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First Trimester Hemorrhage Revealing A Partial Molar Pregnancy: About A Case

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ABSTRACT

Partial molar pregnancy is a triploid conception with a chromosomal lot of paternal origin. Progression to persistent trophoblastic disease, invasive mole or choriocarcinoma remains exceptional. We report the case of a 45-year-old woman who presented with heavy bleeding of genital origin and a partial molar pregnancy on ultrasound with no visible embryonic structure. Careful ultrasound-guided aspiration was performed under antibiotic and uterotonic cover, and the aspirate was sent for histological examination. The patient underwent monthly b-hCG monitoring for 6 months, with a final negativation.

Keywords

Partial molar, Trophoblastic disease, Invasive mole, Pregnancy.

Introduction

Genetically, a partial molar pregnancy is a triploid conception with a chromosomal lot of paternal origin [1]. The prognosis is favourable in the majority of cases, while progression to persistent trophoblastic disease, invasive mole or choriocarcinoma remains exceptional [2]. In this article, we report a case of a partial hydatidiform mole in a 43-year-old female patient, which was discovered after bleeding in the first trimester.

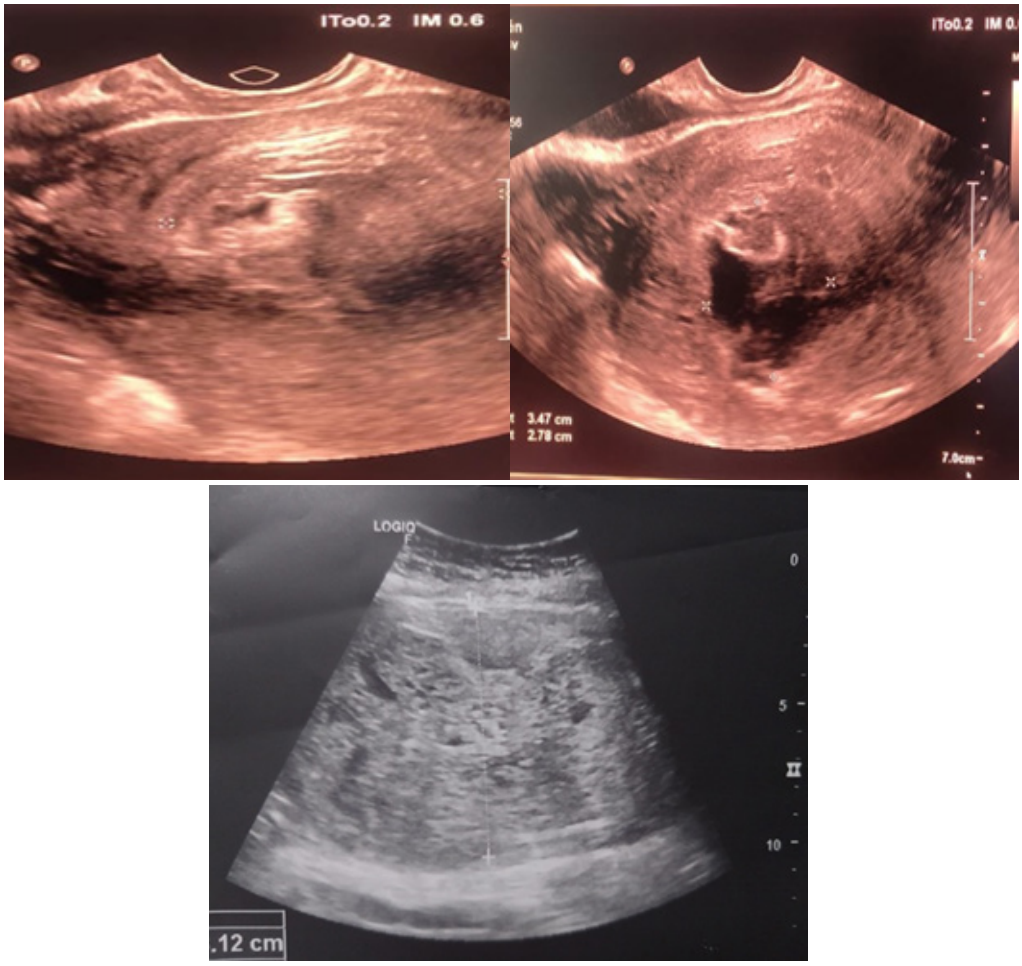
Case Report

Mrs Y.M., 45 years old, blood group A Rh+, mother of three children, with no particular pathological anamnesis, was admitted to the obstetric emergency unit because of heavy metrorrhagia, due to a 2-month delay in menstruation, which the patient had neglected and mistaken for perimenopausal cycle disturbances, and vomiting, which the patient had associated with gastritis and only consulted after the onset of the heavy metrorrhagia. On the day of admission, the examination revealed a conscious patient, 15/15, BP: 09/04, HR: 100 beats/min, well oriented in time and space, with a gynecological examination: abundant bleeding of genital origin, uterus enlarged to half the size of the umbilicus; the patient was taken directly to the operating room where an ultrasound scan was performed, which revealed a partial molar pregnancy with no visible embryonic structure (Figures 1,2,3).

The patient underwent careful ultrasound-guided aspiration under antibiotic and uterotonic cover and the aspirate was sent for histological examination. The patient underwent monthly b-hCG monitoring for 6 months and showed good progression and a negativation.

Discussion

Gestational trophoblastic disease is a group of pathologies affecting the placenta, an ephemeral organ that is not easily accessible. These pathologies may be malignant, invasive molar, choriocarcinoma, tumour of the placental implantation site, or benign, in particular molar pregnancy, which may be partial or complete. The incidence of molar pathology may vary from less than 1/1,000 pregnancies in developed countries to more than 1/400 in some developing countries. It is higher in South Asia, with a prevalence of 3.2 to 9.9



