HYDATIDIFORM MOLE WITH A COEXISTENT FOETUS

(A Case Report)

by

S. N. Goswami,* M.B.B., M.D.

Introduction

Hydatidiform mole with a coexistent foetus is a very rare condition the incidence varying from 1:10,000 (Bowles 1943) to 1:100,000 pregnancies (Beischer, 1961). Jones and Lauersen (1975) reported an incidence of 1:22,000 pregnancies. The condition may be associated with a single placenta or a dizygotic twin in which the placenta with the viable foetus is normal and the other placenta has undergone vesicular degeneration. When it occurs in association with a single placenta it bears some aetiological significance of vesicular degeneration of placenta. It may be stated that death of the embryo is not the primary factor in the process of vesicular transformation of placenta (Jones *et al*, 1975). Another point to be noted is that congenital abnormalities of the foetuses are often found in those cases associated with a single placenta (Daruvala *et al*, 1973).

CASE REPORT

Mrs. S. R. P., 4th gravida, aged 28 years attended Silchar Medical College Hospital at 11 A.M. on 17th June, 1977 with the history of amenorrhoea for 5 months and irregular bleeding per vaginum for 3 months. Her cycles were regular and L.M.P. was on 26th January, 1977. She had 3 FTND before and her last delivery was 1½ back.

* *Medical Officer, Antenatal and Postnatal, Silchar Medical College, Cachar, Assam.*

Accepted for publication on 16-1-79.

On examination, her general condition was fair, pulse 120/min., B.P. 130/80 mm Hg, pallor was present and oedema was absent. Heart and Lungs were normal. Uterus was enlarged to the size of 32 weeks of pregnancy. It was tense and no definite foetal parts were felt but in one area external ballotement was present. F.H.S. were absent.

On vaginal examination, cervix was one finger dilated and a fleshy mass was felt through the cervix. There was blood-stained discharge per vaginum. X-ray of abdomen showed no foetal parts. A provisional diagnosis of vesicular mole was made. Her haemoglobin was 7Gm. per cent (Hellige) and there was no albuminuria.

On the day of admission in the hospital at 9 P.M., the patient started bleeding per vaginum. I.V. drip was immediately started, blood requisitioned and Haemacel infused. Uterine contraction started at 10-45 P.M. and she expelled a large quantity of mole at 11-45 P.M. Syntocinon 15 units was added to the drip and at 12-30 A.M. 18-6-77 she expelled a male foetus with placenta and moles of varying sizes. The foetus conformed to the size of 20 weeks gestation and there was no obvious congenital abnormality (Fig.)

The patient recovered gradually and exploration of uterus was done on 29-6-77. Molar tissue was found and sent for histopathological examination. It showed structure of vesicular mole. The patient was discharged on 2-7-77 when her condition was satisfactory.

FOLLOW UP: She reported for check up after 6 weeks and then after 3 months. She had no complaints. Her menstruation was regular and normal. Physical and pelvic examination did not reveal any abnormality. Pregnancy test was negative.

Discussion

A well formed vesicular mole with a

coexistent foetus is a very rare condition. It is interesting to study the aetiological significance of such a condition. The exact aetiology of vesicular mole is not known. Hertig *et al* in 1940, discussed that the death of the embryo was the primary process in its causation. But later works by Park, in 1967, has shown that the primary disorder may be in the development of the trophoblast. This view was supported by the works of Beischer and Aust (1966) and Jones and Lauersen (1975).

Atkin and Klinger (1962) described triploid chromosomal constitution in the mole, double sex chromatin masses in the foetal tissue in their case of foetus with single molar placenta. Similar triploid chromosome constitution was reported by Carr (1965) and Beischer *et al* (1961). Carr (1969) reported that 5 per cent of the cases of spontaneous abortion had triploidy and in half of these cases there were vesicular degeneration of placentae. Sex chromatin study had shown a female preponderance. In the present case chromosomal study was not done but there was no apparent congenital abnormality in the foetus. Various congenital abnormality as reported in the literatures are syndactyly, polycystic kidney, abnormality of male external genitalia, Ledwig cell hyperplasia, effusion in the serous cavities, a bar meningocele, spina bifida, absence of corpus collosum and septum pellucidum and hyperplasia of the cerebellum (Beischer, 1967).

Early toxaemia before 24 weeks was reported by some authors in such cases (Beischer, 1966; Ruffalo, 1956; Pendse, 1974). Beischer (1966) reviewed 92 cases out of which 21 had pre-eclamptic toxaemia. But in the reported case there was no sign of toxaemia.

Diagnosis of the cases of vesicular mole with coexistent foetus is often difficult. Ultrasonic scanning as stated by Donald (1968) gives a very accurate result and it does not have any known hazard (Harper and Macnivar, 1963). Torres and Pelegrina (1966) showed that transabdominal intrauterine injection of hypaque (Na 3, 5-diactamide-2, 4, 6-triiodobenzoate) followed by radiography was very helpful for diagnosis. It gives a good 'honeycomb or moth-eaten' appearance which is an unquestionable evidence of vesicular mole. The procedure as stated is quite safe and is helpful for diagnosis in places where sophisticated ultrasonic instruments are not available.

In late pregnancy because of well developed foetal parts molar degeneration may be missed. Some cases may present with antepartum haemorrhage because of placenta praevia rather than molar degeneration (Kachroo and Kanum, 1977). Beischer (1966) found placenta praevia in 6 cases out of 92 cases reviewed by him. The placenta was covering the internal os in the present case reported.

Acknowledgement

I express my sincere gratitude to Prof. S. K. Seal, Professor and Head of the Department of Obstetrics and Gynaecology, Silchar Medical College for his kind help and guidance. I am grateful to the Principal and Superintendent, Silchar uterus (Eastman and Hellman—1966). Medical College and Hospital, for allowing me to publish the Hospital record. I am also thankful to Dr. A. K. Das for kindly taking the photograph of the case studied.

References

1. Atkin, N. B. and Klinger, H. P.: Lancet 2: 727, 1962.
2. Beischer, M. B., Fortune, D. W. and Fitzerald, M. G.: Lancet. 2: 476, 1967.
3. Beischer, N. A.: J. Obstet. & Gynec. Brit. C'wlth. 68: 231, 1961.
4. Beischer, N. A. Aust, N. Z.: J. Obstet. & Gynec. 6: 127, 1966.
5. Bowles, H. E. in 1943, quoted by Reference 13.
6. Carr, D. H.: Lancet. 2: 830, 1967.
7. Carr, D. H.: Am. J. Obstet. & Gynec. 104: 327, 1969.
8. Donald, I.: In Greenhill, J. P. editor: Year book of Obstet. & Gynec. 1967-68, Chicago, 1968, Year Book Medical Publishers, Inc.
9. Harper, W. F. and Macnivar, V.: Brit. Med. J. 2: 1179, 1963.
10. Hertig, A. T. and Sheldan, H. W. (1940) quoted by Reference.
11. Jones, W. B. and Lauersen, N. H.: Am. J. Obstet. & Gynec. 122: 267 1975.
12. Kachroo, S. and Khanum, W.: J. Obstet. & Gynec. India. 27: 605, 1977.
13. Park, W. W. in 1967, quoted Reference.
14. Pendse, V.: J. Obstet. & Gynec. India. 25: 81, 1974.
15. Ruffalo, E. A.: J. Obstet. & Gynec. 8: 296, 1956.
16. Torres, H. and Pelegrina, I. A.: Am. J. Obstet. & Gynec. 94: 936, 1966.

See Fig. on Art Paper I