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CASE REPORT

COEXISTING FOETUS AND HYDATIDIFORM MOLE

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ABSTRACT:

Coexisting foetus with mole is very rare. A case of partial Hydatidiform mole in a grandmulitiparous patient is presented. Hysterectomy and bilateral abdominal sterilization by Pomeroy method was performed.

Case Report

A 40 years old grandmultitiparous (G8P7+0) patient was admitted through Casualty Department to the Obst/Gynae. Department on 8-6-1992. She presented with 18 weeks' period of amenorrhea with signs and symptoms of pregnancy. She had irregular bleeding per vaginum for the last one month. She started having heavy bleeding per vaginum accompanied by lower abdominal pain for the past 03 days. She did not have an antenatal checkup. Her previous menstrual cycle was regular and painless. She had seven full term normal vaginal deliveries at home by Traditional Birth Attendant (TBA). All deliveries were uneventful. No history of previous abortion or contraceptive practice. Her previous medical and family history were insignificant.

On examination she was of average built and height with normal vital signs but looked pale. Her chest was clear and no abnormality was found on cardiac examination. On abdominal examination, her abdomen was soft, fundal height was 22 weeks. The consistency of uterus was soft foetal parts not palpable. The foetal heart sounds were not audible on sonic aid.

On pelvic examination vulva and vagina was healthy. Cervix was soft and multiparous and looked healthy. Os was closed there was bleeding from os. Her Hb was 10 gm% urine had no abnormality, and her blood group was B, Rh + ve. Pregnancy test was positive in undiluted and 1: 200 dilutions as well.

Ultrasound was performed by a Radiologist and an obstetrician on two occasions and their diagnosis was pregnancy with fibroid of lower segment of the uterus and pregnancy with low lying placenta respectively. Because of persistent bleeding and progressive hypovolemic stale of the patient, laparotomy was arranged on 8-6-1992. Laparotomy findings — uterus 22 weeks' size soft, no fibroid seen uterus twisted on its axis. Hysterectomy performed pregnancy was situated at the left, cervical end of uterus, the rest of uterus was filled with molar tissue. Pregnancy and Molar tissue were removed; uterus was stitched in layers. Bilateral sterilization by Pomeroys method was preformed abdomen was closed in layers. Post-operative recovery was uneventful.

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HISTOLOGY:

Follow up examination was normal. The pregnancy test was negative chest x-ray was normal.

DISCUSSION:

Hydalidiform mole is the most benign form of gestational trophoblastic neoplasm, characterised by multiple seedless grapes like vesicles usually in the absence of an embryo of foetus. Recently on basis of morphologic and cytogenetic studies hydatidiform is of two categories. Complete or closed mole and partial or incomplete mole. They differ in gross morphology, histopathology, karyotype, type of fertilization and management potential.

In partial mole only a part of placenta shows molar changes and also has a foetus cord and for amniotic membrane. The foetus is usually stillborn and have stigmata of tripody including alive child may be born if nutritional function of placenta is not impaired.

Coexisting foetus with mole is very rare. In USA it occurs in 1/10,000 to 1/100,000 pregnancies. Partial mole was found in 3% of one series. More common among spontaneous abortions. Saeobs et al found 70% of partial mole among cases of spontaneous abortions and complete mole in 30% cases.[1] Review of 110.477 deliveries and 32358 abortions over a 20 years' period prevented only 10 cases of coexistent mole and foetus. Most of these died in utero. Only 18 cases in the world literature are reported where live born infant was born.[3]

CASE REPORT PARTIAL MOLE:

Management of a coexisting mole and foetus is controversial. In one recent report the foetus was allowed to progress to available gestation while others recommend immediate termination to lower the possible chance of malignant transformation. Sometimes therapeutic abortion becomes necessary for acute pre-eclampsia or haemorrhage. The patient with partial mole must be carefully monitored like a classical mole.

Recently a serving female infant with hydatidiform mole has been reported by Suzuki Metal[2]. The infant showed no physical or mental abnormalities at the age of 12 months. Partial mole can best be diagnosed by combined ultrasound/hormonal.

REFERENCE

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