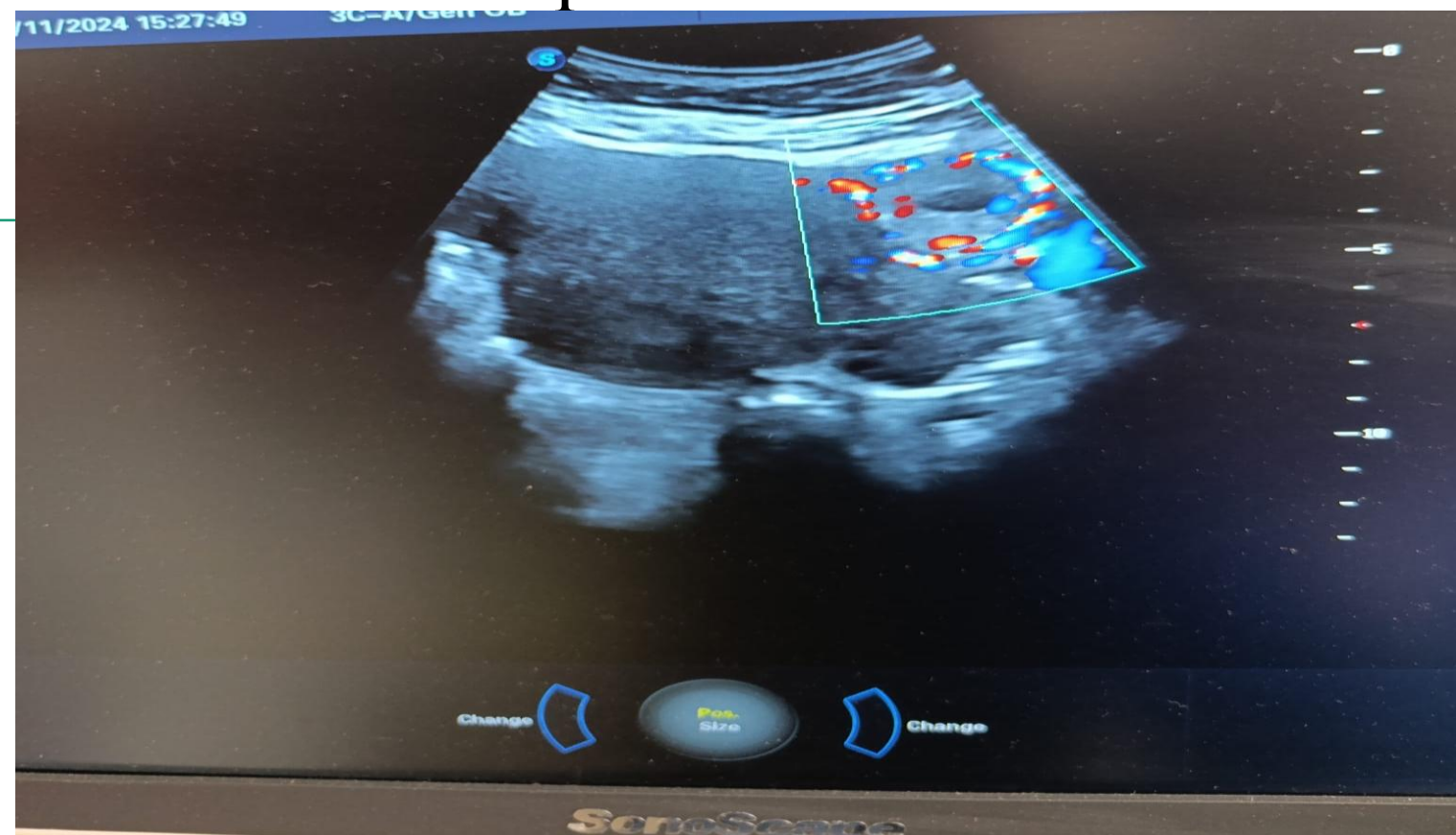
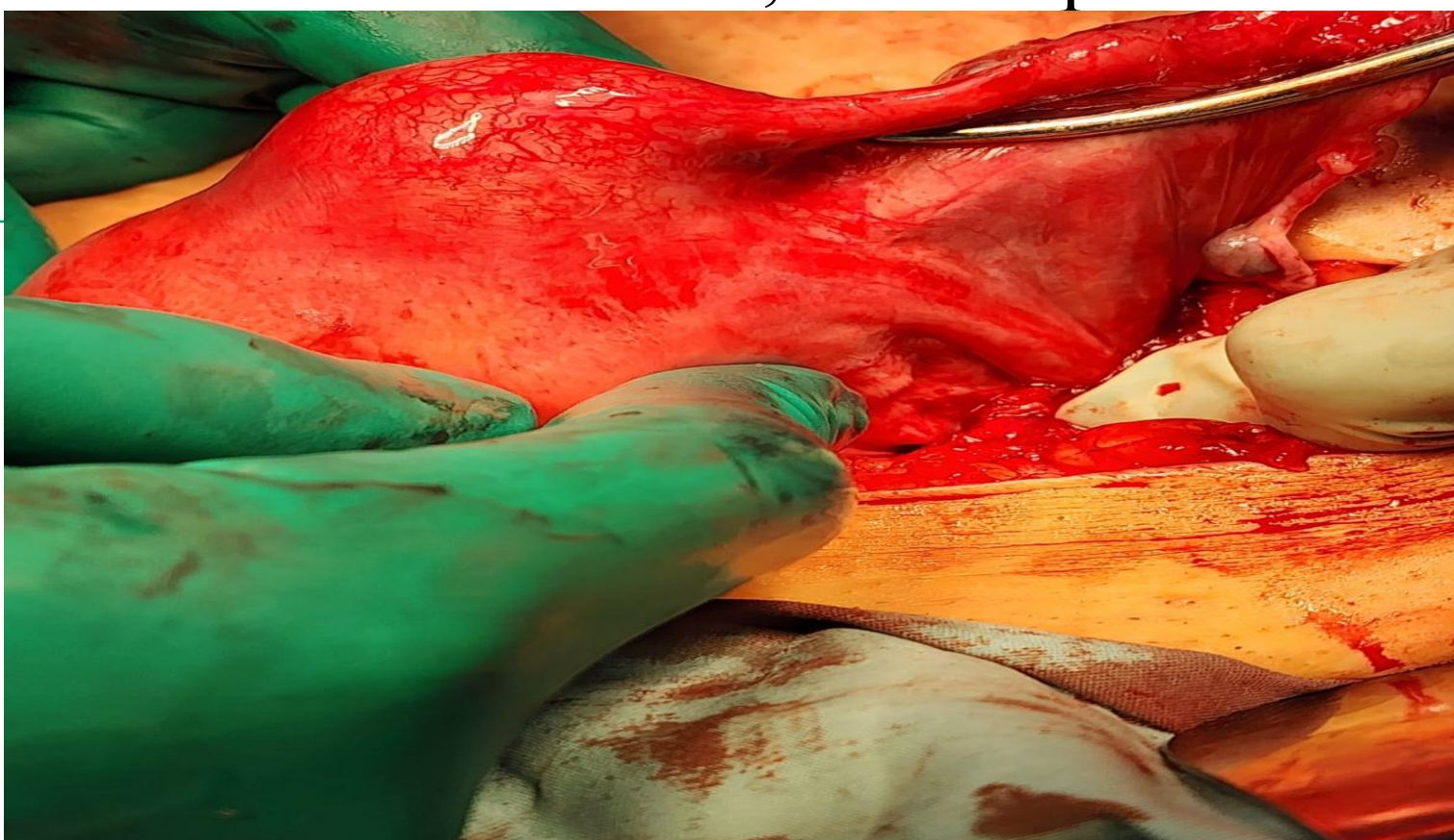
- Angular pregnancy is a rare and high-risk form of ectopic pregnancy, first described by Dr. Howard Kelly in 1898, characterized by implantation in the lateral uterine angle, medial to the utero-tubal junction [1]. It represents 2–4% of ectopic pregnancies and is associated with complications such as uterine rupture, miscarriage, and postpartum hemorrhage [2].
- Risk factors include endometriosis, uterine fibroids, pelvic inflammatory disease, previous salpingectomy, and assisted reproductive technologies [2]. Patients may remain asymptomatic until the second trimester, with rupture typically occurring between 7–16 weeks [2].
- Diagnosis relies on transvaginal ultrasonography and MRI, but distinguishing it from interstitial pregnancy remains a clinical challenge [1,3].

