Health
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A 24 week uterine size presentation of a complete molar pregnancy: Case Report

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Background

Gestational Trophoblastic Disease (GTD) refers to a rare group of disorders related to abnormal placental trophoblastic development.[1] The incidence of GTD is 1 in 200 to 1000 pregnancies. Molar pregnancies which form a subgroup of GTD, are usually detected in early pregnancy by ultrasound and are associated with significantly elevated beta-hCG levels.

Case

A 45 year old multiparous female presented to hospital a month after being lost to follow up with uterus measuring 22x13x18 centimetres and approximately 24 weeks in uterine size with a molar pregnancy 17x12x11cm on ultrasound. On presentation she had a beta-hCG of 650,156 IU/L and reported irregular vaginal spotting and mild nausea.

An urgent CT abdomen and pelvis was organised and it did not demonstrate metastasis.

Management

The case was referred to a tertiary centre where she was managed by a specialist gynaeoncology team. The standard treatment for molar pregnancy is dilation and curettage [2] however due to the large uterine size there were concerns of haemorrhage and uterine perforation. She received two cycles of chemotherapy cisplantin and etopside then with modified EMA -CO prior to surgery. The patient was commenced on allopurinol 300mg daily for tumour lysis syndrome prophylaxis. The aim was to decrease the size of uterus to allow safe curettage while limiting exposure to chemotherapy.

After the completion of one cycle chemotherapy her beta HCG reduced to 250,000. A dilation and curettage performed with a size 12 suction curettage was used and Rampleys forceps to empty uterus until endometrial stripe was visible. The procedure drained over two litres of tissue and blood. Three days after curettage her beta HCG was 5,000. The patient had twice weekly beta HCG for follow up. Five months after her initial presentation she reported a negative beta-HCG. Histopathology of uterine curetting showed a complete hydatidiform mole.

Discussion

Molar pregnancy is usually detected in early pregnancy, however the case aids discussion regarding the role of chemotherapy prior to surgery for management of late presentations of molar pregnancies.

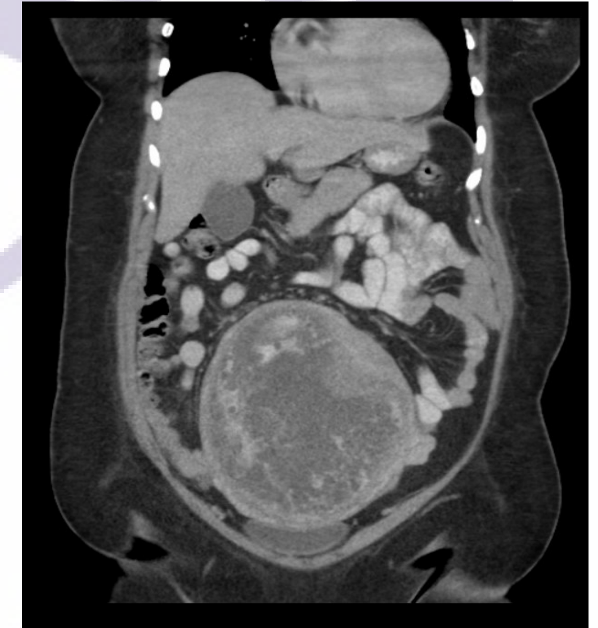

Figure 1 : CT abdomen/pelvis demonstrating a complete molar pregnancy 15x12x17 centimeters in size

References

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2. Soper JT. Surgical therapy for gestational trophoblastic disease. J Reprod Med. 1994 Mar;39(3):168-74. PMID: 8035372.