

A Series of Cases of Molar Pregnancies and their Outcome for 1 Year in the Tertiary Care Centre, Srikakulam

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Abstract: ***Objectives:** To study the clinical presentation and treatment outcome of molar pregnancy at a Tertiary Care Hospital. **Methods:** 1) Prospective observational study was performed over a period of 1 year at Great Eastern Medical School and Hospital, Srikakulam after approval by institutional ethical review committee. 2) Data abstracted included patient's age, parity, presenting symptoms, gestational age at diagnosis, uterine size, ultrasonographic findings, BhCG level at the time of diagnosis & at follow - up after evacuation, and blood loss during evacuation. **Result:** 1) Of a total of 800 deliveries in 1 year, 4 cases of complete molar pregnancy were encountered. 2) 4.1 cases of molar pregnancy per 1000 pregnancies. 3) Majority of patients (63.7%) were older than 35 years, and were nulliparous (45.5%). 4) The commonest symptom was vaginal bleeding (86.4%) followed by hyperemesis gravidarum (41.0%); Hyperthyroidism was seen in 1 patient (4.5%). 5) The majority of patients (63.6%) had normal BhCG within 9 weeks (63 days) after suction curettage. The majority of the cases followed a benign course. **Conclusion:** Aged older than 35 years seems a risk factor and vaginal bleeding is the commonest presenting symptom. Early booking of pregnant women to antenatal care clinics and routine first trimester ultrasound made diagnosis easier and earlier before complications appear.*

Keywords: Molar pregnancy, Hydatiform mole, B HCG levels, Amenorrhea, UPT

1. Introduction

- Hydatidiform mole is an abnormal conception resulting in hydropic swelling of chorionic villi and trophoblastic proliferation leading to formation of grape like vesicles, also known as molar pregnancy.
- Most common type of GTD, is hydatidiform mole, has malignant potential.
- Age group < 15 years and women > 45 years.
- It is categorized as partial hydatidiform mole and complete hydatiform mole based on genetic and histological features.
- Molar pregnancy is usually presented with painless vaginal bleeding, abdominal pain and morning sickness, with enlarged uterus for gestational age.
- Sometimes with signs of hyperthyroidism, early onset preeclampsia or with acute respiratory failure or neurological symptoms.

2. Aims and Objectives

- To study series of molar complicating pregnancies and its clinical presentation and outcome at a Tertiary Care Hospital.

3. Materials and Methods

- Prospective observational study was performed over a period of 1 year at department after approval by institutional ethical review committee.
- Data abstracted - patient's age, parity, presenting symptoms, gestational age, uterine size, ultrasonographic findings, Beta HCG level and at follow - up after evacuation, and blood loss during evacuation.

4. Results

- During the study period, a total of 800 delivered cases; out of whom 4 patients were diagnosed with a molar pregnancy with incidence of ~3.4 per 1,000.
- Mean follow up for these patients was 5.7 months.

Parity	No. of Cases	Incidence
1	2	50%
2	1	25%
3	1	25%
4	0	0%

Age wise distribution

Age	No. of Cases	Incidence
18 - 25	1	25%
25 - 30	1	25%
30 - 35	2	50%

UPT

Urine pregnancy test	No of cases
Positive	4

Period of amenorrhea	No of cases
5 - 10 weeks	0
10 - 15 weeks	3
16 - 20	1

Symptoms and signs of cases with molar pregnancy.

Symptoms and signs	N	Percentage
Vaginal bleeding	4	100%
hyperthyroidism	1	25%
Hyperemesis gravidarum	2	50%
preeclampsia	0	0%
Asymptomatic	0	0%
Respiratory symptoms	0	0%

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Diagnosis, management and associated complications

1) Diagnostic Utility

Sonographic Findings	4	100%
B HCG	4	100%
Histopathology	4	100%

2) B HCG Levels

50,000-1,00,000	0	0 %
1,00,000-2,00,000	1	25 %
>2,00,000	3	75 %

3) Treatment Modality

Suction/Sharp Curettage	3	75%
Oxytocin/ Curettage	0	0%
Hysterectomy	1	25%
Prostaglandins/ Curettage	0	0%

4) Persistence of Uterine Bleeding After Evacuation

None	1	25%
Upto 1 Week	2	50%
2 - 3 Weeks	1	50%
>= 4 Weeks	0	0%

5) Need For Blood

Need for Blood	3	75%
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6) Post Molar Trophoblastic Disease

