



A RARE CASE REPORT OF PARTIAL MOLAR CHANGES WITH NORMAL VIABLE FETUS

Dr.
Kadirimangalam
Himasree l

Dr. Sesha Sai T

ABSTRACT

The presence of a normal foetus accompanied by partial molar changes in the placenta is a rare condition, which carries a significant risk to the mother and the foetus. Here we present the case of a singleton pregnancy that showed partial molar changes in the pathological study of the placenta, but ended up with a normal viable neonate.

KEYWORDS : Normal foetus, karyotype, β hcg, Partial mole

INTRODUCTION

Gestational trophoblastic disease has broad spectrum of conditions ranges from an uncomplicated partial hydatidiform molar pregnancy to stage IV choriocarcinoma with cerebral metastasis. Hydatidiform mole is characterized as abnormal fetoplacental development and trophoblastic hyperplasia, resulting from genetically abnormal conception when there is excessive paternally derived genetic material. It can be classified into complete mole when there is total replacement of normal placenta by grossly dilated and hydropic villi in the absence of foetus and the incomplete or partial mole showing partial replacement with hydropic villi and visible abnormal foetal parts leading to termination of the pregnancy in first trimester. Foetus in such cases is rarely alive at the time of diagnosis and often shows gross congenital anomalies associated with triploidy and have a grave prognosis due to limited functional placenta and severe intrauterine foetal growth retardation¹.

Partial molar pregnancy with coexistent live foetus as seen in our case is extremely rare excluding cases of multiple conceptions. Incidence of a normal foetus and partial molar placenta is 0.005 to 0.01% of all pregnancies².

Case Report

A 23yrs old Gravida2 Para1 Livel with one previous Lower Segment Caesarean Section(LSCS) with last child birth-2yrs back presented to the hospital with 40 weeks of gestation with labour pains. Her vitals were normal. Physical examination was with in normal limit. Obstetric examination showed fundal height of 34 cm, cephalic presentation, regular uterine contractions(2 times 15-20 sec in 10 minutes), foetal heart rate of base line of 132-137 bpm with decreased variability. She was 1cm dilated with minimum effacement, intact membranes. Laboratory investigations were normal. Patient was managed with emergency caesarean section. Maternal vitals and foetal heart rate monitored. Lower uterine segment incision was done. Meconium-stained liquor was present. A male baby was born with birth weight 2.9 kg and APGAR score of 7-8. Placenta showed villus structures on maternal side. Pathological assessment of the placenta confirmed the diagnosis of partial mole with normal umbilical cord. After two months, mother had no complications, her Beta HCG levels was untraceable, and the infant was in good condition.



DISCUSSION

Partial molar pregnancy with coexistent live foetus as seen in our case is extremely rare excluding cases of multiple conceptions. Incidence of a normal foetus and partial molar placenta is 0.005 to 0.01% of all pregnancies.² It usually derives from dispermic fertilization of a haploid normal oocyte and produces a triploid set of chromosomes³.

Such association has been divided into three types¹.

- The first type is a twin pregnancy with one normal foetus having a normal placenta and another complete mole.
- Second type is a twin pregnancy with normal foetus and placenta and another partial mole.
- The third and most uncommon occurrence is a singleton normal foetus with partial molar placenta.

In that condition foetus should have a normal karyotype to survive. Placenta in a partial mole with foetus in a singleton pregnancy results from dispermy and has a triploid karyotype in most cases⁴.

Partial molar placenta with coexistent singleton normal foetus and normal karyotype has been reported only seventeen times in extensively searched medical literature⁵.

In this condition like singleton normal foetus with partial molar placenta, foetal survival depends upon several factors.

- Normal karyotype of foetus (Sarno et al)⁶.
- Smaller molar placenta compared to normal placenta (Jones, and Lauersen, Deaten et al)⁷.
- The onset of molar degeneration and its speed of degeneration (Jones and Lauersan, Sarno et al)⁸.
- Absence of anaemia occurring in the foetus (Crooij et al)⁹.
- Absence of maternal complications such as preeclampsia, thyrotoxicosis and vaginal bleeding interrupting the pregnancy (Teng and Ballon)¹⁰.

CONCLUSION

Despite being a rare condition, partial moles can be accompanied by delivery of a normal foetus. The management of this condition still remains challenging and should be done under close monitoring with extreme caution.

Funding: No funding sources

Conflict of Interest: None declared

REFERENCES

1. Hsieh CC, Hsieh TT, Kuo DM, Lo LM, Hung TH. Delivery of a severely anaemic foetus after partial molar pregnancy: clinical and ultrasonographic findings. Hum Reprod. 1999;14:1122-6.
2. Suzuki M, Matsunobu A, Vakita K, Osanai K. Hydatidiform mole with surviving co-existent fetus. Ombt Gynecol. 1980;56:384-8.
3. Vaisbuch E, Ben-Arie A, Dgani R, Perlman S, Sokolovsky N, Hagay Z. Twin pregnancy consisting of a complete hydatidiform mole and co-existent fetus:

- report of two cases and review of literature. *Gynecol Oncol.* 2005;98:19-23.
4. Ohama K, Ueda K, Okamoto E, et al. Cytogenetic and clinicopathological studies of partial moles. *Obstet Gynecol.* 1986;68:259-66.
 5. Guven ES, Ozturk N, Deveci S, Hizli D, Kandemir O, Dilbaz S. Partial molar pregnancy with coexisting fetus with diploid karyotype. *J Matern Fetal Neonatal Med.* 2007;20(2):175-181.
 6. Sarno AP, Moorman AJ, Kalousek DK. Partial molar pregnancy with fetal survival: an unusual example of confined placental mosaicism. *Obstet Gynecol.* 1993;82:716-9.
 7. Jones WB, Lauersen NH. Hydatidiform mole with coexistent fetus. *Am J Obstet Gynecol.* 1975;122:267-72.
 8. Deaton JL, Hoffman JS, Saal H, et al. Molar pregnancy coexisting with a normal fetus: a case. *Gynecol Oncol.* 1989;32:394-7.
 9. Crooij M, Harten VD, Puyenbroek JJ. A partial hydatidiform mole dispersed throughout the placenta, coexisting with a normal living fetus: case report. *Br J Obstet Gynaecol.* 1985;92:104-6.
 10. Teng NNH, Ballon SC. Partial hydatidiform mole with diploid karyotype: report of three cases. *Am J Obstet Gynecol.* 1984;150:961-4.