Angular Pregnancy, a Rare Entity of Ectopic Pregnancy

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Abstract
The angular extra uterine pregnancy is a particular pathology because of its clinical presentation, its diagnosis and its management, with an increased risk of rupture. We report a case of ovarian extra uterine pregnancy managed laparoscopically.

Introduction
Angular pregnancy is defined by the development of the pregnancy at the base of the uterine horn at the tubal ostium, in line with the round ligament. The risk of rupture is rarer here, as the pregnancy implants in the endometrial cavity. It is therefore an intrauterine pregnancy, but eccentric. A risk factor is the presence of uterine fibroids [1]. We report the case of an angular pregnancy managed laparoscopically.

Patients and Observations
First Observation
This is a 25-year-old G3P0C2 patient with a history of two caesarean sections and a myomectomy, presenting with acute pelvic pain and minimal metrorrhagia over a 9-week amenorrhea. Examination revealed a median subumbilical scar (figure 1), tenderness in the right iliac fossa and the rest of the examination was unremarkable. Ultrasound revealed an empty uterus with a 41 mm heterogeneous latero-uterine image with no intraperitoneal effusion. The Bhcg level was 5242 mU/I.

Figure 1: Midline Subumbilical Scar
Therapeutic Intervention
The patient was operated on laparoscopically, with the creation of the pneumoperitoneum or left subcostal (figure 2) far from the median scar. Peroperatively, both tubes were healthy and a swelling was discovered in the hypervascularized right uterine horn (figure 3), we proceeded to a longitudinal incision with a monopolar tip (figure 4) with extraction of the trophoblast in an endobag and hemostasis with bipolar forceps as the horn is highly vascularized. We finish by suturing with 2/0 absorbable suture (figure 5).

Follow-Up and Results
The B-hcg level decreased by more than 50% 48 hours after the operation, and pathological examination confirmed the extrauterine pregnancy.

Discussion
Ectopic pregnancy is a public health problem, particularly in view of its increasing incidence, even though the risk of mortality due to ectopic pregnancy has decreased thanks to early diagnosis and management. Angular ectopic pregnancy is rare, accounting for less than 2% of all ectopic pregnancies [2].

Clinically: it is confused with other extrauterine localizations, with acute pelvic pain, first-trimester metrorrhagia and a positive Beta-HCG.
Radiologically, the gestational sac appears intrauterine fundial, thus delaying diagnosis [3]. In its typical form, the uterus is empty, and the gestational sac, when visible, forms a fundial mass surrounded by the myometrium. Ultrasound is used to identify the endometrium surrounding the embryo, in order to differentiate angular pregnancy from interstitial pregnancy [4].
Therapeutic management: Ideally, the patient is treated surgically, laparoscopically, with the possibility of in situ injection of methotrexate. If surgery is performed, it is hemorrhagic, and the wound must be sutured, as it is considered a uterine scar, unlike in tubal pregnancy.
Prognosis: angular pregnancy is particularly dangerous because of the distensibility of the surrounding
myometrial tissue, rupture of which causes catastrophic haemorrhage [1].
The prognosis for fertility and the risk of recurrence depend.

**Conclusion**
Angular pregnancy is an extra-uterine pregnancy of rare localization that is difficult to diagnose, even per operatively, and whose therapeutic management is conservative surgery, ideally laparoscopic.

**Conflicts of Interest**
The authors declare no conflicts of interest.

**Authors’ Contributions**
Lounas BENGHANEM: data collection, bibliographic research and writing of the article.
Thanina FEZANI: proofreading and supervision of the writing of the article.
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