

PARACENTESIS UTERI AS AN AID IN THE DIAGNOSIS OF HYDATIDIFORM MOLE

by

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Hydatidiform mole is one of the important diagnostic problems of obstetrics. The diagnosis of molar pregnancy, when one does not exist, will lead to the termination of a normal pregnancy, while missing a hydatidiform mole means a fruitless and dangerous continuation of the pathological pregnancy. Accuracy is, therefore, of paramount importance in the diagnosis of hydatidiform mole.

The diagnosis of hydatidiform mole is usually based on radiological examination and biological assay of urinary gonadotropin, besides the clinical findings. The symptoms and clinical signs by themselves are not convincing enough for an accurate diagnosis. Persistent uterine bleeding, dirty brown vaginal discharge, lack of quick-ending and absence of fetal movements are obviously not diagnostic. A uterus too large for the period of gestation can be the result of multiple pregnancy, fibroids associated with pregnancy, hydramnios, etc. The ease with which ballotment, external or internal, can be elicited will depend upon the amount of liquor amnii and the experience of the examiner.

One naturally looks upon radiological and biological investigations with great hope. But these too are fallacious. Besides, they are not only

expensive but also time-consuming. In addition, they are not universally available.

Detection of fetal shadow by x-ray examination during early pregnancy needs meticulous technique and great experience. A negative radiological examination should not, therefore, be relied upon.

Apart from hydatidiform mole, a high titre of urinary gonadotropin is present in earlier weeks of normal pregnancy and in multiple pregnancy. Again, in some cases of hydatidiform mole urinary gonadotropin is not more than in normal pregnancy. Repeated gonadotropin assays, no doubt, carry greater significance than a single test.

Faced with these diagnostic difficulties, one naturally wishes one had a simpler and handy clinical method of diagnosing hydatidiform mole. Early in 1958, the author thought that abdominal tapping of the uterine contents might be of help in differentiating a hydatidiform mole from normal pregnancy. During the last two years, the author has used this test on 20 occasions and is impressed of its value.

The test is very simple. It consists in introducing a long lumber puncture needle, attached to a syringe, into the uterine cavity through the

abdominal wall under local infiltration of novocaine. All aseptic precautions must, of course, be taken and it must also be ensured that the bladder is empty. The uterine contents are aspirated with the syringe. Aspiration of liquor amnii means a normal pregnancy and conclusively excludes hydatidiform mole. Aspiration of blood, on the other hand, is strongly suggestive of hydatidiform mole. It should be remembered, however, that if the tip of the needle is in one of the placental blood spaces, blood will be aspirated even in cases of normal pregnancy. But in this case, either deeper introduction of the needle or withdrawal of the needle will result in aspiration of liquor amnii.

All the 20 cases in the author's series were clinically suspected of hydatidiform mole. In 14 of them blood could be aspirated from the uterine cavity and they all turned out to be cases of hydatidiform mole. The remaining 6 cases, where liquor amnii was aspirated, were later confirmed to be having normal intrauterine pregnancy. Incidentally, in these 20 cases x-ray study was carried out in 10 cases and quantitative pregnancy rat test was carried out in 14 cases. In none of the 10 cases submitted to radiological examination could the fetal parts be visualised. But only 7 of these 10 proved to

be cases of hydatidiform mole while the remaining 3 were cases of normal pregnancy. The quantitative pregnancy rat test was reported to be positive for hydatidiform mole in 10 cases, out of which 2, later on, proved to be having normal pregnancy. Out of the 4 cases, in which quantitative pregnancy rat test was negative for hydatidiform mole, one turned out to be a case of hydatidiform mole.

A comparative study of the value of x-ray examination, biological pregnancy test, and the new test presented here is neither possible nor intended. I would only like to conclude that our present armamentarium for the diagnosis of hydatidiform mole is full of fallacies and a simple but useful clinical test is badly needed.

This new diagnostic procedure is, therefore, presented with a hope that it may prove to be very useful when confronted with a suspected hydatidiform mole.

Addendum

After this paper was completed the author came across in the Year Book of Obstetrics and Gynaecology (1959-60) a reference to the work of Kurtz (Bull. Margaret Hague Mat. Hosp. 10: 71, 1957) recommending trans-abdominal paracentesis of the uterus as a diagnostic aid in hydatidiform mole.