



Letter to the Editor

Comments on the manuscript entitled: Laparoscopic treatment of cornual heterotopic pregnancy: A retrospective cohort study


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Dear Respectable Editor,

We read the article “**Laparoscopic treatment of cornual heterotopic pregnancy: A retrospective cohort study**” by *Xu et al*, published in the *Int J Surg*. 53 (2018) 98–102. <https://doi.org/10.1016/j.ijjsu.2018.03.0>, with great interest.

Xu et al, mentioned in the introduction of their manuscript that cornual pregnancy is a special ectopic pregnancy, as it is located in the part of the fallopian tube which penetrates the muscular layer of the uterus [1]. An interstitial pregnancy is sometimes used as a synonymous name [1].

In addition; *Xu et al*, stated that the image 1-B is a laparoscopic picture of cornual pregnancy [1].

Xu et al, considered both interstitial and cornual pregnancy in their article as one type, or one entity, of ectopic pregnancy [1], although interstitial ectopic pregnancy is a totally different type of ectopic pregnancy from cornual pregnancy.

Moawad et al, stated that “interstitial pregnancy sometimes is mistakenly referred to as cornual pregnancy and frequently confused with angular pregnancy” [2].

Sargin et al, wrote “interstitial and cornual ectopic pregnancy actually describe two different ectopic pregnancy entities” [3].

In addition; *Rizk et al*, stated that the term “cornual ectopic pregnancy” should only be used in a rudimentary uterine horn, an unicornuate or a bicornuate uteri or a uterus didelphys [4].

The current William's Obstetrics version supports the lemmas of *Moawad et al*, which describe cornual pregnancy as pregnancy that develops in the rudimentary horn of a uterus with a Müllerian anomaly [2].

Interstitial pregnancy can be diagnosed using *trans*-vaginal sonography (TVS) and beta-human chorionic gonadotropin (β -hCG) [5].

The TVS criteria that differentiate interstitial pregnancy from other types of ectopic pregnancies include: empty uterine cavity with an eccentric gestational sac seen separate from the endometrium, a gestational sac > 1 cm away from the most lateral edge of the uterine cavity and < 5-mm myometrium surrounding the gestational sac [5].

Moreover, an echogenic line (the interstitial line sign) extending

from the gestational sac to the endometrium cavity represents the interstitial portion of the fallopian tube and is highly sensitive and specific [5].

Conclusion

Interstitial pregnancy sometimes is mistakenly referred to as cornual pregnancy and/or angular pregnancy.

The term “cornual pregnancy” should only be used in a rudimentary uterine horn, a unicornuate or bicornuate uteri, the cornual region of a septate uterus or didelphys uterus.

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Author contribution

Ibrahim A. Abdelazim responsible for the design, data collection and revision before publication.

Mohannad AbuFaza responsible for the Microsoft editing and update of references.

Svetlana Shikanova responsible for intellectual content and final revision before publication.

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Osama O. Amer responsible for the idea of the article and Microsoft editing.

Conflicts of interest

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Research registration number

Not Applicable.

The submitted article does not contain any human or animal research (its correspondence to published article).

Guarantor

Professor Ibrahim A. Abdelazim is the corresponding author who accept full responsibility for the work and/or the conduct of the study, had access to the data, and controlled the decision to publish.

References

- [1] W. Xu, X. Lin, D. Huang, S. Zhang, Laparoscopic treatment of cornual heterotopic pregnancy: a retrospective cohort study, *Int. J. Surg.* 53 (2018) 98–102, <https://doi.org/10.1016/j.ijssu.2018.03.025> ([PubMed]).
- [2] N.S. Moawad, S.T. Mahajan, M.H. Moniz, S.E. Taylor, W.W. Hurd, Current diagnosis and treatment of interstitial pregnancy, *Am. J. Obstet. Gynecol.* 202 (1) (2010) 15–29, <https://doi.org/10.1016/j.ajog.2009.07.054> ([PubMed]).
- [3] M.A. Sargin, N. Tug, S. Ayas, M. Yassa, Is interstitial pregnancy clinically different from cornual pregnancy? A case report, *J. Clin. Diagn. Res.* 9 (4) (2015) QD05–6, <https://doi.org/10.7860/JCDR/2015/12198.5836> ([PubMed]).
- [4] B. Rizk, C.P. Holliday, M. Abuzeid, Challenges in the diagnosis and management of interstitial and cornual ectopic pregnancies, *Middle East Fertil. Soc. J.* 18 (2013) 235–240 ([Sciencedirect]), <https://doi.org/10.1016/j.mefs.2013.01.004>.
- [5] I.A. Abdelazim, S. Shikanova, B. Karimova, M. Sarsembayev, T. Starchenko, G. Mukhambetalyeva, Comments on manuscript: interstitial and cornual ectopic pregnancy: Conservative surgical and medical management, *J. Obstet. Gynaecol. India* (2019) ([SpringerLink]), <https://doi.org/10.1007/s13224-019-01210-w>.

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