

# HYDATIDIFORM MOLE WITH CO-EXISTANT FOETUS

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The association of a foetus with hydatidiform degeneration of the placenta is an uncommon experience in obstetrics. Meyer (1916) demonstrated that the incidence of hydatidiform degeneration of the placenta is considerable when all abortuses are examined histologically. However, the existence of a live foetus with a macroscopic hydatidiform mole is a rare condition and its incidence, reported by Walter *et al* (1975) varies from 1:10,000 to 1:1,00,000.

## CASE REPORT

Mrs. D. a 32 year old patient, para-4 gravida-5 attended the M.T.P. Clinic on 18-3-78 with history of 3½ months' amenorrhoea for medical termination of pregnancy with sterilization. She had no other complaints and was admitted for hysterotomy with sterilization.

On examination she was found to be of average build. General and systemic examinations revealed no abnormality. Uterus was enlarged to 16 weeks' size, corresponding to the period of gestation, and internal ballotment was present.

Patient was put up for surgery on 20-3-78. On opening the abdomen the uterine size was found corresponding with the period of amenorrhoea. On incising the uterus there was rupture of the amniotic sac with escape of clear liquor. A normal live foetus of 16 weeks gestation was

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removed. Umbilical cord showed velamentous insertion. The placenta however was found to have undergone complete hydatidiform degeneration. On naked eye examination no normal placental tissue could be seen. (Fig. 1). The complete specimen was sent for histopathology.

## HISTOPATHOLOGY

Specimen consisted of a foetus with crown to rump length of 9 cms and several masses of grape-like bits of placenta. The vesicles measured 0.5 to 1.5 cms. in size. On microscopic examination the chorionic villi showed varying degrees of hydropic degeneration with a paucity of blood vessels (about 10% of the villi were normal). A mild degree of proliferation of the syncytial trophoblastic cells was also seen.

The foetus showed no abnormality. A pathological diagnosis of hydatidiform mole with a normal foetus was made (Figure 1).

Patient had an uneventful postoperative period. Dilatation and curettage was done on 6-4-78. Fleshy curettings were obtained which were reported as hyalinized products of conception.

Serum was sent for chorionic gonadotropin estimation on 3-4-78, Report-L.H. 502.5 ng/ml (Normal range 50-100 ng/ml). She was discharged on 17-4-78 and was advised to come for regular follow-up.

Repeat serum gonadotropin estimation was sent on 29-4-78, Report L.H. 52.2 ng/ml.

Patient has been coming for regular follow-up. She last came on 11-8-78 and her latest pelvic examination is normal. X-ray chest is clear and urine pregnosticon test for 1000 IU/24 hrs. is negative.

## Discussion

The present case fits into the category

of a partial mole as there was a fully developed foetus corresponding to the period of gestation although the placenta on gross examination showed no normal placental tissue. Survival of the foetus with nearly complete degeneration has been explained by Beisher (1961), as being dependent on the stage of gestation at which the change commences, on the rate of progression and on the amount of placenta involved. This disagrees with Nesbitt's theory (1957) who states that a mole is derived from a true pathologic ovum in which the embryo is either absent or very defective.

As opposed to complete moles these partial moles do not constitute a high risk group for malignant trophoblastic neoplasia. None of the 56 cases reported by

Hertig in 1968 and 40 cases by Vassilakos *et al* (1977) were found to give rise to chorioadenoma destruens or choriocarcinoma. All these cases were followed up for at least one year by clinical and laboratory investigations.

Therefore the cases of partial mole need not be considered as potentially malignant and there is no indication for prophylactic chemotherapy or any contra-indication for subsequent pregnancy. However all the patients should be followed up for atleast one year.

References

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See Fig. on Art Paper IX