

## HYDATIDIFORM MOLE WITH A CO-EXISTENT FOETUS

by

KHANNA ANURADHA,\* M.B.,B.S., M.D.

and

KHANNA SHAIL,\*\* M.B.,B.S., M.S.

Hydatidiform mole with a co-existent foetus is not a very common entity. Incidence of co-existent foetus with mole is about 5.9% in Beischer and Fortune (1968) series of 285 patients. Its incidence is 1:10,000 to 1:1,00,000 pregnancies (Beischer, 1961). Jones and Lauresen (1975) described hydatidiform mole with a co-existent foetus 8 times in 1,75,000 pregnancies.

### CASE REPORT

Mrs. S. B., 7th gravida aged 32 years was admitted on 5th June 1979 with history of amenorrhoea for 4 months and vaginal bleeding continuously for last 1 month. She had 4 full term normal home deliveries with 2 spontaneous abortions at 3 months in between. Her last delivery 2 years back was of a normal full term male child. Last abortion was 4 years back. Patient was not lactating at present. Her previous cycles were normal.

On examination, she had poor general condition, thin built and mild pallor. Pulse rate was 100/min. and B.P. was 150/100 mm. Hg. No pedal oedema. Cardiovascular and respiratory systems were normal except tachycardia and tachypnoea. On examination of abdomen, uterus was of 30 weeks size. No foetal parts were felt. Foetal heart sounds were not audible even by Daptone. On vaginal and speculum

examination, grape like masses were coming out through os with dark blood. Cervical os was admitting one finger. Soft tissues were felt. No foetal parts could be felt. Uterine size was 30 weeks. Fornices were clear. Internal ballotment was absent.

Investigations revealed Hb% — 6.0 gm%, albuminuria was present. Blood grouping of both wife and husband was 'A' +ve. A diagnosis of hydatidiform mole was made. On the day of admission, patient was given 2 units blood transfusion. After starting 10 units of syntocinon drip, suction evacuation was done under general anaesthesia. During evacuation, macerated foetal parts were sucked on cannula and were removed. Molar tissue was sent for histopathology and it confirmed vesicular mole.

Patient had profuse bleeding at the time of evacuation but she was resuscitated by I.V. infusions and blood transfusion. She made an uneventful recovery and was discharged after 1 month. In the mean time, her Hb% was built upto 10.5 gm% by blood transfusions and haematinics.

At 6 weeks' check up she was bleeding off and on per vaginum. Pelvic examination was normal. X-Ray chest was normal. Pregnancy test was negative.

### Discussion

Absolute confirmation of the diagnosis of mole is obtained by observation of typical vesicles. If the pregnancy has passed 18 weeks, failure to demonstrate a foetal skeleton radiologically or by ultrasound is suggestive of mole; positive demonstration of foetal parts is said to be valuable contrary evidence, but because

\*Lecturer.

\*\*Lecturer.

Department of Obstetrics and Gynaecology,  
Institute of Medical Sciences, Banaras Hindu  
University, Varanasi-221 005.

Accepted for publication on 24-9-81.

