



## Correspondence

### Open cornual resection versus laparoscopic cornual resection in patients with interstitial ectopic pregnancies



Dear Respectable Editors;

We read the article Open cornual resection versus laparoscopic cornual resection in patients with interstitial ectopic pregnancies; by Hwang et al, published in the European Journal of Obstetrics and Gynecology Reproductive Biology 2011 (1);156:78–82. Doi: <https://doi.org/10.1016/j.ejogrb.2010.12.014>, with great interest.

Hwang et al, mentioned in the study design that they reviewed the medical records of 109 patients diagnosed with interstitial ectopic pregnancies at the Korea University Medical Center, the Republic of South Korea, between January 1998 and October 2009 [1].

Hwang et al, mentioned in the results section of the abstract that the frequency of cornual ectopic pregnancies at the Korea University Medical Center of the Republic of South Korea was 4.31% [1].

We think that Hwang et al, consider both the interstitial and the cornual pregnancy in their article as one type or one entity of ectopic pregnancy [1], although the interstitial ectopic pregnancy is totally different type of ectopic pregnancy than the cornual pregnancy.

Moawad et al, in the American Journal of Obstetrics and Gynecology (2010) wrote “interstitial pregnancy sometimes is mistakenly referred to as cornual pregnancy and frequently confused with angular pregnancy” [2].

Sargin et al, in the Journal of Clinical and Diagnostic Research (2015) wrote “interstitial and cornual ectopic pregnancy can be used in the place of each other. However, they actually describe two different entities.” [3].

In addition; Rizk et al, stated that the term “cornual ectopic pregnancy” should only be used in a rudimentary uterine horn, a uni-cornuate uterus, the cornual region of a septate uterus, a bicornuate uterus, or a uterus didelphys [4]. The current version of William's Obstetrics supports the lemmas of Moawad et al, which describe cornual pregnancy as a conception that develops in the rudimentary horn of a uterus with a Müllerian anomaly [2].

The interstitial pregnancy can be diagnosed early using the trans-vaginal sonography (TVS) and beta-human chorionic gonadotropin ( $\beta$ -hCG), but the diagnosis can be challenging in some cases [5]. The missed diagnosis of interstitial ectopic pregnancy may result in life-threatening internal hemorrhage [5].

The criteria that may differentiate interstitial pregnancy from other types of ectopic pregnancies include; empty uterus, with an eccentric gestational sac seen separate from the endometrium, the

gestational sac more than 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 frequently confused with angular pregnancy. The term “cornual ectopic pregnancy” should only be used in a rudimentary uterine horn, a unicornuate uterus, the cornual region of a septate uterus, a bicornuate uterus or a uterus didelphys.

### Conflict of interest

Authors declare no conflict of interest related to this letter to editors.

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