

First Trimester Hemorrhage Revealing a Partial Molar Pregnancy [About a Case]

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1. Abstract

Partial molar pregnancy is a triploid conception with a chromosomal batch of paternal origin. Progression to persistent trophoblastic disease, invasive mole or choriocarcinoma remains exceptional. We report the case of a 45-year-old woman who presented with heavy bleeding of genital origin, with a partial molar pregnancy on ultrasound, with no visible embryonic structure (Figure 1). Cautious ultrasound-guided aspiration was performed under antibiotic and uterotonic cover, and the aspirate was sent for histological study (Figure a, b, c). The patient underwent monthly b-hCG monitoring for 6 months. Ultrasound has a major role to play in the diagnosis of hemorrhage in the first trimester of pregnancy.

2. Introduction

Genetically, partial molar pregnancy is a triploid conception with a chromosomal batch of paternal origin. The prognosis is favorable in the majority of cases, while progression to persistent trophoblastic disease, invasive mole or choriocarcinoma remains exceptional [1,2]. In this article, we report a case of partial hydatidiform mole in a 43-year-old female patient, revealed following haemorrhage in the first trimester.

3. Observation

Mrs. Y.M, aged 45, blood group A Rh+, mother of three children with no particular pathological history, was admitted to the maternity emergency department for heavy metrorrhagia due to a 2-month delay in menstruation, neglected by the patient, and mistaken by the patient for cycle disorders related to the perimenopause, as well as vomiting, which the patient had associated with gastritis, and which she never consulted until after the heavy metrorrhagia had occurred. On the day of admission, the examination revealed a conscious patient 15/15, generalized mucocutaneous heat, BP :09/04, HR/ 100 beats/min , well oriented in time and space, with on gynecological examination : abundant bleeding of genital origin, uterus increased in size halfway to the umbilicus, the patient was taken directly to the operating theatre where an ultrasound scan was performed after the patient had been conditioned, revealing a partial molar pregnancy with no visible embryonic structure (Figure 1). The patient underwent cautious ultrasound-guided aspiration under antibiotic and uterotonic cover, and the aspirate was sent for histological study (Figure a, b, c). The patient underwent monthly b-hCG monitoring for 6 months and showed good progress.

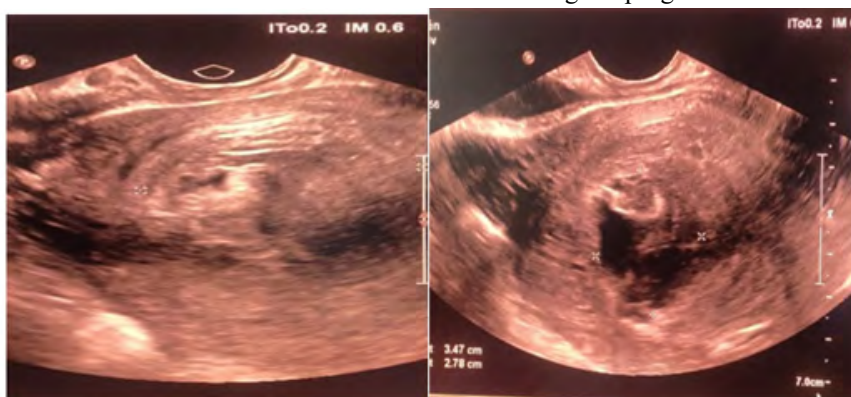


Figure a and b

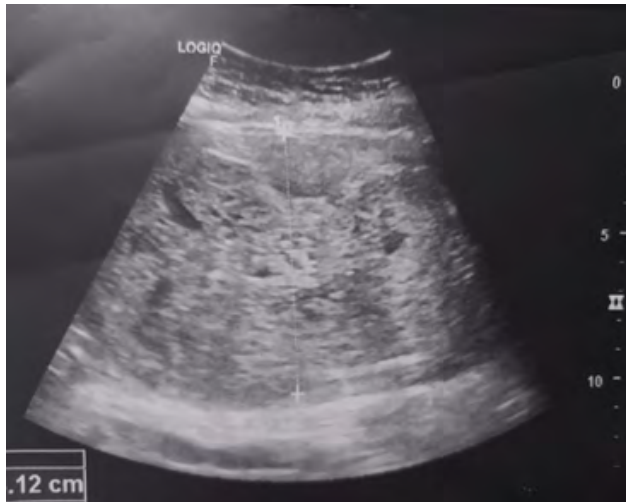


Figure c

4. Discussion

Gestational trophoblastic disease is a group of pathologies affecting the placenta, an ephemeral organ that is not easily accessible. These pathologies may be malignant, i.e. invasive molar, choriocarcinoma, tumor of the placental implantation site, or benign, notably molar pregnancy, which may be partial or complete. The frequency of molar pathologies can vary from less than 1/1,000 pregnancies in developed countries, to more than 1/400 in a number of developing countries. It is higher in South Asia, with a prevalence of 3.2 to 9.9 per 1000 pregnancies, than in Europe and North America. Europe and North America, where the incidence is between 0.5 and 1 per 1000 pregnancies [3]. Thus, partial hydatidiform mole is more frequent than complete mole, with an incidence of 3 per 1000 births and 10 to 20% of spontaneous abortions [4]. The incidence of partial hydatidiform mole is directly linked to maternal age, which is the main risk factor for the occurrence of this pregnancy, in addition to irregular menstrual cycles and OC lasting more than 4 years being identified as risk factors [5,6,7]. An unusual pathological conception, partial molar pregnancy [or partial hydatidiform mole] results from fertilization between a normal ovum and two spermatozoa or one abnormal spermatozoon. There is an embryo, but it is not viable, and the placenta develops abnormally [8]. It is more frequent than complete mole, with an incidence of 3 in 1000 births and 10 to 20% of spontaneous abortions [4]. The result of abnormal fertilization, either of an oocyte with two spermatozoa or of an oocyte with a duplicated spermatozoa in the oocyte, the product of which is a monogynous, diandrous triploidy [9]. The diagnosis of partial hydatidiform mole is made on first-trimester ultrasound, and the frequency of triploidy and the possibility of exceptional evolution towards persistent or invasive trophoblastic disease mean that pregnancy must be terminated [10,11]. In the presence of triploidy, the fetus cannot survive after birth due to multiple malformations and severe intrauterine growth retardation secondary to affected placental circulation. Thus, the coexistence of a diploid fetus with an MHP is an extremely rare

situation in which the fetus can survive to term. Pregnancy evacuation remains urgent in the event of deterioration in maternal condition, or fatal fetal anomaly [12]. Fetal prognosis in advanced pregnancy depends directly on: fetal karyotype, size of abnormal placenta, speed of molar degeneration and onset of fetal anemia or obstetrical complications such as prematurity [13].

5. Conclusion

Ultrasound is of great value in diagnosing hemorrhage in the first trimester of pregnancy, as it enables a precise diagnosis to be made, leading to effective management. Patients' ignorance of the nature of their condition and the high cost of regular β -HCG testing make monitoring difficult and delay diagnosis.

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