

A CASE OF RECURRENT HYDATIDIFORM MOLE

by

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Recurrent hydatid mole in the same individual is extremely rare. We are presenting here a case of recurrent hydatidiform mole for the 4th time in the same individual.

CASE REPORT

Mrs. M. Gravida-V Para 0 aged 34 yrs., on 5-6-78 at 5 p.m. with history of 2 months' amenorrhoea and fever with rigor since 2 hours and vaginal bleeding since 1 hour.

Obstetrical History

Married 15 years.

1963—Had an abortion after 3 months amenorrhoea, was admitted in this hospital and was evacuated.

1964—Molar pregnancy which expelled after 4 months amenorrhoea.

1967—Patient was admitted in Vellore for molar pregnancy of 6 months duration where she was evacuated.

1972—Patient had a molar pregnancy of 7 months duration which was evacuated in this hospital.

She had Curettage done for post molar bleeding. This histopathological report was endometrium in secretory phase. She was not willing for any form of therapy and went home against medical advice and did not turn up for follow-up.

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Condition on Admission

The patient was slightly anaemic, no pedal oedema, no history of passing vesicles or irregular spotting—or excessive vomiting. Her cardio vascular and respiratory systems were normal. Blood pressure 100/60 mm. of Hg. Pulse 80/mt. volume and tension good.

Abdominal Examination

Uterus was 20 weeks size on bimanual examination cervix was downwards Uterus was anteverted, enlarged to 20 weeks size. Interval Ballotment was absent. Fornices, free. Slight blood stained discharge was present.

A provisional diagnosis of vesicular mole was made.

Investigations

Urine for Gravindex test Positive 1/400—dilution. Foetal monitoring negative.

Two days after admission on 7-6-78. Suction evacuation was done under general anaesthesia after starting 10 units of syntocinon drip. A week later, Curettage was done and the report was endometrium in proliferative phase with evidence of infection Figure 1.

Undiluted urine Gravindex test was negative X-ray Chest—Normal. Blood group of Patient 'B' Rh. positive. Blood group of Husband 'O' Rh. positive.

Semen Analysis: Quantity 3 CC. Count 150 Million/CC. Molality 80%. Predominant types III.

Discussion

The repetition of hydatidiform moles can be classified into 2 main patterns i.e. interspersed with normal pregnancies and successive repetition of molar pregnancies. After thorough search for case

reports of repeat moles, Chesly *et al* were able to collect only 43 cases in literature upto 1946. So far reports of repeat moles in India is meager. Sen (1977) has reported 2 cases of repeat molar pregnancy. Morrison (1964) in his review shows the average incidence of recurrent moles to be 2 per cent in Acosta Sison's (1959) series.

The importance of male factor in the case reported by Francis (1973) case the 6 moles reviewed microscopically failed to reveal a Barr Body. 46 XY chromosomal pattern was reported by Francis (1973).

As regards blood group earlier reports say that it is more in 'A' group women married to 'O' group man. But Yusuff *et al* (1971) report that there was no significant shift in ABO blood group distribution in patient with hydatidiform mole. However, there was a significant increase in the incidence of blood group A and a significant decrease in blood group B in patients with Choriocarcinoma. Malignancy must be especially looked for in all repeat hydatidiform moles.

Acosta-Sison (1959) advised cautious observation of patients having a second

molar pregnancy. In our case no malignant change was found till date and as the patient is anxious for a baby, refuses any form of radical therapy.

This case is interesting in that, she is married for 15 years and conceived 5 times with no normal pregnancy. She is alive and well after the first molar pregnancy in 1964, that is nearly 14 years, only to repeat, the molar pregnancies.

Summary

A case of Recurrent hydatidiform mole is presented and etiology discussed.

References

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See Figs. on Art Paper II