Gestational Trophoblastic Disease : Two Unusual Presentations

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Two Interesting cases of Gestational Trophoblastic Disease are being reported for it's unusual and diverse presentations

Perforating Invasive Molar Pregnancy which presented as a ruptured Ectopic

Poonam Devi, 22 yrs., P1 (3 Yrs old), admitted on 21.7.98 in shock, with history of 10 wks. amenorrhoea and fainting attacks since 1 hour. On examination patient was extremely pale with hypotension and tender lower abdomen. On P/V exam uterus was found to be bulky tender with fullness in all the fornices. Ultrasound examination showed irregular mass of variable echogenicity in uterine area with collection in POD. A provisional diagnosis of ruptured tubal gestation was made and emergency laparotomy was done after resuscitating the patient. Her Hb% was 8.8gms and blood group was B+ve.

On laparotomy, uterus was found enlarged to 10 wks. Molar tissues were seen perforating the anterior wall and fundus of uterus with irregular rupture of anterior wall of about 1.5" near fundus and another perforation lower down with blood gushing out through these. There was about 3 litres of blood in peritoneal cavity. In view of excessive uncontrollable bleeding and irregular rupture of uterus, hysterectomy was decided. Both ovaries were normal and conserved. 4 units of blood were transfused and patient's post βHCG on 22.7.98 was 212.8 MIU/ml and Urine HCG +ve in 1:16 dilution.

She was started on Inj. Methotrexate with Inj. Leucovorin for 6 days and continued 3 weekly for 6 months till her serum βHCG started a decreasing trend.

Persistant Molar Pregnancy with Haematuria

Renu Pandey, 23 yrs Primi came with 3 months amenorrhoea followed by bleeding PV on 25.12.97. On P/V exam uterus was enlarged to 10-12 wks size, os admitted 1 finger, adnexa normal and vagina was full of clots. Her Hb% was 7.2gms, blood group was B+ve.

After transfusing one unit of blood, evacuation of uterine cavity was done. Molar tissues were removed. Histopathology report showed Partial Mole. X-ray chest was normal, urine HCG +ve in 1:128 dilution on 27.12.97 and 1:256 dilution on 6.1.98. Repeat evacuation done on 6.1.98., and plenty of old products of conception removed.

Patient was lost for follow up. She was readmitted on 17.2.98 in surgical ward with hematuria investigations showed –Urine R+D –RBC+++, U/C-sterile, Hb% 7.2gms, Platelets-adequate, Blood Urea, S Creatinine, S Uric acid – WNL. Ultrasound showed hydronephrosis of left kidney, and persistent mole in uterine cavity. IVP confirmed hydronephrosis. Nuclear scan showed normal renal function. Cystoscopy did not show any bladder lesion, but mucosa was congested and oedematous. Serum βHCG was 237 MIU/ml. She was started on Inj Methotrexate (50mg) and Inj Leucovorin (6mg) alternate days for 6 days. Course was repeated 2 weekly for 5 courses.

On 9.3.98 her Serum βHCG came down to 37 MIU/ml. Finally it was negative on 3.5.98. Her hematuria disappeared and she started her regular periods.

She was followed up for one year, and her βHCG remained negative and patient is healthy.