Human embryo at 10 weeks’ gestation: a letter

Dr Joel Naftalin¹, Dr Cecilia Bottomley¹ & Professor Davor Jurkovic¹

¹ Early Pregnancy Unit, University College London Hospitals, Euston Road, London, UK

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Corresponding author

Dr Joel Naftalin

Work address - Lower ground floor, Elizabeth Garrett Anderson Wing, University College Hospital, Grafton Way, WC1E 6DB

Work phone number - +44 203 456 7890

Home address – 1st floor, 137 Harley Street, London

Home phone number – 0207 725 0521

Email address – joel.naftalin@nhs.net
Dear Editor-in-Chief,

We read the manuscript “Human embryo at 10 weeks’ gestation” with some unease (1). This paper provides a hysteroscopic view of an early pregnancy at the time of surgical termination, a procedure that was reported as having been performed because the pregnancy was ‘angular’. ‘Angular’ pregnancy, although not defined by the authors in this paper, is a term for a laterally positioned but correctly sited pregnancy. This is a variation of normal and is not associated with any adverse pregnancy outcomes (2). We believe that this term is outdated, and a recent international consensus on terminology in early pregnancy endorsed this opinion and advised that the term should not be used in clinical practice (3).

In addition, we question the clinical justification to perform a “diagnostic” hysteroscopy on a wanted pregnancy that is potentially viable. Accurate assessment of pregnancy location can easily and safely be made on transvaginal ultrasound, therefore the rationale to perform a hysteroscopy in this case is unclear.
59  References