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RESEARCH ARTICLE

RARE CASE OF PARTIAL MOLE WITH LIVE FETUS PROGRESSION TO INVASIVE MOLE WITH LUNG METASTASIS FOLLOWING SPONTANEOUS CONCEPTION

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Abstract

Hydatiform mole belongs to a group of diseases classified as gestational trophoblastic disease,that results from an impaired fertilization.Moles have been divided into complete or partial moles on the basis of distinctive histopathological features and genetic abnormalities.Partial molar pregnancy with coexisting fetus is a rare complication with an incidence of 0.005%-0.01% of all the pregnancies.It usually derives from dispermic fertilization of all a haploid normal oocyte and produce a triploid set of chromosomes (69XXX;69XXYor 69XYY)and is most commonly associated with the presence of a malformed fetus. We report a case of 21 year old primigravida with 19week +1dyay gestational age with pregnancy induced hypertension with? complete molar pregnancy with anemia presented to delivery room which was referred from private hospital in view of molar pregnancy for termination and correction of anemia.

Introduction:-

Hydatiform mole belongs to a group of diseases classified as gestational trophoblastic disease,that results from an impaired fertilization.Moles have been divided into complete or partial moles on the basis of distinctive histopathological features and genetic abnormalities.Partial molar pregnancy with coexisting fetus is a rare complication with an incidence of 0.005%-0.01% of all the pregnancies.It usually derives from dispermic fertilization of all a haploid normal oocyte and produce a triploid set of chromosomes (69XXX;69XXYor 69XYY)and is most commonly associated with the presence of a malformed fetus.

Depending on the type of malformation,uterine abnormalities may be associated with several pregnancy complications like recurrent pregnancy loss and preterm labour.The most relevant symptom of a molar pregnancy is heavy bleeding per vaginum early in the pregnancy.Other symptoms can be severe nausea,hyperemesis, hyperthyroidism, hypertension and proteinuria .A diagnosis can be achieved with USG and sensitive measurement of serum HCG ,usually on first trimester.However ,partial moles are often misdiagnosed as an incomplete or missed abortion of the first trimester.In less than 25%of cases , pregnancy with a partial mole and a single normal fetus evolves to a viable fetus;in such cases the diagnosis can be suspected or misunderstood and the management is a challenge for potential maternal and fetal complications.

Case Report:

We report a case of 21 year old primigravida with 19week +1dyay gestational age with pregnancy induced hypertension with? complete molar pregnancy with anemia presented to delivery room ,GGH KURNOOL which was referred from private hospital in view of molar pregnancy for termination and correction of anemia.She

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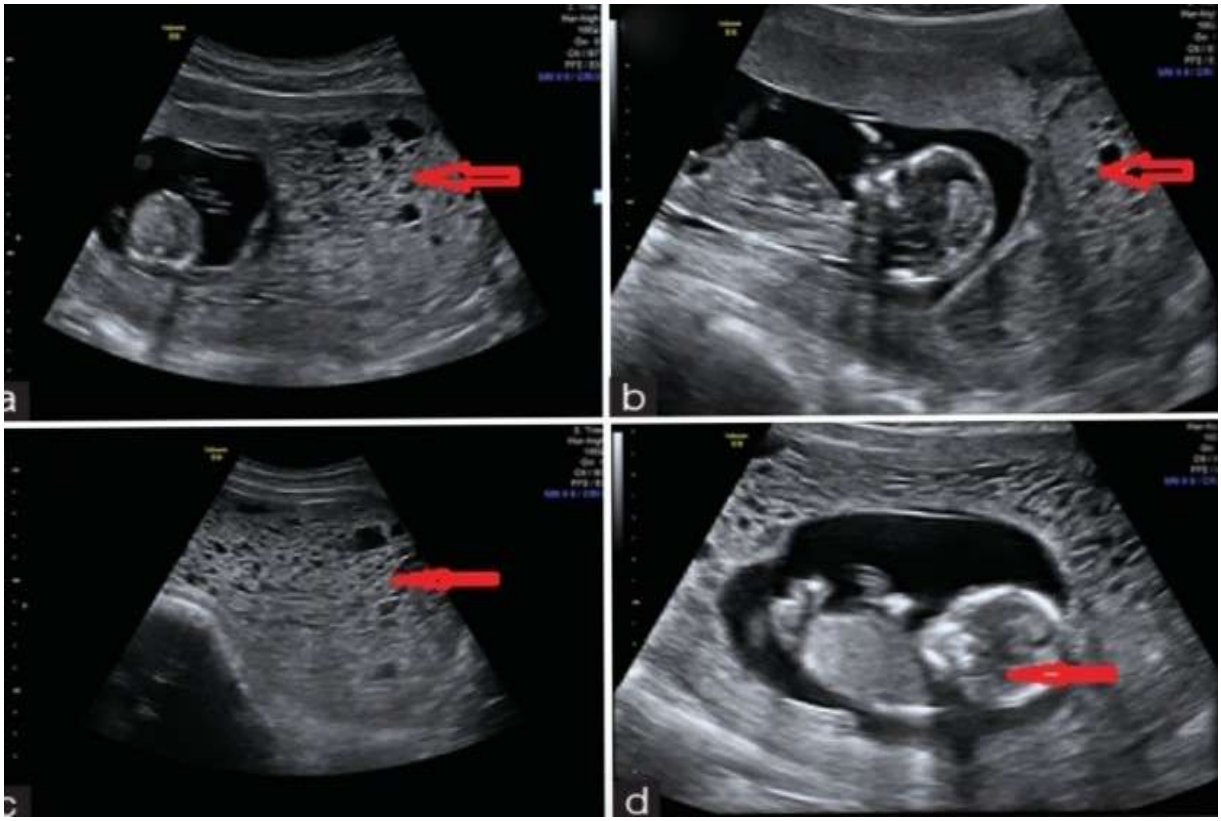
presented with complaints of bleeding per vaginum and has high blood pressure readings since one week .An ultrasound done at 18weeka showed probably twin pregnancy with normal fetus coexisting complete mole .Her admission vitals were tachycardia with pulse of 114per minute and blood pressure 140/110 mmHg with urine albumin of 2 plus; with dipstick.Her laboratory investigations are hemoglobin 5.3gm%and hematocrit 14.9% and TSH 0.03 and beta HCG was>5 ,00,000.Patient was stabilized initially and then explained and counselled regarding the termination of pregnancy both medical and surgical management,as they opted for medical termination.She was started on tab.mifepristone 600mg followed by tab.misoprostol .Inspite of that she had continuous bleeding episodes,she was taken for emergency hysterotomy in view of failed induction.Intraoperative findings are bicornuate uterus was noted with normal fetus and molar tissue was sent to histopathological examination and she delivered a live fetus of 250gm without any significant anomalies and patient was followed up and monitored postoperatively.

