

VESICULAR MOLE WITH CO-EXISTENT FOETUS

A Case of Twin Pregnancy

by

S. R. PARIKH*, M.D.

and

KALAVATI S. PARIKH**, M.D.

Association of a normal foetus twinning with a molar pregnancy is a rare condition. Beischer in his report of 15 cases of hydatidiform mole with co-existent foetus, records 2 similar cases delivered at 36th and 39th weeks of gestation with living babies weighing 5 lbs. 10 ozs. and 6 lbs. 8 ozs. respectively. Very little information is available in the literature on the subject. Our case was diagnosed as it progressed in labour. The case is presented because of its interesting features.

Case Report

A patient, S. L. was referred from Jodia, a village about 35 miles from Jamnagar, on 5th July '61 at 3.30 p.m. She came in as an emergency with history of 7 months' amenorrhoea, and complained of bleeding per vaginam since 4 hours; she also gave history of similar attacks of bleeding 2 days ago and at the 4th month which were painless. She was a third para and had

* Senior Lecturer and Deputy Obstetrician & Gynaecologist, M. P. Shah Medical College and Irwin Group of Hospitals, Jamnagar.

** Senior Lecturer and Deputy Obstetrician & Gynaecologist, M. P. Shah Medical College and Irwin Group of Hospitals, Jamnagar.

Received for publication on 9-10-63.

two full-term normal deliveries, with one male and another female child living and healthy. Her last delivery was 2½ years ago.

On general examination the patient was found to be severely anaemic with oedema over both the feet. Her pulse was 80/minute, volume and tension were good, blood-pressure was 130/90 mm. of Hg. Temperature and respirations were found normal. Examination of systems revealed nothing particular.

On abdominal examination the uterus was found to be 30 weeks' size. Foetal parts were palpable. Presentation was vertex with presenting part unusually high above the brim of the pelvis. Foetal heart sounds could not be detected. Uterine contractions were present. There was very slight bleeding per vaginam. A gentle one finger vaginal examination was done after necessary preparations. Cervix was found one finger dilated and placental tissue was felt covering the os. Presenting part could not be felt through any of the fornices. Diagnosis of central placenta praevia was made.

Haematological examination revealed 4 gms.% haemoglobin and red blood cells 1.5, mil./cu.mm. Her blood group was B. Urine examination did not show the presence of albumin and sugar.

During the next six hours, uterine contractions were progressively improving but there was very little bleeding. A second vaginal examination was done to find out if membranes could be approached with further dilatation of the cervix. It was found three fingers dilated and placenta was still completely covering the os.

Next day — on 6/7 her general condition

was little better. She was given two transfusions of 300 ml. each. Her blood pressure was 140/70 mm. of Hg. Uterine contractions were good. An internal examination was made at 10.15 a.m., when cervix was found completely dilated and placenta was not completely covering the os. A small portion of the membranes could be reached anteriorly and artificial rupture of membranes was done. At this time we noticed a few vesicles which came out along with passage of liquor amnii and on examining finger. The diagnosis of vesicular mole was evident, hence we thought to starting a pitocin drip. By the time the drip was ready a large mass of vesicular mole was expelled. Still the evacuation was not complete. On examination, both abdominal and internal, it was found that a foetus was also present lying transversely. At this time of internal examination second piece of mole came out. Under general anaesthesia internal podalic version and breech extraction were carried out. This was followed by expulsion of a normally developed placenta and membranes connected with the same foetus. It was remarkable that there was very little bleeding throughout this procedure and during the immediate post-partum period. It was evidently a case of twin pregnancy—Vesicular mole with co-existent foetus, fig. 1 and 2. Baby was stillborn, wt. 5 lbs; macerated, with no external deformity. Placenta was 4" x 3". The length of the cord was 13".

During puerperium she kept up a temperature between 98.4°F. to 103°F., associated with pain in abdomen. Crystalline penicillin 5 lac units with streptomycin $\frac{1}{2}$ gm. twice a day was administered. A third transfusion of blood was given on 15/7 as she was still fairly anaemic—haemoglobin 4.8 gm.%. Her condition improved and the temperature touched normal on 6th day postnatal, i.e. on 11/7 and remained normal till 18/7.

On 18/7 early in the morning at 5.30 a.m. the patient became suddenly unconscious. Pulse was 96/min. and blood pressure 130/90 mm. of Hg. The temperature rose to 102°F. There was laboured breathing. Signs of pulmonary oedema and distension of abdomen were found. Pupils reacted

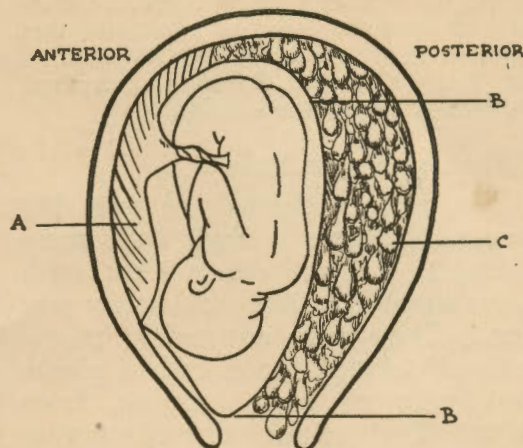


Fig. 1

Diagrammatic representation of the foetus and the mole in situ. Note the extension of membranes upto the os.

A—Placenta.
B—Membranes.
C—Mole.



Fig. 2

Photograph of the foetus with placenta, membranes and cord along with two pieces of molar tissue.

sluggishly to light. Deep jerks in upper and lower extremities were exaggerated and plantar reflexes were found extensor. Urine examination showed nothing abnormal. Lumbar puncture was done and report on cerebro-spinal fluid was found to be normal. The patient was discharged against medical advice on the same day.

It was noteworthy that the Medical Officer who referred the case had mentioned that she had hypertension of 160/100 mm. of Hg., hence a clinical diagnosis of cerebral vascular catastrophe was made.

Pathology of the Mole

The mole consisted of two big pieces of originally single mass measuring 10 cm. x 8 cm. x 5 cm. each approximately. The consistency was firm. They were covered at places with old clotted blood and at places vesicles were seen hanging from them. The vesicles were of varying size measuring from 1 mm. to 1 cm. approximately.

Histopathological report confirmed the diagnosis of vesicular mole. There was no evidence of co-existent choriocarcinoma.

Summary

A rare case of twin pregnancy — vesicular mole with co-existent foetus is presented. She was admitted as a

case of ante-partum haemorrhage and our provisional diagnosis was placenta praevia. The condition was diagnosed as she progressed in labour. The cerebral vascular catastrophe which occurred during the puerperium could only be accounted for by the presence of associated hypertension or likely malignant metastasis from associated undetectable choriocarcinoma along with the mole.

Acknowledgement

Our thanks are due to Dr. S. M. Sen, M.O. (Cal.), Professor of Obstetrics and Gynaecology, M. P. Shah Medical College, Jamnagar, for his valuable help and Dr. A. D. Joseph, Dean, M. P. Shah Medical College and Irwin Group of Hospitals, Jamnagar for allowing us to publish this case.

References

1. Beischer, M. A.: J. Obst. & Gynec. Brit. Comm., 68: 232, 1961.