

RECURRENT HYDATIDIFORM MOLE

by

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Recurrent hydatidiform mole, although not infrequent, has only been rarely reported. Hsu *et al* in 1963 reported a case of patient with 8 consecutive hydatidiform moles. Wu in 1973 reported a case with 9 consecutive molar pregnancies. We report a case who had conservative 5 molar pregnancies without any normal pregnancy in between.

CASE REPORT

M.D., 35 years was admitted on 5th September 1980 with history of amenorrhoea for 5 months without any foetal movements. There was previous history of 4 consecutive molar pregnancies without any normal pregnancy in between. She was married 16 years back, and all of her 4 pregnancies were molar. In 1966, patient had amenorrhoea for 3 months then she started having vaginal bleeding and was diagnosed as a case of hydatidiform mole for which evacuation was performed. She did not conceive till 1970 but next time also she had molar pregnancy of 3 months for which evacuation was done. In 1973, she had molar pregnancy of 4 months which was expelled spontaneously. In 1976, the patient had molar pregnancy of 5 months for which suction evacuation was done at our hospital. Patient was under follow-up since then. In 1980, on 5th September she was again admitted with history of amenorrhoea for 5 months without any foetal movements.

On examination, a moderately built patient had mild pallor and mild pedal oedema. Abdominal examination revealed uterus of 24 weeks size. External ballotment was not appreciable. Foetal heart sounds could not be heard even with Daptone. On bimanual examination, uterus was 24 weeks size. Internal ballotment was absent. Bilateral cystic enlargement of both ovaries of the size of 5 cms x 5 cms could be made out. There was no vaginal bleeding. With these findings and previous history of molar pregnancy, a diagnosis of hydatidiform mole was considered.

Investigations revealed Hb%—10 gm%, Total Leucocyte Count—10,000/cu. mm. Gravindex test in 1:200 dilution was positive. Skiagram of the chest was normal. Blood group of both husband and wife was B +ve.

Suction evacuation was performed under general anaesthesia after starting 10 units of syntocinon drip. Vesicles were of quite large size. The vesicles attached to uterine wall, were comparatively smaller and were sent for histopathology and it was reported as benign hydatidiform mole.

After one week, all the tests were repeated and curettage was done. Gravindex test was negative in undiluted urine. The chromosomal analysis of vesicles and also of wife and husband were contemplated but was abandoned due to some constraints. The patient is being followed-up and has no complaints.

References

1. Hsu, C. T., Lai, C. H., Changchien, C. L. and Changchien, B. C.: *Am. J. Obstet. Gynec.* 87: 543, 1963.
2. Wu, F. Y. W.: *Obstet. Gynec.* 41: 200, 1973.

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Accepted for publication on 10-4-81.