

# Hydatidiform mole in a 39-year-old woman

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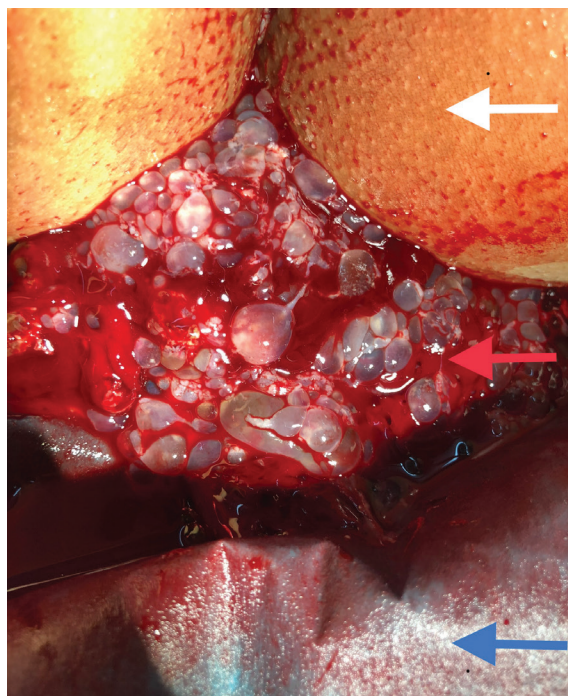
A 39-year-old woman (gravida 4, para 3) presented at 14 weeks' gestation to the emergency department with acute pelvic pain and substantial vaginal bleeding. Her blood pressure was 80/40 mmHg and heart rate 114 beats/min. She was afebrile. Clinical examination showed mild suprapubic tenderness with distention. Immediate point-of-care ultrasound showed that her uterus contained echogenic structures with a "snowstorm" appearance. There were no visible embryonic or fetal structures. On speculum examination, the patient's vagina was full of blood clots with grapelike vesicles (Figure 1). We resuscitated the patient with intravenous fluids and transfused her with 4 units of packed red blood cells. We performed an urgent operative cervical dilatation and ultrasound-guided aspiration of the uterine contents. She received 20 IU intravenous oxytocin and the vaginal bleeding stopped. Pathologic examination confirmed the clinical diagnosis of molar pregnancy, showing a noninvasive complete hydatidiform mole. Chromosomal study showed a diploid 46 XX karyotype. A metastatic assessment of the patient (a chest radiograph and an abdominopelvic ultrasound) was negative. At follow-up 8 weeks later, her serum  $\beta$  human chorionic gonadotropin (hCG) levels were undetectable.

Hydatidiform mole is a gestational disorder in which the trophoblast proliferates uncontrollably, forming hydropic vesicles.<sup>1</sup> A complete hydatidiform mole is diploid and the result of an anucleate egg cell with only paternal DNA owing to duplication of a single sperm or, infrequently, 2 sperm. A partial mole is triploid and results from fertilization between a normal egg and duplicated sperm or 2 sperm. Neither pregnancy is viable.<sup>2,3</sup> The frequency of molar pregnancy varies from fewer than 1 in 1000 pregnancies in high-income countries, to more than 1 in 400 in lower-income countries.<sup>3,4</sup>

Molar pregnancies present 2 serious threats for maternal morbidity and mortality: hemorrhage and neoplastic disease. The risk of hemorrhage is decreased with early diagnosis, before 12 weeks. Gestational trophoblastic neoplasia is diagnosed through serial hCG monitoring and imaging. Evidence of persistent elevation of serum hCG or metastases outside the uterus to pelvis, lung or beyond requires further treatment with chemotherapy.<sup>3</sup>

## References

1. Lurain JR. Gestational trophoblastic disease: epidemiology, pathology, clinical presentation and diagnosis of gestational trophoblastic disease, and management of hydatidiform mole. *Am J Obstet Gynecol* 2010;203:531-9.
2. Sebire N, Fisher R, Foskett M, et al. Risk of recurrent hydatidiform mole and subsequent pregnancy outcome following complete or partial hydatidiform molar pregnancy. *BJOG* 2003;110:22-6.
3. Eiriksson L, Dean E, Sebastianelli A, et al. Guideline No. 408: management of gestational trophoblastic diseases. *J Obstet Gynaecol Can* 2021;43:91-105.e1.
4. Ngan HYS, Seckl MJ, Berkowitz RS, et al. Update on the diagnosis and management of gestational trophoblastic disease. *Int J Gynaecol Obstet*. 2018;143:79-85.



**Figure 1:** Photograph of a patient in the lithotomy position with heavy bleeding of vulvar origin, showing patient's legs (white arrow); characteristic appearance of a hydatidiform mole (red arrow), with vesicles of variable size (from a few millimetres to 1.5–2 cm in diameter) with transparent walls; blood clots and fragments of the endometrial decidua; and surgical drapes (blue arrow).

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