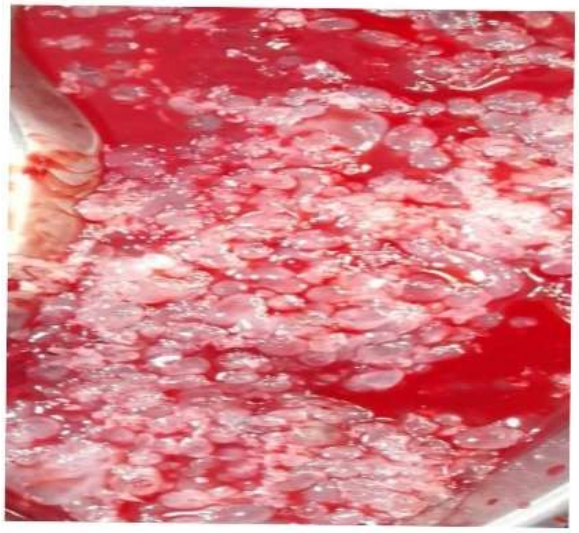
After 2weeks of hysterotomy again she presented with bleeding per vaginum and pain abdomen and had raising trends of beta HCG levels of >6,00,000.Ultrasound pelvis done showed?AV malformation and for confirmation CECT abdomen done showed bicornuate unicollis uterus with myometrial right horn with feeding vessels arising from right iliac artery and draining vein into ovarian and inferior venacava likely AV malformation?? invasive molar pregnancy and left horn was normal and she had metastasis of lung that was confirmed by CT chest plain and MRI brain was normal.She was started on EMACO regimen and 3 cycles were done .Her beta HCG levels after 3 cycles of radiotherapy is 2.0mIu/ml and was in further decreasing trends.Her recent beta HCG was 0.9mIu/ml .

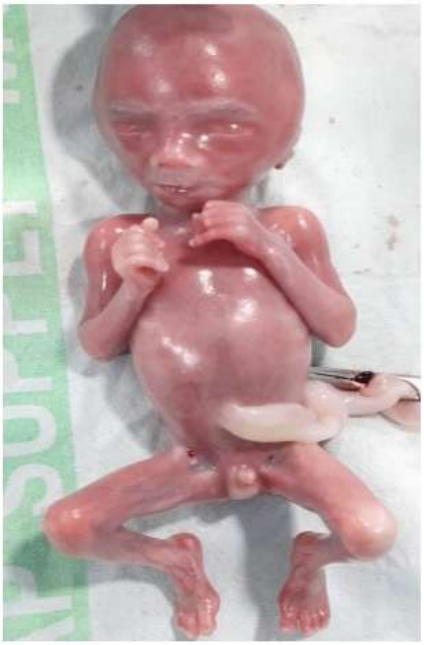


Discussion:-

Partial molar pregnancy with coexisting fetus is an extremely rare variation of a molar pregnancy;it accounts for 0.005%-0.01% of all pregnancies and usually derives from dispermic fertilization of a haploid normal oocyte and produces a triploid set of chromosomes.An increased incidence could be explained by the greater use of assisted reproductive techniques which are 3 types of molar pregnancy with coexisting normal live fetus;the most frequent case is a twin pregnancy with one normal fetus with normal placenta and another complete mole;second type is a twin pregnancy with regular fetus and placenta and another partial mole;the third and most uncommon occurence reported with singleton normal fetus with partial molar placenta as reported in our case.

Hydatidiform moles should be regarded as premalignant lesions since 15-20% of complete and 1% of partial moles undergo malignant transformation into invasive moles ,choriocarcinomas or in rare cases placental site trophoblastic tumors.Therefore , determination of the best method for terminating these pregnancies required further investigations.





Conclusion:-

Among the reported cases till now ,it is rare case with partial mole progressing to invasive mole in a bicornuate uterus.Both pregnancy termination and further followup have been documented in the literature and specific practice guidelines have not yet been established in regards to the preferred plan of case .The crucial part remains is the successful diagnosis of partial mole in a bicornuate uterus,more accurately by the use of technological advances in ultrasound imaging and subsequent followup with radiotherapy cycles in the postoperative period for these patients till their beta HCG levels are negative.

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