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Case Report: Complete Hydatidi form mole coexisting with a live fetus (HMTF) delivered by Hysterotomy at 19 week 5 day gestation

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***Abstract:* — Twin pregnancy consisting of a complete hydatidiform mole coexisting with a live fetus is a rare condition with an incidence of 1 in 22 000 to 1 in 100 000 pregnancies. Clinical information is limited and management is difficult due to the risk of pregnancy complications such as fetal death, vaginal bleeding, preeclampsia, hyperthyroidism, and the risk of persistent gestational trophoblastic disease. We report a case of complete mole and coexisting fetus delivered at 20 weeks of gestation by hysterotomy.**

I. INTRODUCTION

Twin pregnancy consisting of a complete hydatidiform mole coexisting with a live fetus is a rare condition with an incidence of 1 in 22 000 to 1 in 100 000 pregnancies. Clinical information is limited and management is difficult due to the risk of pregnancy complications such as fetal death, vaginal bleeding, preeclampsia, hyperthyroidism, and the risk of persistent gestational trophoblastic disease. We report a case of complete mole and coexisting fetus delivered at 20 weeks of gestation by hysterotomy.

CASE:

A 21-year-old female, G3 P0 A2, was referred from a private hospital with suspected complete vesicular mole with twin pregnancy at 19 wk 2 days gestation. USG suggestive of single live intrauterine fetus with variable presentation with 21 wk 3 day maturity with good amount of liquour. Fetal cardiac activity was present and placenta was posterior more towards left side. There was e/o abnormal multicystic vascular tissue located filling more than half of uterine cavity predominantly on inferior and right side. The lesion shows multiple variable sized well defined vesicles. On per abdominal examination uterus was 32 wk size larger than week of gestation and FHS were not located on stethoscope and per vaginal examination there was no active bleeding and patient was not in labour. Her B HCG was 7,50,000 mIU/ml and shielded chest x-ray was normal. . Patient was managed conservatively for 3 day. Patient had another episode of bleeding per vaginum after 3 days and patient was in labour and active bleeding was present. In view of hypotension and severe bleeding patient was shifted to operation theatre.Emegency Hysterotomy f/b evacuation of complete mole and extraction of fetus done. Molar pregnancy and placenta of normal fetus sent for histopathological examination. Histopathology report suggestive of Complete Hydatidiform Mole and No evidence of malignancy seen. Karyotyping was 46 XY with no chromosomal abnormality. Post op USG and chest x-ray was normal. Serum B HCG was done on day 3rd and day 7 which was > 2,25,000 mIU/ml and 43619.55 mIU/ml. On 15th day B HCG was repeated which was 6982.68 mIU/ml. B HCG was normalized within 12 week without any chemotherapy.

II. CONCLUSION

The coexistence of a twin pregnancy with a viable fetus in one sac and mole affecting the other twin is a very rare incidence. The obstetric outcome usually culminates in spontaneous abortion/ iatrogenic termination due to the inherent complications of the. Also there is a greater risk of recurrent/persistent gestational neoplasia in a coexistent twin pregnancy with an associated mole. Management of multiple pregnancy with a CHMCF still remains uncertain, In the past, most CHMF gestations were terminated immediately following diagnosis because of poor information concerning clinical features and natural history. Strict guidelines, therefore, need to be laid in such cases for obstetric vigilance. However, treatment criteria still need improvement, and intensive maternal follow-up with serial radiologic examinations and β-hCG level monitoring is necessary during antenatal care and postpartum.