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UNCOMMON PRESENTATION OF MOLAR PREGNANCY MIMICKING TUBAL ECTOPIC PREGNANCY: A CASE SERIES

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ABSTRACT This case report describes a rare presentation of molar pregnancy initially misdiagnosed as a tubal ectopic pregnancy. The patient presented with clinical and imaging findings consistent with tubal ectopic pregnancy, leading to a challenging diagnostic process. Subsequent pathological examination confirmed the presence of a complete molar pregnancy within the fallopian tube. This case highlights the importance of considering molar pregnancies in the differential diagnosis of ectopic pregnancies, particularly in instances where clinical and imaging features deviate from the typical presentation.

KEYWORDS : Molar pregnancy, tubal ectopic pregnancy, trophoblastic disease, misdiagnosis, pathological examination

INTRODUCTION:
Molar pregnancies, characterized by abnormal trophoblastic proliferation, usually occur within the uterine cavity. However, exceptionally rare cases may present with extrauterine manifestations, leading to diagnostic challenges. We report a case series where molar pregnancy masqueraded as a tubal ectopic pregnancy, emphasizing the significance of a comprehensive diagnostic approach.

Case Presentation 1:
Patient Information:
A 29-year-old G2P1L1 woman presented to the emergency department with acute pelvic pain and vaginal bleeding. Her last menstrual period was eight weeks prior, and she reported a positive home pregnancy test. The patient had no significant medical history or risk factors for ectopic pregnancy.

Clinical Presentation:
The patient reported a sudden onset of severe right-sided pelvic pain associated with vaginal bleeding. Physical examination revealed tenderness in the right iliac fossa with no palpable adnexal masses. Serum beta-human chorionic gonadotropin (β-hCG) levels were within the expected range for an eight-week gestation.

Imaging:
Transvaginal ultrasound demonstrated an adnexal mass consistent with a tubal ectopic pregnancy, presenting as a complex mass with high vascularity. The uterus appeared normal without signs of intrauterine pregnancy.

Initial Diagnosis and Management:
Based on clinical and imaging findings, the initial diagnosis was a right tubal ectopic pregnancy. The patient underwent immediate laprotomy with salpingectomy.

Pathological Findings:
Postoperatively, histopathological examination of the excised tissue revealed an unexpected diagnosis of a complete molar pregnancy involving the fallopian tube. Microscopic examination showed characteristic trophoblastic proliferation with central hydropic degeneration. The absence of normal fetal tissue confirmed the molar nature of the pregnancy.

Follow-up and Treatment:
Following the molar pregnancy diagnosis, the patient underwent comprehensive follow-up, including monitoring of serum β-hCG levels and pelvic ultrasound. Subsequent dilation and curettage (D&C) were performed to ensure complete evacuation of trophoblastic tissue. The patient received counseling regarding the potential for persistent trophoblastic disease and the need for ongoing surveillance.

Case Presentation 2:
Patient Information:
A 32-year-old G2P1 woman with a history of depression presented to the emergency department with acute pelvic pain and vaginal bleeding. Her last menstrual period was 7 weeks prior, and she reported a positive pregnancy test. The patient had been receiving treatment for depression with selective serotonin reuptake inhibitors (SSRIs).

Clinical Presentation:
In addition to pelvic pain and vaginal bleeding, the patient exhibited signs of emotional distress and reported exacerbated depressive symptoms. Physical examination revealed tenderness in the left iliac fossa with palpable adnexal masses. Serum beta-human chorionic gonadotropin (β-hCG) levels were within the expected range for an seven-week gestation.

Imaging:
Transvaginal ultrasound demonstrated an heterogenous adnexal mass consistent with a tubal ectopic pregnancy. The uterus appeared normal without signs of intrauterine pregnancy.

Initial Diagnosis and Management
Given the patient's depressive symptoms and the urgency of the clinical presentation, the initial diagnosis was a left ruptured tubal ectopic pregnancy. The patient underwent immediate exploration with salpingectomy.

Pathological Findings:
Postoperatively, histopathological examination of the excised tissue revealed an unexpected diagnosis of a complete molar pregnancy involving the fallopian tube and cornua of uterus. Microscopic examination showed characteristic trophoblastic proliferation with central hydropic degeneration. The absence of normal fetal tissue confirmed the molar nature of the pregnancy.

Follow-up and Treatment:
The coexistence of depression prompted additional considerations in the patient's management plan. Comprehensive follow-up involved monitoring of both serum β-hCG levels and mental health, with close collaboration between gynecological and psychiatric specialists. Subsequent dilation and curettage (D&C) were performed to ensure complete evacuation of trophoblastic tissue, and adjustments to the patient's antidepressant regimen were made in consultation with the psychiatric team

Case Presenation 3:
Patient Information:
A 27-year-old female with obstetric score of G3P2L2 came to Obstetric emergency department with complaints of amenorrhea since 2 month, pain abdomen and spotting per vaginum since 4 days with positive urine pregnancy test.

Clinical Presentation: the patient reported as case of sudden onset pain

abdomen, amenorrhea 2 months, vaginal bleeding. Past obstetric history was normal. Clinical examination revealed abdominal tenderness and distension, retroverted uterus with a mass felt in right adnexa and right cervical movement were tender.

Imaging:
Transvaginal ultrasound demonstrated a right sided adnexal heterogenous mass 4x5cm adjacent to cornua of uterus consistent with tubal ectopic with gross hemoperitoneum.The uterus appeared normal with no sign of intrauterine pregnancy.

Initial diagnosis and management:
Based on clinical and imaging findings, the initial diagnosis was a right sided ruptured tubal ectopic.The patient underwent immediate laprotomy and salpingectomy..

Pathological Findings:
Postoperatively, histopathological examination showed complete molar pregnancy involving the fallopian tube. Microscopic examination showed circumferential trophoblastic proliferation with hydropic changes.

Follow up and treatment:
Following the molar pregnancy diagnosis,the patient underwent serial serum B hcg monitoring and pelvic ultrasound.Subsequent dilatation and curettage(D&C) were performed to ensure complete evacuation. The patient was counselled about the need for ongoing surveillance

DISCUSSION:
Molar pregnancies occurring outside the uterine cavity are exceedingly rare but can lead to misdiagnosis, as observed in this case. The atypical presentation as a tubal ectopic pregnancy underscores the importance of considering molar pregnancies in the differential diagnosis of gestational trophoblastic diseases, particularly when clinical and imaging features deviate from the expected norm.

CONCLUSION:
This case highlights the unusual presentation of a molar pregnancy mimicking a tubal ectopic pregnancy, emphasizing the necessity of a thorough diagnostic evaluation in cases of suspected ectopic gestations. Awareness of such uncommon presentations is crucial for prompt and accurate diagnosis, enabling appropriate management and counseling for patients with molar pregnancies.

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Conflict of Interest: The authors declare no conflicts of interest.

Informed Consent: Informed consent was obtained from the patient for the publication of this case report.

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