VESICULAR MOLE ASSOCIATED WITH VIABLE FOETUS

(A Case Report)

by

S. KACHROO,* M.D.

and

WAZIRA KHANUM,** M.S.

It is very rare coincidence to have an advanced normal pregnancy associated with vesicular mole. Hydatidiform mole is a comparatively rare disease and incidence quoted is one in 2,000 pregnancies (Hertig and Sheldon 1947). The occurance of a vesicular mole with a co-existing foetus is extremely rare, the incidence reported varying from 1:10,000 to 100,000 pregnancies (Bowles 1943; Ruffolo 1956; Beischer 1961). Beischer, 1966 reported one in 20,000 pregnancies and Jones and Laversen 1975 reported one in 22,000 pregnancies.

CASE REPORT

A third gravida, aged 25 years was admitted on 25-3-1975 with complaints of seven and a half months' amenorrhoea and bleeding per vaginam. She had two full term normal deliveries at home and both were alive. Last delivery was 3 years back. Menstrual cycles were regular.

Patient was of average built, anaemic and with no signs of pre-eclamptic toxaemia. Pulse rate was rapid with fair volume. Blood pressure was 120/80 mm Hg. Urine examination-NAD. Uterus was distended 40 weeks pregnant size. Foetal movements were present and foetal heart very indistinctly heard. She was bleeding per vaginam and profusely and within half an hour her condition deteriorated. Blood pressure fell to 80 systolic and pulse rate was very rapid and feeble. Her haemoglobin was 5.6 gm. per cent and blood group A +ve. Patient was immediately given blood transfusion and shifted to operation theatre when her condition improved a little. She was provisionally diagnosed twins with A.P.H. She was examined under anaesthesia and diagnosed central placenta praevia case. Immediately lower segment caesarean section was done. No sooner myometrium was incised molar tissue started sprouting out which was almost filling uterine cavity. Uterus was papery thin and fundus was at the level of xyphisternum. Right hand was introduced in the uterine cavity and premature foetus was delivered by breech. Placenta was found in lower segment covering the internal Os. Uterus was well contracted after oxytocins were given. Two pints of blood were given before operation and two pints during operation. Uterus was closed and general condition of the patient improved by the time and abdominal wall was closed.

The baby was dead, weighed 4 lbs. and 5 ozs. and showed no external congenital abnormality. Placenta and foetal membranes were complete and weighed 2 lbs; and were entirely separate from vesicular mole (Fig. 1). Placenta showed no molar change on microscopic examination. Molar tissue weighed approximately 1 lb. 6 oz. The vesicular mole revealed typical microscopic appearance of the mole.

Patient was discharged on 10th postoperative day and was being followed uptil now for any evidence of choriocarcinoma.

Discussion

Twin pregnancy in which a well formed vesicular mole with normal viable foetus is an exceptionally rare condition.

*Assistant Professor of Obst. & Gynaecology.
**Associate Professor of Obst. & Gynaecology.
Government Medical College, Srinagar, (Kashmir).

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Beischer (1966) reviewed 92 cases out of which 52 had vesicular mole with single pregnancy and 30 were cases of dizygotic twins in which one of the twin had undergone molar change. In 8 of remaining 10 cases there was insufficient detail for assessment and in 2 (dizygotic twin pregnancies) both placenta were molar. Beischer (1967) also reported molar degeneration of placenta completely in single pregnancy with abnormal foetus.

Jones and Laversen (1975) have reported 8 cases of hydatidiform mole with co-existant foetus.

Accurate diagnosis before delivery is unusual. Beischer (1966), Ruffalo (1956) and Pendse (1974) have reported a case of vesicular mole with a viable foetus who had signs of pre-eclamptic toxaemia. Pre-eclampsia was also found in 21 cases out of 92 reviewed cases of Beischer (1966). No such signs were present in the reported case. Same was true with Jones and Laversen (1975) who found pre-eclamptic toxaemia only in one out of eight cases. Harper and Macvincar (1963) correctly diagnosed their case of vesicular mole with foetus by use of ultrasonic. Jones and Laversen (1975) diagnosed only one case out of eight by sonography.

In late pregnancy when foetal parts become apparent molar change is commonly missed. Our case was being treated for central placenta praevia and co-existence of mole was seen on lower segment caesarean section. Placenta praevia was diagnosed in six patients out of 92 cases reviewed by Beischer (1966). Barns (1941) commented that antepartum bleeding may be due to the position of placenta rather than to the molar condition of placenta as was seen in our reported case.

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See Fig. on Art Paper I