HYDATIDIFORM MOLE WITH COEXISTENT FOETUS

by S. N. Goswami

Introduction

Hydatidiform mole with a coexistent foetus is a rare clinical condition. The reported incidence of this condition varies from I: 10,000 (Bowles, 1943) to I: 200,000 (Beischer, 1966) pregnancies. The molar transformation of placenta may be partial or complete and it may occur in a single or a multiple pregnancy. If it occurs in a single placenta, it may be stated that the death of the embryo is not the primary factor in the process of vesicular transformation of placenta (Jones et al, 1975). Besides, multiple congenital abnormalities of the foetuses are often found in association with partial molar degeneration of single placentae (Beischer, 1966).

In view of its rarity a case of partial molar degeneration of a single placenta with a coexistent foetus is presented.

CASE REPORT

Mrs. A. M., primigravida, 18 years, was admitted on 25-8-82 with the history of 5 months

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amenorrhoea, vaginal bleeding for 5 days and pain in the abdomen for 2 days. Her L.M.P. was on 18th March, 1982 with history of regular cycles previously. On examination, her general condition was fair, pulse—96/min, B.P.—130/80 mm Hg, temperature—normal, pallor +, oedema—absent and heart, lungs and C.N.S. were normal. Abdominal examination revealed 26 weeks size of uterus with mild contraction, palpable foetal parts with absence of foetal heart sounds.

At 9.15 p.m. on 25-8-82 the patient aborted a stillborn female foetus of about 20 weeks along with the placenta and the membranes. There was a big retroplacental clot and half of the placenta was found to be converted into vesicular moles. There was no PPH. Ergometrine was injected and another bottle of 5% Dextrose with 10 units of syntocinon was infused. Macroscopically, the foetus was a female one of about 20 weeks gestation size (Fig. I) without any apparent congenital abnormality.

Follow-up: She reported for checkup after 3 weeks. She had no complaints and abdominal and pelvic examination did not reveal any abnormality. Her urinary pregnancy test was negative after 3 weeks. As she was a patient from nearby locality, she was visited at her home in the month of February, 1984 when she was found pregnant for about 32 weeks. Subsequent enquiry has revealed that she had a normal vaginal delivery at home on 20th April, 1984 and so far she is not having any other complication.