

# HYDATIDIFORM DEGENERATION IN A CASE OF MISSED ABORTION

by

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The existence of a hydatidiform mole growing side by side with a normal foetus in a single pregnancy is a rare finding, and very few cases have been reported so far.

Titus, DeLee and Greenhill agree that if hydatidiform degeneration of the chorionic villi does not begin until after the chorion laevae have atrophied, or if the degeneration is confined to a comparatively limited area, pregnancy proceeds to term or to the point of non-viability of the foetus.

Only one case was reported from Queens Hospital, Honolulu, from 1932-1941.

Bowls, in 1941, reported a case of extensive mole formation with a living infant. Mueller and Lapp, in 1950, reported partial mole formation with a living infant. Hertig and Mansel, Moore and associates have reported several cases of hydatidiform mole and foetuses at various stages of gestation in routine examination of abortuses.

Kohil reported a case of hydatidiform mole existing side by side with

a four and a half months' foetus in 1959.

Beischer (1961), reporting upon his cases between the years 1940-1959, gave a detailed description of 15 cases of hydatidiform moles co-existing with foetuses at various periods of pregnancy.

In India, Probodh Das reported 42 cases of vesicular mole in 1956. In none of these cases was the foetus present. Bhaskar Rao (1961), in a review of 232 cases seen between 1955-1960, reported 2 such cases in early single pregnancies.

Daftary *et al.* (1963), reporting 42 cases seen from 1956-1960, recorded one case in which a foetus, about 16 weeks size, was present.

Biman Chakrabarty (1965) reported a case showing hydropic degeneration in part of the placenta in a full-term single pregnancy with a live infant.

Myer writing as early as 1918 has stated that if all abortuses are examined the finding of a hydatidiform mole and foetus side by side is a much commoner occurrence than is usually believed.

## Case Report

Mrs. S. J., aged 35 years, was admitted on 16-9-1964 with a history of amenorrhoea

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of 6 months' duration (L.M.P. 15-3-1964) and bleeding per vaginam of one day's duration. She was married in childhood, and had the first child 1½ years after puberty (13 years). Her husband died 2 years later. She had been married again 6 years ago and had not conceived so far. Menstrual history 3/28, was regular until 15-3-1964.

Longings and vomiting were noticed 2 months later. In the 4th month, i.e. in June 1964, she had puffiness all over the body and was treated by her panel doctor, who, she stated, said that the uterus was under-sized for the term of amenorrhoea. She was better thereafter, until the day she was admitted in the hospital, for reddish discharge per vaginam and backache, both of one day's duration. She had never felt quickening, nor had she had any discharge per vaginam — blood or otherwise. Breasts had gone down in size, she said, since one month prior to admission.

On examination: Her general condition was good, blood pressure 110/60 mm. of Hg., pulse 92 per minute. On abdominal examination nothing abnormal was detected; on bimanual vaginal examination the uterus was found to be anteverted and about 12 weeks' size, the cervix was soft and the os was closed; there was slight bleeding from within the cervical canal.

A diagnosis of missed abortion was made.

Investigations: Hb. 12 gms%. Urine on routine examination did not reveal anything abnormal. Pregnancy tests could not be obtained.

Treatment: Inj. Stilboesterol 10 mg. I.M. 4 hourly were given on 19th September 1964. She started having painful uterine contractions and more bleeding per vaginam the same evening, so the injections were discontinued. On 20th morning vaginal examination was done, the cervical canal was yet not taken up nor was there any dilatation of the os. Tabs. Stilboesterol were given orally 4 hourly until the 23rd morning when syntocinon drip was started intravenously. By 1 p.m. 100 units of syntocinon had been given. On examination uterus was 14 weeks' size, cervix admitted tip of the finger and though the canal was dilated the cervix was not taken up. Several old clots were passed as the vaginal examination was be-

ing done. No further syntocinon was given. On 25th September, the patient passed the products of conception in the form of an elongated mass about 4" x 3" and plenty of old clots. At one end of the mass a few vesicles were noticed.

On vaginal examination the internal os was open and uterus was still about 3 months' size. Evacuation was therefore done under general anaesthesia. A large amount of debris came out.

Specimen (Figs. 1 and 2): On cutting carefully within the rim of tissue a foetus covered with an amniotic sac was detected. On opening this sac, the foetus and umbilical cord could be distinctly separated from the rest of the tissue with an attachment at one spot.

Microscopic appearance: Sections taken from various sites of the tissue showed changes typical of hydatidiform mole in various stages. Section taken from close proximity at the umbilical attachment showed normal looking as well as degenerating villi, foci of calcification were also seen. At other places chorionic villi showed proliferating cytotrophoblast. Section through the curettings showed haemorrhage with blood sinuses and histology typical of decidua.

A skiagram (Fig. 3) of the foetus (1.5" long) showed ossification centres in mandible, clavicle, cervical and dorsal vertebrae and ribs, and beginning of ossification in lumbar vertebrae and pelvic bones. One would venture to say that the findings were those of a foetus nearly 4 months old.

#### Comments:

This case was admitted as one of missed abortion. She was helped with syntocinon drip after being sensitised with stilboesterol — her response to this therapy was good.

Even after the products were expelled the diagnosis of hydatidiform mole would have been missed if the mass had not been dissected. Lastly the intact amniotic sac with the foetus was the final surprise.

The physical findings of a uterus

smaller than the period of amenorrhoea would suggest, is found with varying frequency in all series reported so far.

In the series reported by Daftary et al (1963), it was 6.5%. In Brews' series it was 16%, in Bhaskar Rao's series (1961) 20% and in Probodh Das' series (1956) 5%.

Vaginal bleeding is present as frank haemorrhage or as blood-stained discharge in about 75% of cases.

As regards investigations, a skiagram was not taken in this case although a history of 6 months' amenorrhoea was forthcoming, because the uterus was only 3 months' size. In view of the findings in the skiagram of the foetus (post-abortion) it would have been interesting had we taken it earlier. In the case reported in Daftary's series (1963) the skiagram had revealed negative findings although a four-month size foetus was present.

#### Summary

(1) A case of missed abortion treated successfully with syntocinon drip is reported.

(2) Stress is laid on the rare finding of a four-month size foetus in an

abortion in which all the chorion had undergone changes of hydatidiform mole in a single pregnancy.

(3) Literature on the subject for last 35 years is reviewed.

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#### References

1. Beischer, M. A.: J. Obst. & Gynec. Brit. Comm. 68: 232, 1961.
2. Bhaskar Rao: J. Obst. & Gynec. India, 12: 149, 1961.
3. BOWLS: Am. J. Obst. & Gynec. 46: 154, 1943.
4. Chakrabarty, B.: J. Obst. & Gynec. India, 15: 672, 1965.
5. Daftary, S. et al.: J. Obst. & Gynec. India 13: 8, 1963.
6. Das, P.: J. Obst. & Gynec. India 6: 292, 1956.
7. Hertig, Mensel: Am. J. Obst. & Gynec., quoted by 3.
8. Kohil: Am. J. Obst. & Gynec. 79: 1091, 1959.
9. Sircar, M.: J. Obst. & Gynec. India, 1: 187, 1950-51.

*Figs. on Art Paper IV*