Undiagnosed complete hydatidiform mole with a co-existing twin and placenta praevia
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Objective
Complete hydatidiform molar pregnancy associated with twin pregnancy and a normal foetus (CHMF) is an infrequently encountered obstetric challenge. Concomitant hyperemesis, maternal thyrotoxicosis, preeclampsia and vaginal bleeding are familiar findings in patients with CHMF. Herein, we describe a patient in the second trimester who had to undergo emergency hysterotomy due to extensive vaginal bleeding and impending hypovolemic shock (with the superimposed indication of placenta praevia), during which a surprise twin pregnancy associated with CHM was discovered.

Methods
A 24-year-old, G2, P1, presented at Hitit University Teaching and Training Hospital Emergency Ward with profuse vaginal bleeding. She came from a poor socioeconomic background, and had only attended one obstetric assessment despite being 21 weeks pregnant. Since the patient had not received any obstetrics care, beta-hCG levels, first trimester screen, anomaly scan or aneuploidy testing were not applicable. Her arterial blood pressure was recorded as 70/40 mmHg, pulse 90 bpm and her general state was suggestive of hypovolemia. Immediate ultrasound revealed a non-viable foetus and a posteriorly located placenta in contact with the internal cervical os (placenta praevia). The placenta also had a thick and multi cystic appearance.

Results
Hysterotomy was performed. Upon entering the uterus a large vesicular edematous placenta was manually extracted along with an age-appropriate placenta and a non-viable 510gr male foetus. Histopathological evaluation confirmed complete hydatidiform molar pregnancy with a co-existing twin. The patient received appropriate replacement of blood products, and was discharged 8 days postoperatively. Her follow-up showed no signs of invasive or persistent trophoblastic disease.

Conclusion
To our knowledge, our report is the seventh case to associate a CHMF with placenta praevia. However this case is unique in that it demonstrates a patient of low socioeconomic background, with no obstetric follow-up, presenting for the first time with massive hemorrhagia due to a CHM in a praevia form and a coexisting intrauterine non-viable twin. Our patient was fortunate enough to have an immediate hysterotomy and recovered without the development of persistent trophoblastic disease. CHMF is associated with high risks for both the mother and fetus. Therefore in our opinion, termination of pregnancy termination in this situation is an advisable approach.