Angular pregnancies: Different clinical courses and management

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ABSTRACT

Introduction: Angular pregnancy is a rare type of pregnancy with associated life-threatening complications. However, it is largely under reported and under diagnosed. We hereby report four cases of angular pregnancies, managed in our centre since 2019. We aim to share our clinical experience of the diagnosis and management of the condition.

Case Description: All four cases presented in the first trimester with symptoms of vaginal bleeding and lower abdominal pain. Case A: initial B-HCG level was 19,752 IU/L, diagnosed with 3-dimensional transvaginal ultrasound (3D TVS) and pregnancy was spontaneously aborted. Case B: initial B-HCG levels were also suspiciously high at 22,710 IU/L. Pregnancy was terminated with a single dose of intramuscular Methotrexate after pregnancy monitoring by 3D TVS deemed to be at high risk of rupture. MRI Pelvis reported a similar finding. Case C: The diagnosis was confirmed by 3D TVS and the gestational sac remained the same despite a significant reduction in serial B-HCG. Thus, ultrasound-guided suction and curettage was done. Case D did not benefit from 3D TVS and no B-HCG was sent. The actual diagnosis was missed until 36+4 weeks. She delivered via emergency caesarean section, allowing spontaneous resolution of the angular region to be observed following fetal delivery. None of the cases were complicated by any uterine rupture or major bleeding episode. Discussion: A high index of suspicion and the usage of appropriate diagnostic tools are important to reach an accurate diagnosis. Individualized management options should be discussed either for conservative or termination of pregnancy.