

Case Report: A Rare Case of a Complete Hydatiform Mole and Surviving Twin Pregnancy



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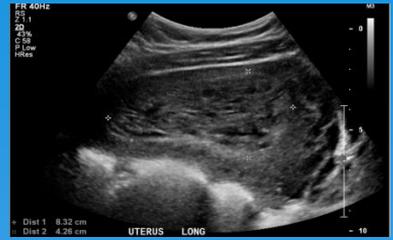
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Introduction

- Complete hydatiform mole with a healthy twin pregnancy (CHMT) is rare.
- Incidence estimated at 1 in 22000-100000¹.
- Associated with increased risk of haemorrhage, severe early onset preeclampsia, preterm delivery, fetal death and persistent gestational trophoblastic disease (PGTD)².
- Diagnosis usually based on ultrasound examination: characteristic vesicular sonographic pattern with marked oedema and large haemorrhagic areas. Serial beta HCG levels directly correlate to growth or degeneration of the abnormal trophoblastic tissue and aid initial diagnosis, prognosis of viability and risk of development of PGTD³.



USS 12 weeks



USS 19 weeks

Case Description

- 21 yo Afghan primip.
- Conceived naturally on Metformin 500mg daily for treatment of PCOS.
- Dating USS 8 weeks gestation demonstrated live single intrauterine fetus with a complex collection adjacent to the gestational sac in keeping with a subchorionic bleed.
- Serial USS at 12, 19 and 37 weeks gestation consistently reported a mass anterior to the gestational sac and separate to the posterior placenta.
- The mass was consistently assessed to be void of sinister features and reported as a hematoma.
- Serum free betaHCG levels at 12 weeks gestation were 5.61 MoM and 222800 IU/L by 24 weeks.
- Spontaneous normal vaginal delivery at 38 weeks: healthy female, 3100g.
- Placenta: Discoid shape with an accessory lobe which showed infarcted complete hydatiform molar changes.
- Karyotyping not performed as no fresh tissue was available for analysis.
- Postnatally serial beta HCG progressively declined with levels <5.0 after 5 weeks.
- Immunohistochemical staining: p57 negative - complete hydatiform mole.

Discussion

- CHMT is rare.
- Antenatal diagnosis can be missed with misinterpretation of sonographic findings to be consistent with a haematoma.
- Significantly raised free betaHCG at first trimester screen in conjunction with a suspicious mass adjacent to the placenta on USS should raise clinical suspicion of a CHMT.



Placenta: Molar trophoblast;
p57 negative

References

- 1 Dolapcioglu K et al, Twin pregnancy with a complete hydatiform mole and co-existent live fetus: two case reports and review of the literature, Arch Gynecol Obstet. 2009, 279, 431-436.
- 2 Miskovic B et al, Complete hydatiform mole and coexisting healthy twin: A rare case of benign form, Journal Maternal-Fetal and Neonatal Medicine. Dec 2006, 19(12), 823-828.
- 3 Ozarpaci C et al, Complete hydatiform mole with coexistent live fetus in dichorionic twin gestation., Arch Gynecol Obstet. 2005; 271, 270-273.