	No. of Patients	Percentage
PMTD	1	25%

7) Pattern of BETAHCG

Sharp regression	0	0 %
Slow regression	2	50 %
Plateau	1	25 %
Rising	1	25 %

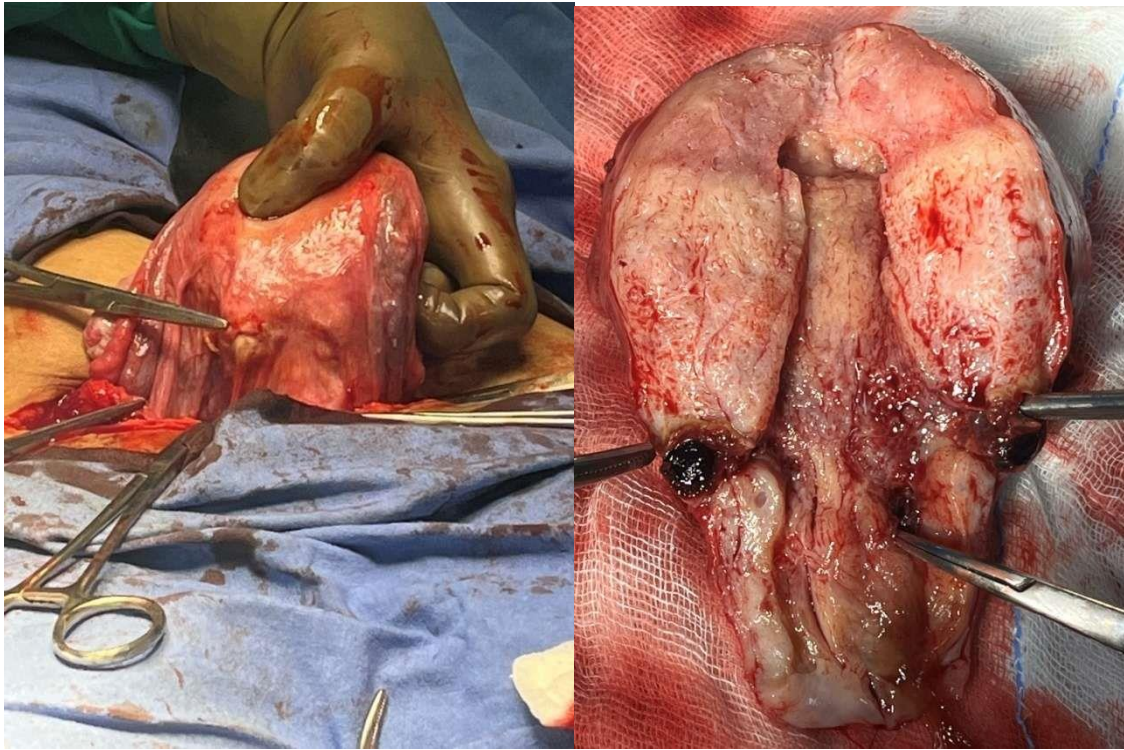
All 4 molar pregnancy cases have common

- Bleeding pv and pain abdomen and vomitings with amenorrhea
- No passage of vesicles
- Uterus size corresponding to 12 - 20 weeks size
- HCG levels ranges between 1, 00, 000 to 2, 50, 000
- All cases confirmed snow storm appearance
- Suction evacuation and sharp curettage done under spinal anesthesia
- Sent for HPE and confirmed the diagnosis
- Thyroid profile were abnormal for all cases where T4 levels elevated with subnormal TSH levels
- Blood reserve kept for all cases and transfusion done for 3 cases

Case - 1

- Case during follow up c/o of bleeding pv for 2 - 3 weeks
- HCG levels elevated - 2.21 lakh, for which usg done found to be bulky uterus with I'll defined subserosal collection at Caesarean scar site
- Hysterectomy done in view of invasive mole/diverticulum as family completed
- Hpe report found to be no evidence of any villi /trophoblastic tissue





Case - 2

- Case reviewed to opd for further follow up with h/o of spotting pv for 1 month with pain abdomen - B - HCG - 2, 18, 981 mIU/ml
- for which USG done found to be mass in uterine cavity, diagnosed as choriocarcinoma, Referred to medical oncology and she was started on methotrexate therapy

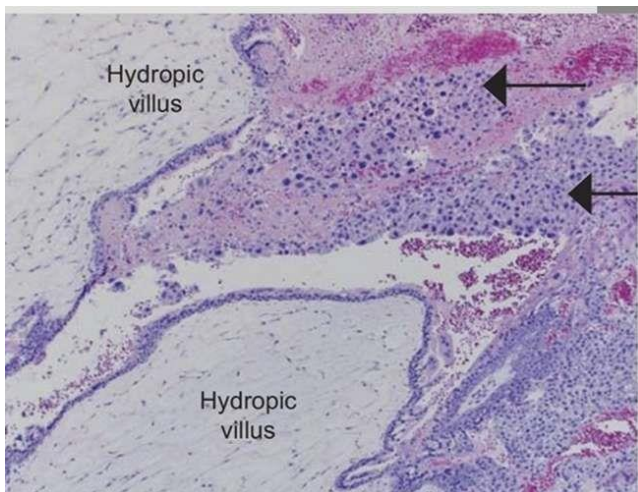






Case - 3, 4

- Came for followup with no other complaint, BHCG levels found to be declining trend



5. Conclusion

- Molar pregnancy has remained an important cause of maternal morbidity and mortality.

- There is need for early diagnosis, for proper treatment and follow - up of this condition.
- Due to the frequent use of ultrasound scanning, the diagnosis of hydatidiform mole could be made early in pregnancy, quantitative estimation of serum level of HCG to be done.
- After an appropriate treatment, it is always necessary to follow - up the patient and in the present day this is a new challenge because the population migration due to new socio - economic conditions and modern life.
- Early booking of pregnant women to antenatal care clinics and routine first trimester ultrasound made diagnosis easier and earlier before complications appear.

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