Double, not so trouble – A case of a complete hydatidiform mole and a coexistent fetus (CHMCF)

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Background

Complete hydatidiform mole with a coexistent fetus (CHMCF) is a rare condition associated with significant maternal and fetal risks. Reported outcomes are often poor, and there is limited guidance regarding optimal management.

Aim

To present a case of CHMCF resulting in a successful live birth, highlighting diagnostic challenges and expectant management.

Case

A 27-year-old multiparous woman was referred to maternal fetal medicine following an 11-week ultrasound demonstrating a viable intrauterine pregnancy with an adjacent complex cystic mass. She was asymptomatic, with no history of bleeding or hyperemesis. A repeat scan at 12 weeks confirmed an avascular cystic lesion separate from the placenta. Differential diagnoses included CHMCF, partial hydatidiform mole with triploidy, and placental mesenchymal dysplasia.

Chorionic villus sampling of the viable fetus demonstrated a normal array, excluding triploidy. The cystic mass persisted throughout pregnancy. The patient underwent close surveillance, including fortnightly blood pressure and urine protein monitoring. At 38+3 weeks, she underwent elective caesarean section for breech presentation following unsuccessful external cephalic version.

Results

A live infant was delivered with good outcome. Postpartum haemorrhage (650 mL) was managed medically. Serial β-hCG levels demonstrated an appropriate decline postpartum, with no evidence of persistent trophoblastic disease.

Discussion

CHMCF pregnancies pose significant management challenges due to competing maternal and fetal risks, including preeclampsia and gestational trophoblastic neoplasia. This case demonstrates that, with careful selection and close monitoring, expectant management can result in favourable outcomes.