INTRODUCTION

Ectopic pregnancy is “a pregnancy in which the fertilized ovum implants outside the uterine cavity”.1 Incidence of ectopic pregnancy has increased from 0.5% to 1 - 2% 30 years ago.2 Hydatidiform mole is abnormal gestation in which there is presence of hydropic changes affecting some or all of the placental villi.3 The incidence of gestational trophoblastic disease varies in different continents and countries and is higher in Asia.4 In the United States, hydatidiform mole is diagnosed in one case per 1000 - 1200 pregnancies.5 It is 4/1000 pregnancies in Quetta, Pakistan.6 However, only 40 confirmed cases of hydatidiform moles in ectopic pregnancies are reported in literature.4

Histological examination of the products of conceptus after the surgical removal in ectopic pregnancy is important to make a correct diagnosis.4 As hydatidiform moles can progress to choriocarcinoma, so it is necessary to do appropriate counselling as well as proper follow-up.

CASE REPORT

A 32-year-old female presented in the Obstetrics and Gynaecology Outpatient’s Clinic with a 2 days history of lower abdominal pain and vaginal bleeding in April, 2011. Her last menstruation had started on the first of February, 2011. She had delivered her last baby 11 years back through lower section cesarean section. She was a non-smoker and had no known allergies. Her past medical history was unremarkable. The patient was not using any medication for sub fertility. On examination, her blood pressure was 120/80 mmHg, pulse was 80/minute, respiratory rate was 18/minute and she was afebrile. There was mild tenderness in hypogastrium and left iliac fossa. On pelvic examination, vulva, vagina were normal, cervical os was closed, uterus was of normal size and fullness was present in both adnexal fornice.

Ultrasound scan of the pelvis (Figure 1) showed that the uterus was enlarged and anteverted 7.9 x 4.9 x 5.2 cm, uterine walls were smooth with thick decidual reaction and there was fluid in cul-de-sac. Size of the left ovary was 3.4 x 2.2 cm. Sac like mass of 1.8 cm was seen attached to it. Size of right ovary was 3.2 x 1.9 cm. Serum beta HCG level was 59050 mIU/ml.

Patient underwent exploratory laparotomy. There was a left sided tubal ectopic pregnancy and subsequently left salpingectomy was done. Histopathology of the tissue sample showed features of partial hydatidiform mole. Ectopic pregnancy can present as hydatidiform mole in rare cases for which histological examination of the tissue is required to establish the diagnosis.

Hydatidiform Mole Presentation as a Tubal Ectopic Pregnancy

Tabassum Nakeer1, Muhammad Shahid3, Muhammad Asad Ansari2 and Rooham Nakeer4

ABSTRACT

Presentation of hydatidiform mole as tubal ectopic pregnancy is very rare. These patients usually present with ectopic pregnancy and are later diagnosed with hydatidiform mole on the basis of histological examination following surgery. We present the case of a 32-year-old female who presented with abdominal pain and vaginal bleed since 2 days of presentation. She was vitally stable. There was mild tenderness in hypogastrium and left iliac fossa. Pelvic examination showed mild bleeding per vaginum and fullness in both fornices. The patient was suspected of having an ectopic pregnancy. Ultrasonography of pelvis revealed fluid in cul-de-sac and a sac like mass of 1.8 cm attached to the left ovary. On laparotomy, there was a left sided tubal ectopic pregnancy and subsequently left salpingectomy was done. Histopathology of the tissue sample showed features of partial hydatidiform mole. Ectopic pregnancy can present as hydatidiform mole in rare cases for which histological examination of the tissue is required to establish the diagnosis.

Key Words: Hydatidiform mole. Tubal ectopic pregnancy. Fallopian tube.

1 Department of Obstetrics and Gynaecology / Anaesthesiology2, Bismillah Taqee Hospital, Karachi.
3 Department of Emergency Medicine, The Indus Hospital, Karachi.
4 Medical Student, Jinnah Sindh Medical University, Karachi.

Correspondence: Dr. Muhammad Shahid, 13-A, Block 9, Karachi Administration Society, Karachi. E-mail: mohd_shahid72@yahoo.com

Received: March 15, 2012; Accepted: March 05, 2014.
DISCUSSION

There is a significant risk of hydatidiform mole in tubal ectopic pregnancy below 20 and above 39 years of age. It is because of defective ova seen in very young and late age. The age of this patient was in early thirties and this could be a contributing factor. Similar age is seen in another recently published case report. It was also observed in Korea that the incidence of gestational trophoblastic disease decreased with the improvement in socioeconomic status of the country. However, this patient belonged to middle socioeconomic class. The mean gestational age of tubal ectopic hydatidiform mole cases at admission is 8 weeks. This patient also presented in the same time period. There is a possibility of hydatidiform mole in extra-uterine cavity who are using treatment (letrozol) for sub-fertility due to induction of ovulation. This was not true in this case.

It is very difficult to clinically distinguish molar ectopic pregnancies from traditional tubal pregnancies but there are more chances of rupture of molar ectopic pregnancies at the time of presentation. The management of ectopic molar pregnancies is surgical removal of the conceptus. This can either be done through laparoscopy or laparotomy to remove the whole trophoblast.

It is important to note that the Obstetricians and Gynaecologists should send all tubal specimens of ectopic pregnancy for histological examination in order to diagnose hydatidiform mole early for postoperative treatment surveillance.

REFERENCES