

A case of a partially hydatidiform mole complicated by pre-eclampsia

Kirbas A, Biberoglu E, Dede H, Yücel A, Dikici T, Uygur D, Danisman N
Zekai Tahir Burak Women's Health Education and Research Hospital, Ankara, Turkey

Objective

A 27 year old woman gravida 2, parity 1 presented with headache, nausea, dyspnea at 20 weeks' gestation. Blood pressure was very high (160/100 mmHg) and there was markedly proteinuria (+3).

Methods

Detailed ultrasonography demonstrated a large multicystic placenta without dilated vessels around the cysts and a growth retarded live female fetus that was compatible with 17-18 weeks' gestation (Figure 1). She had severe dyspnea and her oxygen saturation level was 80%. Her chest X-ray graph showed bilateral massive pleural effusion. Markedly elevated quantitative human chorionic gonadotropin (210.000 mIU/mL) and a moderately thickened placenta were the sole clinical features suggestive of a partial molar gestation complicating with preeclampsia. The pregnancy was terminated by vaginally. She was followed up intensive care unit for two days. The patient's blood pressure rapidly normalized two days after delivery. Dyspnea disappeared one day later. Pathologic and cytogenetic analyses revealed a triploid fetus (69, XXX). Two weeks after delivery; the serum β -hCG level was 966 mIU/mL and normalized gradually within 6 months without any cytotoxic therapy and with no evidence of persistent or metastatic disease.

Results

Figure 1. Ultrasonography shows endometrial cavity containing multiple small cystic spaces, creating a characteristic "snowstorm" and "cluster of grapes" appearance with a live fetus. Figure 2. Bilateral theca lutein cysts.

Conclusion

Hydatidiform mole is classified into 2 different subtypes, complete hydatidiform mole and partial or incomplete hydatidiform mole based on the epidemiology, cytogenetics, pathology, natural history, and clinical presentation. Partial hydatidiform mole results from fertilization of a normal egg by two copies of the paternal genome (either a duplicated spermatozoon or two spermatozoa), producing a monogynic, diandric triploidy (usually 69, XXY; or 69, XXX). Development of preeclampsia/eclampsia prior to 20 weeks of gestation should prompt a clinical evaluation to exclude the possibility of an underlying hydatidiform molar pregnancy. Ultrasonography is the initial investigation of choice for the detection of hydatidiform mole. Clinical and laboratory abnormalities may favor a diagnosis of hydatidiform mole and ultrasonography should be performed in all suspected cases to exclude a normal pregnancy and confirm this diagnosis.