

A Rare Case of Ectopic Molar Pregnancy

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Abstract: ***Background:** The incidence of hydatidiform mole is 1 per 1000 pregnancies (1a). The occurrence of hydatidiform mole in ruptured tubal pregnancy is rare and consequently not often considered as a diagnostic possibility. The present case is an unusual case of ectopic molar pregnancy that highlights the importance of histopathological examination in presumed cases of ectopic pregnancy. **Case report:** 27 years old female with an obstetric score of G3P2L1 (NVDs) presented with chief complaints of amenorrhea since one and half months with mild abdominal pain since 1 day. Urine pregnancy test was positive. Haemodynamically, the patient was stable with a pulse of 80beats/min and a blood pressure of 120/70mmHg. Soft abdomen with tenderness in the right lower abdomen. Vaginal examination revealed presence of enlarged uterus with right sided adnexal tenderness with tender cervical movements and slight vaginal bleeding. Routine haematological and biochemical examinations were within normal limits. Pelvic ultrasound confirmed presence of a ruptured right tubal ectopic pregnancy with moderate amount of free fluid in POD. The patient was treated surgically and histopathological examination revealed presence ectopic molar pregnancy. The patient was scheduled for close follow up and counseling to reduce progression to Choriocarcinoma. **Conclusion:** The case highlights the importance of HPE in presumed ectopic pregnancy cases undergoing surgical treatment in-order to diagnose ectopic molar gestations early and their subsequent post treatment surveillance.*

Keywords: Ectopic Molar Pregnancy

1. Introduction

Hydatiform mole (also known as molar pregnancy) is a subcategory of diseases under gestational trophoblastic disease (GTD), which originates from the placenta and can metastasize. (1b)

Hydatiform mole (HM) is categorized as a complete and partial mole and is usually considered the noninvasive form of gestational trophoblastic disease. Although hydatiform moles are usually considered benign, they are premalignant and do have the potential to become malignant and invasive. (1b)

The combination of an event of mole with an ectopic gestation is extremely rare, and preoperative diagnosis is difficult. Usually, a hydatidiform mole (HM) develops inside the uterus. Ectopic molar pregnancy is rare and has been reported in the fallopian tube (2), in the cervical canal (3), in the uterine cornua (4) and even in the ovary (5). The occurrence of HM in ruptured tubal pregnancy is exceptional. Cases reported in the literature are scarce.

2. Case Report

27 years old female with an obstetric score of G3P2L1 (NVDs) presented with chief complaints of amenorrhea since one and half months with mild abdominal pain since 1 day. Urine pregnancy test was done and was positive. Clinical examination revealed good general condition.

Haemodynamically, the patient was stable with a pulse rate of 80 beats/minute and a blood pressure of 120/70 mm Hg. Soft abdomen with tenderness in the right lower abdomen. Vaginal examination revealed presence of enlarged uterus with right sided adnexal tenderness with tender cervical movements and slight vaginal bleeding.

Routine haematological and biochemical examinations were within normal limits. Hemoglobin of 9g/dl and a beta hcg of 38,346 U/L

Pelvic ultrasound showed a right adnexal mass measuring 46 × 25mm adjacent to the right ovary presenting a scarce color doppler flow with moderate amount of haemoperitoneum noted in Morison's pouch. Immediate laprotomy was performed and intraoperatively ~4*2 cm right tubal mass found which was ruptured with a hemoperitoneum of approximately 500cc. Right salpingectomy was done and specimen sent for histopathological evaluation. The postoperative course was uneventful.

Histopathological findings revealed ruptured tube markedly dilated reddish with adherent large friable blood clot. Microscopic Sections showed hemorrhages, chorionic villi many of these markedly voluminous, pale and oedematous, surrounded by trophoblastic tissue giving an impression of products of conception with hydatidiform mole consistent with ectopic pregnancy Right Tube

The patient was followed with weekly quantitative B-hCG titers until three successive B-hCG levels were negative.

3. Discussion

Hydatidiform mole is basically an abnormal conceptus, due to abnormal fertilization which can be sub-classified into complete and partial moles based on morphological, pathological, and genetic differences (6,7)

In a complete mole, the chromosomal complement is 46,XX with the genome paternal in origin. This is usually caused by fertilization of an empty ovum by a haploid spermatozoon,

which subsequently duplicates. Occasionally cases occur by fertilization with two sperm [8]. In contrast, partial moles arise from dispermic fertilization of a haploid ovum, resulting in a triploid genome.

Clinically patients with hydatidiform mole complain of abdominal pain; some have vaginal bleeding. Ultrasonography hydatidiform mole will be like heterogeneous, hypo-echoic, solid mass with cystic vascular spaces. In comparison with partial moles, complete mole is easily detectable.

Histologically, molar pregnancy is an abnormal gestation characterized by the presence of hydropic change affecting some or all of the placental villi, accompanied by circumferential proliferation of trophoblasts. It is important to distinguish molar pregnancies from non-molar hydropic changes, because the former has the potential of causing persistent trophoblastic disease. Histological examination of the tubes is therefore mandatory in all ectopic pregnancies along with appropriate monitoring of beta-hCG titers of suspected ectopic pregnancy. It helps to diagnose persistent ectopic gestation and to rule out the presence of malignant trophoblastic disease

4. Conclusion

The reported case highlights the relevance of the histological examination of conceptus in presumed cases of all ectopic pregnancies undergoing surgical treatment. It is pertinent that clinicians take routine histological examination of tubal specimens in ectopic pregnancy very seriously in order to diagnose cases of ectopic molar gestations early and mount appropriate post treatment surveillance.

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