

# VESICULAR MOLE ASSOCIATED WITH VIABLE FOETUS

## (A Case Report)

by

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Association of an advanced normal pregnancy with hydatiform mole is a very rare condition. The incidence reported varies from 1: 10,000 to 100,000 pregnancies (Bowles 1943, Ruffalo 1956; Beischer 1961). Beischer has reported the incidence as 1 in 20,000 in 1966 and according to Laversen it is 1 in 22,000 pregnancies (1975). Because of its rarity this case has been reported.

### CASE REPORT

Patient Y. V. D. 30 years was admitted to M.G.I.M.S., Sevagram on 4-2-1979 at 1 a.m. with history of amenorrhoea of 9 months and labour pains since 2 p.m. on 3-2-79. There was no bleeding or leaking. There was no history suggestive of hyperemesis, bleeding or toxæmia during the pregnancy.

**Menstrual History:** Her previous cycles were regular with average flow and estimated date of delivery was 17th Feb., 1979.

**Obstetric History:** She was married first time 10 years back and stayed with husband for 5 years. She had one spontaneous abortion of 4 months gestation. She was married a second time 2½ years back and this was her first pregnancy from this marriage.

**General Examination:** She was moderately built anaemic with no oedema. Her pulse was 92/mt., regular and blood pressure was 130/70 mm. of Hg. Cardiovascular, respiratory and nervous system revealed nothing abnormal. Uterus was enlarged to full term pregnancy. It was well relaxed with engaged head. Foetal heart rate was 144/mt. regular. Cervix was

one finger dilated, fully effaced, well applied to presenting part, which was at 'O' station with intact membranes. Pelvis was normal gynaecoid. She was given enema, sedation and was observed.

**Investigations done:** Hb 9 gms%, W.B.C. 12800/cu.mm. D.L.C. P-65%, l-35%, e-5%. Urine examination-albumin and sugar was nil. Blood, O Rh positive. Electrophoresis showed 85% Hb. A and 15% Hbs.

Next morning by 11.30 a.m. she vomited twice and looked exhausted. Cervix was 6 cms. dilated with thick anterior lip and head below the ischial spines. Artificial rupture of membranes was done and few ccs. blood stained liquor was drained. Patient was given 50 mg. pethidine and 5% glucose drip was started. At 1.30 p.m. cervix was fully dilated and head appeared to be small for the estimated size of baby. She delivered at 2 p.m. with right medio-lateral episiotomy. Methergin was not given at the birth of anterior shoulder keeping in mind the possibility of missed multiple pregnancy. After delivery of the child uterus was still enlarged to 28 weeks size of pregnancy, but no foetal parts could be made out. By vaginal examination also foetal parts could not be felt but separated edge of placenta was felt and patient started bleeding profusely. With part of normal looking placenta, vesicles came out. Uterine cavity was immediately evacuated. Patient was given Methergin 0.4 mg. and 10 units of pitocin was added to the glucose drip and bleeding was controlled.

Patient was kept for 13 days in the hospital and symptomatic treatment was given. Twelve days after delivery vaginal examination revealed well involuting uterus with no mass in any fornix. X-ray chest was normal and pregnancy test could not be done. Patient did not turn up for follow up.

Baby: (Photograph) female child with apgar

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score 8 at birth and 10 after 1 minute. There was no obvious congenital anomaly and weight was 1.4 kg.; Hb 12.8gms%. Baby was kept in premature nursery where she expired after 2 days because of septicaemia.

Placenta with membranes cord and mole weighed (photograph) 1.5 kg. Umbilical cord was thin with 3 vessels, microscopically normal. Little part of placenta appeared normal about 4 cms. thick with the amniotic membrane and very prominent blood vessels. Normal cotyledons could not be identified and it also showed bunches of mole embedded within the mass. Sections from different areas showed hydatidiform degeneration of chorionic villi with hyalinization and calcification in some villi.

There was no sign of malignancy anywhere.

### Discussion

Term pregnancy with diffuse vesicular degeneration and normal viable child is a very rare coincidence. K. Bhaskar Rao (1961) in his review of 232 cases of Vesicular mole reported 2 cases of partial hydatidiform mole with viable foetus and 1 case of twinning with 1 vesicular mole and 1 normal foetus and placenta. Beischer (1961) in his series of 261 cases during 20 years reported 10 patients of hydatidiform mole with co-existent foetus where only in 3 cases did pregnancy proceed beyond 29 weeks and in only 1 till term where there was twinning.

In Beischer's series of 92 cases (1966), only in 9 cases period of gestation was more than 36 weeks. Madhavan *et al* (1972) reported 6 cases but pregnancy was less than 22 weeks. Shreenivasan

*et al* (1975) have reported a case of 39 weeks pregnancy.

Kachroo and Wazira in 1977 reported a case with twinning, where, patient came with bleeding per vaginum.

Different modes of presentation are described and pre-eclampsia is reported in many patients (Beischer, 1966). Patient may come with antepartum haemorrhage and diagnosis may be made at caesarean section (Beischer 1966). Diagnosis is very difficult in late pregnancy when foetal parts become apparent. In the present case there was neither history of hyperemesis, toxæmia or bleeding nor was there any problem till the patient delivered.

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See Fig. on Art Paper I