

# VESICULAR MOLE ASSOCIATED WITH A VIABLE FOETUS

## (A Case Report)

by

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Vesicular mole associated with an advanced normal pregnancy is a rare condition. The present case of molar pregnancy associated with a viable foetus is being reported for its unusual presentation.

### Case Record

Patient R., age 24 years, was admitted to the maternity ward of the P.B.M. Hospital, Bikaner, on 29-5-72 with the complaints of seven and a half months' amenorrhoea, vomiting off and on for the last one month and oedema over the feet for the last seven days. There was no history of bleeding or any abnormal discharge per vaginam. She was a fourth gravida and had three full term normal deliveries at home, out of which two issues were alive. Last delivery was ten months back. There was no history of toxæmia in the previous pregnancies, and she had no previous abortions. Her menstrual cycles were regular and normal.

She was an averagely built and nourished woman, with mild anaemia. There was puffiness of the face and pitting oedema over the feet. Her pulse rate was 100 per minute and the respiration rate was 20 per minute. The blood pressure was 150/90 mm. of Hg. Urine examination did not reveal any abnormality. The respiratory and the cardiovascular systems were normal. The uterus was about 34 weeks' pregnancy size, fluid thrill was present on account of excess of liquor. Foetal heart sounds were present.

### Investigations

Her haemoglobin was 8.2 gms. per cent,

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blood urea was 28 mg. per cent, blood uric acid level was 5.8 mg. per cent and the fundus examination revealed no abnormality. With the above clinical picture, she was diagnosed as a case of pre-eclamptic toxæmia with mild hydramnios, and was put on the routine treatment of toxæmia of pregnancy. With routine treatment of complete bed rest, sedation and diuretics there was no satisfactory improvement. Blood pressure fluctuated between 130/90 to 170/120 mm. of Hg. and nausea and vomiting persisted. On 15-6-72 she had repeated vomiting and hence she was posted for induction of labour. Next morning she spontaneously went into labour and at about 10 A.M. vaginal examination revealed that the cervix was taken up, os was 3/5th dilated, membranes were bulging and the head was presenting at the pelvic brim. The membranes were ruptured artificially and the excess of clear liquor was drained. The head was felt descending into the pelvis. At 10.30 A.M. she delivered a live premature male child. The placenta was delivered completely with the membranes at 10.40 A.M. and along with the placenta came the unexpected vesicular mole. The patient had moderate atonic postpartum haemorrhage following expulsion of placenta. Hence, evacuation was done under general anaesthesia, and the patient was given Syntocinon drip and blood transfusion. Plenty of molar tissue and ill-defined placental pieces were removed till the bleeding per os had stopped and the uterus was well contracted.

The baby was alive, weighed about 3 lbs. and showed no external congenital abnormality. The placenta and the foetal membranes were complete. The placenta showed areas of calcification, but no evidence of molar change. The placenta and the mem-



branes weighed 1 lb. 6 ozs. and were entirely separate from the vesicular mass. The molar tissue weighed approximately 1 lb. The baby expired on 17-6-72 because of prematurity. As curettage was not done during evacuation it was done under general anaesthesia on 24-6-72 and the remaining pieces of the molar tissue were removed completely. At the end of the operation, the uterus was about 14 weeks' pregnancy size, well contracted and nothing was felt in the fornices. She was discharged from the hospital on 30-6-72 and was advised to report for check up after one month. The patient did not turn up for check up.

The specimen shown in the photograph (Fig. 1) consisted of a premature foetus, intact normal placenta with complete foetal membranes. The vesicular mole was separate from the placenta and the membranes of the newborn. The molar mass itself revealed a few ill defined placental pieces. The histopathological examination of the placenta revealed normal placental tissue and there was no evidence of malignancy or vesicular mole. The vesicular mole revealed typical microscopic appearance of the mole.

#### Discussion

Vesicular mole co-existing with a normal pregnancy occurs once in 200,000 pregnancies (Beishner, 1966). Till 1966, 82 cases had been reported in the literature, out of which 52 cases had vesicular mole existing with single pregnancy and 30 cases were of binovular twins where one of the twins had undergone molar change. Twin pregnancy in which a well formed vesicular mole with a normal viable foetus is present is an exceptionally rare condition.

On account of its rarity it remains undiagnosed antenatally. In early pregnancy molar change can be readily diag-

nosed. In late pregnancy, when the foetal parts become apparent, molar change is commonly missed. Symptoms of severe pre-eclamptic toxæmia, excessive vomiting (present in our case), excessive enlargement of the uterus and vaginal bleeding at any period of pregnancy should arouse suspicion of placental dysfunction of the degenerative type.

Coexistence of vesicular mole with normal pregnancy may be because of the simultaneous fertilisation of two separate ova, where one ovum develops into a normal foetus while the other one develops into a vesicular mole. In our case, the foetus had complete normal placenta and membranes and revealed no connection with the vesicular mole at any point.

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See Fig. on Art Paper VII