

HYDATIDIFORM MOLE ASSOCIATED WITH A FOETUS

by

NIDHI SHARMA,* M.D.

FARHAT HAMID,** M.D.

BILQUIS JAMILA,*** M.D.

and

GIRIJA DHAR,**** F.R.C.S., D.R.C.O.G. (London)

Introduction

The association of foetus with hydatidiform mole is a rare condition as seen by the incidence quoted by Beischer (1961) as 1:100,000 pregnancies while Jones and Lauersen (1975) state 1:22,000 pregnancies. Since this condition is rare, it is being reported.

CASE REPORT

The patient Mrs. R.G.D., aged 30 years was admitted in Govt. Women Hospital, Srinagar at 6.30 P.M. on 13th November 1980, with a history of 3 months amenorrhoea and vaginal bleeding for 6½ hours. She was gravida 5, para 4 with full term normal deliveries. Her last delivery was 8 months back. There was no history of abortions or previous molar pregnancy. There was no history of associated hyperemesis. Her menstrual cycles were regular, but the date of last menstrual period was not known.

Examination

The patient was pale looking, severely anaemic,

*Registrar.

**Lecturer.

***Assistant Professor.

****Prof. & Head Department of Obstetrics & Gynaecology, Govt. Medical College, Srinagar-Kashmir.

Accepted for publication on 31-1-81.

(Hb, 6.2 gm). Pulse 120/minute, blood pressure 130/100 m.m. Hg., no oedema and a clear chest.

Local examination showed a fundal height of 36 weeks and the uterus was soft to feel and not doughy. Foetal parts were not felt and it was confirmed on X-ray of the abdomen. Mild contractions of the uterus were felt. On vaginal examination, external bleeding was nil, Os parous and through it something soft was felt. Provisional diagnosis of hydatidiform mole was made which was confirmed by X-ray.

The patient was given two pints of whole blood, injection calmpose 1 ampoule intramuscularly along with the antibiotics. The patient started bleeding at 10.00 P.M. the same night and an intravenous drip of 5% dextrose with 10 units of syntocinon in the drip was started. At 10.45 P.M. the patient started to expel the mole. The concentration of syntocinon in the drip was raised to 25 units. The patient expelled a massive quantity of mole. The syntocinon drip was continued, but there was no further expulsion. At 12.00 midnight, the uterus still seemed quite big and so a vaginal examination was done. A foetus corresponding to 3 months amenorrhoea was removed (photograph) from the uterus from which it had not been expelled along with the hydatidiform mole. Check curettage was performed after one week and the curettings sent for histopathological examination. The patient was discharged after 10 days. The uterus was well involuted on discharge.

See Fig. on Art Paper III