

ECTOPIC PARTIAL MOLE; PRESENCE ON THE SEROSAL SURFACE OF UTERUS

CASE REPORT
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ABSTRACT... A case of Partial Hydatidiform Mole presented at the serosal surface of uterus in primiparous women treated with removal of the lesion. The patient required Systemic methotrexate therapy to treat the possible remnants of the molar pregnancy.

INTRODUCTION

Pregnancy can be at a site other than uterus. Rarely at the ectopic site of pregnancy there are molar tissues. Very few cases of ectopic molar pregnancies have been reported in the literature. The incidence of ectopic molar pregnancy reported as approximately 1.5 per 1,000,000 births. in UK¹.

Ectopic molar can be at different sites, the various sites described in literature by different authors are fallopian tube² intramural in the uterus^{3,4}, cervix⁵, at the cornal end of uterus⁶ and in liver⁷.

We present a rare and unusual case of ectopic partial mole at a site not reported so far in literature.

CASE REPORT

A 22 years old Para 0+1 previous miscarriage came in the gynecological Out Patient Department with the history of one and half month amenorrhea. There was no complaints of bleeding per vaginum or abdominal pain. Her general condition was satisfactory, pallor mild, pulse 85/min, and blood pressure 120/85 mmHg. Abdomen was soft on palpation. On pelvic examination uterus was normal size, non tender.

Her urine for pregnancy was positive. Sonography revealed normal size uterus endometrial thickness 0.6 cms both ovaries were normal in size 3x1.6 cm and 2.9x1.7 cms however it revealed a cystic mass in cul de sac measuring 7.5x4.1 cms small echogenic area seen in it which may be ectopic sac, rest of the mass consist of dilated tortuous vessels which was confirmed by Doppler. There was no fluid in cul de sac. Serum beta-hCG was 399532 IU/ml

Repeat hCG after 48 hours came out to be almost same. A diagnosis of ectopic molar was made and an exploratory laparotomy revealed a mass size 4x5 cms on the posterior wall of uterus covered with a transparent serosal membrane. Inside it grape like cystic structure seen. A small cut was given on the bulge and the grape like soft molar like tissues were removed there was some infiltration of the molar tissue in the myometrium. Huge vessels surrounding the structure started to bleed.

Haemostatic sutures applied bleeding stopped. There was no infiltration of the tissue in the uterine cavity. This was followed by dilation and curettage (D&C).

Histopathological examination revealed a partial hydatidiform molar pregnancy. While the material from the D&C demonstrated no villi or trophoblastic tissue.

Postoperatively patient made a quick recovery, except she developed excessive vomiting.

Her postoperative hemoglobin drop to 6 gram/dl and four units of packed red blood cells transfused. Her Serum Beta HCG on second postoperative day fall to 210000 IU/ml

A dramatic fall in the serum Beta HCG level was noted immediately following the evacuation with subsequent slower fall. Patient was therefore started on Chemotherapy using Methotrexate and Folinic acid and received two courses with fall of HCG to normal within eight weeks of surgery. Monthly Serial beta-hCG measurements further showed a decline without need for adjuvant chemotherapy

DISCUSSION

A case of ectopic partial mole at the serosal surface of uterus presented. Patient came with the short history of amenorrhea with no other complaints. Suspicion of ectopic molar made on certain features such as empty uterus on ultrasound scan, presence of mass at the posterior wall of uterus with increased vascularity on Doppler and grossly high beta human chorionic Gonadotrophin.

The other methods of diagnosing ectopic molar could be Diagnostic Laparoscopy as described by Kalsang³ or Magnetic Resonance Imaging. Both methods are said to be useful in the localizing the exact site of the lesion.

We managed the case by exploratory laparotomy because the exact location of the lesion was not confirmed. However this case could have been managed by suction evacuation of molar tissue under laparoscopic guidance³.

Following evacuation of mole recovery was slow and serum beta HCG took some time to get down, therefore we gave two courses of chemotherapy to the patient.

Usually after surgical intervention most often hCG level are monitored every 1-2 weeks. Spontaneous remission is usually achieved in most cases. When spontaneous normalization does not occur single agent chemotherapy Methotrexate or Actinomycin D is given⁸.

Thus, in spite of the fact that choriocarcinoma had never been shown to develop from a partial mole, patient was followed up with serial beta hCG as it was considered wise to carry out three monthly estimations of HCG for a year.

CONCLUSIONS

In conclusion diagnosis of ectopic molar pregnancy is difficult but can be possible using clinical evaluation, high beta hCG levels and high resolution transvaginal ultrasound.

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