Partial hydatiform mole and hyper stimulated ovaries associated to triploidy

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Objective
The importance of prenatal ultrasound in detecting triploidy.

Methods
Case report.

Results
Patient aged 25 years, non consanguineous marriage, G2P1 admitted in our department for abnormality of the placenta and polycystic ovaries at 18 weeks of gestation. Morphological ultrasound found a female fetus with harmonious intrauterine growth retardation (< 3rd percentile), a small cerebellum (< 2nd percentile), with no other associated anomalies. Additional exploration revealed an anterior low inserted placenta with an hematoma. We also noted the presence of several anechoic lacunas with different sizes. Maternal ovaries were increased in size with an aspect reminiscent of overstimulated ovaries. The value of hCG was 180 000 IU. Amniocentesis revealed triploidy 69, XXX. A termination of pregnancy was carried out at 20 weeks’ gestation by hysterotomy. The autopsy found a multivesicular placenta with a large marginal hematoma. The fetus did not have any abnormalities.

Conclusion
Adnexal abnormalities alone can be indicative of serious chromosomal aberrations. Cystic placenta associated to large multifollicular ovaries allowed us to diagnose triploidy. We conclude that the ultrasound study of the placenta and ovaries during the first and second trimester of pregnancy is crucial.