TO THE EDITORS: We read the manuscript “Human embryo at 10 weeks’ gestation” with some unease.1 This article 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 article, 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This is a variation of normal and is not associated with any adverse pregnancy outcomes.2 We believe that this term is outdated, and a recent international consensus on terminology in early pregnancy endorsed this opinion and advised that the term should not be used in clinical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.

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Human embryo at 10 weeks’ gestation: a letter

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