

Perforating Molar Pregnancy Leading to Massive Haemoperitoneum

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Mrs Champaben aged 20 yrs, G2P0A1 was admitted on 8-1-2000 at Sheth V.S. General Hospital with acute abdominal pain since 9-00 a.m. She had h/o two and half months amenorrhoea. She had undergone D&E before three and half months for inevitable abortion. Her L.M.P was 25-10-99.

- Abdominal Paracentesis: Suggestive of haemoperitoneum.
- Transabdominal U.S.G.: Uterus was enlarged and cavity was filled with small cystic, fluid containing spaces occupying 12 x 8 cms space (snow storm appearance). (Fig. I) Anterior wall of uterus was 1 cm thick. Posterior wall of uterus was difficult to trace. Near the fundus there was another area of snow storm appearance, measuring 5x3 cm size, which was not surrounded by uterine musculature, but surrounded by large amount of free fluid. Large amount of free fluid was noted in pelvis & abdomen (Fig. II).

Diagnosis: Perforating vesicular mole with massive haemoperitoneum.

- X-ray chest (P-A view): Normal
- Serum β HCG was sent.



Fig. I: Snow-storm appearance of vesicular mole, small bunch of vesicles are seen protruding from uterine cavity near fundus.

She had pallor ++, pulse 130/min, BP 90/70mm of Hg.

- P/A examination: Abdominal distension+, Tenderness & rigidity in lower abdomen.
- P/V examination: cervical movement tender, cervix soft, os closed, bulging of all fornices. It was very difficult to make out exact size of uterus, as she was keeping the abdomen very tight.
- Urine Pregnancy Test: Positive

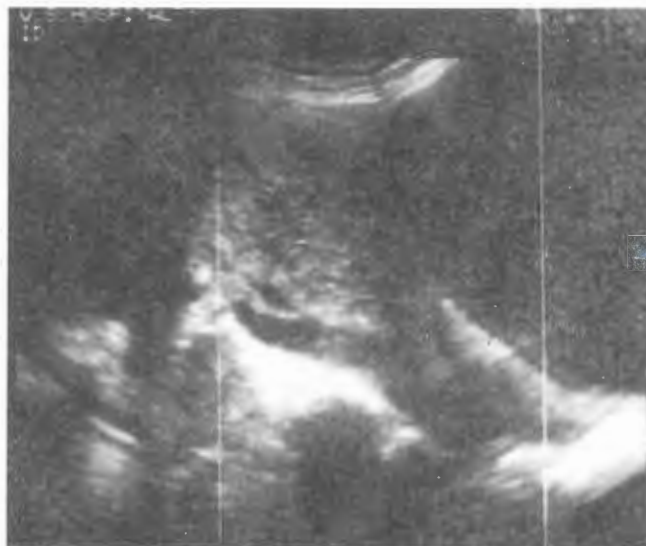


Fig. II: Free fluid seen in pelvis.

- Immediate laparotomy was done
- Per op finding: massive haemoperitoneum. rent of 1x1cm size on posterior aspect of fundus through which bunch of vesicles were protruding. Both tubes & ovaries were normal. Uterus was enlarged (16 week size). Posterior uterine wall - very thin, friable & vascular.

Through the rent, all vesicles were evacuated with Karman's canula but it was difficult to decide about complete evacuation. 1.5 cm long incision was taken on anterior uterine wall & remaining vesicles were evacuated & completion of evacuation was confirmed. Both anterior incision & rent were closed with vicryl No 1/0, mattress stitches.

She was given 6 units of blood.

She was given methotrexate after 1 week of surgery.

| Date | S _β HCG titre | USG report |
|-----------|--------------------------|--|
| 8-1-2000 | 2,30,000mIU/ml | mentioned above |
| 15-1-2000 | 30,000 mIU/ml | Bilateral multiseptate ovaries Rt: 7x6cm L: 6x6cm |
| 8-2-2000 | 900mIU/ml | - Uterus - Normal size endometrium 4mm thick Both ovaries normal |

She was advised to see us at regular interval for follow up and to avoid pregnancy for a year.