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RUPTURED ECTOPIC MOLAR PREGNANCY



01. Introduction

Hydatidiform mole is a gestational abnormality defined by cystic degeneration of chorionic villi. The occurrence of an hydatidiform mole at an ectopic site is exceedingly rare; around twenty cases of tubal or ovarian hydatidiform mole have been reported in the literature.

02. Case presentation

32 years · G3P2 · type 2 diabetes
7 weeks of amenorrhea · pain + bleeding
BP 80/40 mmHg · HR 108 bpm · 2 L hemoperitoneum

03. Ultrasound

a left para-uterine adnexal gestational sac containing a yolk sac and an embryo with detectable cardiac activity, and a large hemoperitoneum extending to Morrison's pouch.

EMERGENCY

Haemorrhagic shock → emergency laparotomy
Ruptured left tubal ectopic pregnancy

04. Managment and outcome

Left salpingectomy + peritoneal lavage
Uneventful recovery · discharged on day 3

TAKE-HOME MESSAGE

Histopathology of every ectopic specimen matters.

After confirmation of a partial mole:
monitor serum β -hCG to normalisation



06. Diagnostic turn

Histology: hydropic villi + focal trophoblastic hyperplasia

Final: partial tubal hydatidiform mole
Serum β -hCG normalised by postoperative week 3

WHY IT MATTERS

The molar component was clinically and sonographically occult.