Original Research Paper

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A RARE CASE REPORT ON ANGULAR PREGNANCY

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ABSTRACT Angular pregnancy is a rare condition marked by implantation of embryo positioned medial to the utero tubal junction with in the lateral angle. It is dangerous as it can cause complications like uterine rupture, placental retention, PPH and can be fatal. Here we present a case of G4P3L2D1 who opted by termination by suction and evacuation.

KEYWORDS :

INTRODUCTION

Angular pregnancy was first described by Obstetrician Howard Kelly in 1898. It involves ectopic implantation within the lateral angle of endometrial cavity, medial to utero tubal junction[1]. The embryo position distinguishes angular from intersititial pregnancy characterized by lateral uterine enlargement with upward and outward displacement of round ligament in angular pregnancy[2].

The accurate identification of angular pregnancies using ultra-sonography is challenging due to the inability to visualize the major anatomic marker, the round ligament. However TVS is reliable method of detecting angular pregnancy[3].

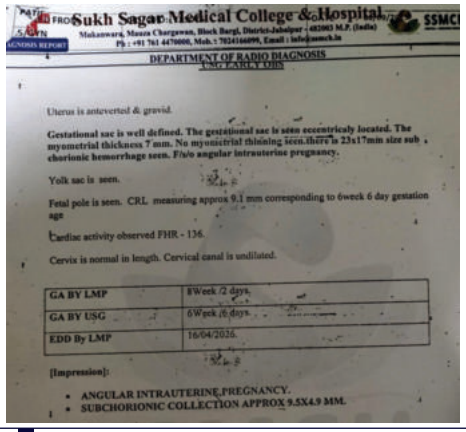
28 yr old G4P3L2D1 presented in our OPD with 7 weeks 6 days pregnancy with bleeding per vaginum and pain lower abdomen.

Her UPT was positive.

On examination pallor was present
Pulse was 90 bpm
BP= 110/70 mm Hg
Per abdomen was soft
Per vaginum uterus was 6 weeks
Os closed
Bleeding per vaginum present
No adenexal mass

Patient was admitted and all investigations were sent and USG pelvic organs and abdomen was done .
Hb = 10.1g%
RBS = 86.7 mg %
PTI= 15 sec
Blood group =Bpositive
LFTS and KFTS were WNL

USG revealed left sided angular pregnancy with present fetal cardiac activity with 6 weeks 6 days POG sub chorionic collection about 9.5 x 4.9 mm.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DEPARTMENT OF RADIO DIAGNOSIS

Uterus is anteverted & gravid.

Gestational sac is well defined. The gestational sac is seen eccentricaly located. The myometrial thickness 7 mm. No myometrial thinning seen.thereis 23x17mm size sub chorionic hemorrhage seen. F/s/o angular intrauterine pregnancy.

Yolk sac is seen.

Fetal pole is seen. CRL measuring approx 9.1 mm corresponding to 6week 6 day gestation age

Cardiac activity observed FHR - 136.

Cervix is normal in length. Cervical canal is undilated.

GA BY LMP	8Week /2 days.
GA BY USG	6Week /6 days.
EDD By LMP	16/04/2026.

[Impression]:

- ANGULAR INTRAUTERINE PREGNANCY.
- SUBCHORIONIC COLLECTION APPROX 9.5X4.9 MM.

Patient was catheterized, blood was arranged and was counselled. Patient decided to terminate the pregnancy. So all the preoperative investigations were done and patient was given MTP kit, patient expelled products of conception and was shifted to OT. On OT table examination revealed 6 to 8 weeks uterus with open external os. So check curettage and suction evacuation was done. Products of conception sent for Histopathological examination. Patient stood the procedure well and postoperative period was uneventful and patient was discharged on third post operative day and after 1 week her serum beta hcg levels were below 50 mili IU/ml. Histopathology revealed products of conception.

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