A case of persistent intrauterine gestational trophoblastic disease (GTD)

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Background

Persistent trophoblastic disease is rare in pregnancy. It's an uncommon tumour of placenta tissue. There are 2 subtypes: complete and partial hydatidiform moles . Risk of recurrence is 1% compared to 0.1% incidence in the general population[1-2]

Case Report

30yo primigravida woman with no significant past medical history. She had a missed miscarriage at 8 weeks gestation with bHCG of 19000. She had an US guided uncomplicated suction evacuation dilation and curettage (D&C). Products resembled grape like clusters (Figure 1). Histopathology revealed a partial molar pregnancy.

Weekly bHCG surveillance :
19,000→Post D&C (81→12→112→4000)

She presented to ED 5 weeks post surgery with vaginal bleeding, abdominal cramping and bHCG of 8000 ,and an episode of unprotected sexual intercourse 3 weeks ago.

Ultrasound revealed a heterogenous endometrium with cystic changes and slightly increased vascularity.

Differential diagnosis at the time was a new pregnancy with miscarriage vs GTD progression.

A second hysteroscopy D&C was performed and histopathology revealed partial molar however choriocarcinoma was not entirely excluded.

A gynae-oncology and second pathologist opinion confirmed a final diagnosis was partial molar pregnancy.

She underwent weekly bHCG surveillance for 3 weeks till negative bHCG levels with Queensland trophoblastic centre. She became pregnant 12 months post and achieved a spontaneous vaginal delivery with normal placental histopathology and negative bHCG levels 6 weeks post delivery.

Case Report Imaging

Figure 1. Hysteroscopy showing grape cluster like contents in the endometrium

Discussion

Persistent GTD is usually made via persistently elevated bHCG levels post molar pregnancy. A rise of greater than 10% or fall of less than 10% of bHCG levels over 3 weeks confirms the diagnosis[3]. It can lead to gestational trophoblastic neoplasia (GTN). Treatment options for GTN include chemotherapy, suction evacuation D& C and hysterectomy. Patient require regular protocols and follow up. The recommended follow up for partial molar pregnancy is 3x weekly bHCG until negative (<5). For complete molar pregnancy ,a continuation of monthly bHCG levels are required for 6 months[3].

References

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