Figures 1,2,3: An ultrasound image with a partial molar pregnancy with no visible embryonic structure.

per 1000 pregnancies, than in Europe and North America. Europe and North America, where the incidence is between 0.5 and 1 per 1000 pregnancies [3]. Partial hydatidiform mole is more common than complete mole, with an incidence of 3 per 1000 births and 10 to 20% of spontaneous abortions [4].

The incidence of partial hydatidiform mole is directly related to maternal age, which is the main risk factor for the occurrence of this pregnancy, so as irregular menstrual cycles and OC for more than 4 years have also been identified as risk factors [5-7]. The partial molar pregnancy (or partial hydatidiform mole) is an unusual pathological pregnancy that results from a fertilisation between a normal egg and two spermatozoa or one abnormal spermatozoon. There is an embryo, but it is not viable and the placenta develops abnormally [8]. It is more common than a complete mole, with an incidence of 3 in 1000 births and 10 to 20% of spontaneous abortions [4]. The result of abnormal fertilisation, either of an oocyte with two spermatozoa or of an oocyte with a duplication of spermatozoa in the oocyte, the product of which is a monogynous, diandrous triploidy [9].

The diagnosis of partial hydatidiform mole is made on first-trimester ultrasound, and the frequency of triploidy and the possibility of exceptional progression to persistent or invasive trophoblastic disease mean that the pregnancy must be terminated [10,11]. In the presence of triploidy, the fetus cannot survive after birth due to multiple malformations and severe intrauterine growth retardation secondary to impaired placental circulation. The coexistence of a diploid fetus with PHM is therefore an extremely rare situation in which the fetus can survive to term.

Pregnancy evacuation remains urgent in the event of deteriorating maternal condition or fatal fetal anomaly [12]. The fetal prognosis in advanced pregnancy is directly related to: the fetal karyotype, the size of the abnormal placenta, the rate of molar degeneration and the onset of fetal anaemia or obstetric complications such as prematurity [13].

Conclusion

Although we are now fully aware of the pathophysiological mechanisms of chromosomal abnormalities in molar pregnancies, the partial form remains a confusing condition, as there are often no clinical arguments in favour of the diagnosis. Therefore, ultrasound exam and a regular β-HCG testing has a great value in the diagnosis of hemorrhage in the first trimester of pregnancy, allowing accurate diagnosis and effective management.

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