Conclusion

- It’s important to differentiate between angular pregnancy and interstitial pregnancy. Angular gestational sac implanted in the utero-tubal junction in the lateral angle of the uterine cavity. interstitial pregnancy implantation of gestational sac in the intramural portion of initial part of fallopian tubes covered by myometrium. The surgical approach helps differentiate between angular and interstitial pregnancies by assessing the relationship between the round ligament and the bulging area of the ectopic pregnancy. In angular pregnancy, the round ligament is pushed outward and forward, whereas in interstitial pregnancy, the bulge is lateral to the round ligament.
- Management remains controversial, ranging from expectant care to termination using methotrexate or surgical excision.

Case Presentation

- A 31-year-old multiparous woman presented with vaginal spotting. Her history included a prior ectopic pregnancy managed by unilateral salpingectomy. Physical examination was unremarkable. Ultrasound revealed a 7-week intrauterine gestation with cardiac activity, located near the utero-tubal junction, and myometrial thickness of 0.5 mm—suggestive of angular pregnancy.
- Systemic methotrexate was administered; fetal cardiac activity ceased, and B-HCG levels initially declined but plateaued.
- A second methotrexate dose resulted in further decline; however, ultrasound showed persistent sac size and vascularity.
- Follow up ultrasound revealed no reduction in size of ectopic mass compared to initial evaluation. After one month, size of gestational sac unchanged with strong Doppler flow, so surgical resection was done. B-HCG levels normalized, and the patient recovered without complications.



References

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- Meichen Y et al. BMC Surg. 2021;21(1):1–6.