

Triplet pregnancy complicated by a coexisting complete hydatidiform mole a rare case report

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INTRODUCTION

A hydatidiform mole is a disease that occurs due to abnormal proliferation of the trophoblastic epithelium and placental villous edema, included in the spectrum of gestational trophoblastic diseases (GTD). (1). Twin pregnancy with complete hydatidiform mole and concurrent fetus is rare with an estimated occurrence of 1 in every 22,000 to 100,000 pregnancies (2). The incidence of triplet pregnancies with twin fetuses and concurrent hydatidiform mole is unknown due to rarity of case reports. Multiple gestation with a complete mole and coexisting fetus is complicated by increased risk in spontaneous abortion, intrauterine fetal demise, preeclampsia, preterm labor, and hyperthyroidism. Additionally, gestational age at molar evacuation or early termination of pregnancy does not appear to influence rate of progression to GTN.(2)

Case presentation

A 30-year-old woman, G2 para 1, conceived through artificial insemination , diagnosed at 6 weeks’ gestation with a triplet pregnancy. Initial ultrasound demonstrated three gestational sacs, two containing viable embryos and a third abnormal sac with internal septations and increased vascularity. Follow-up ultrasound at 14 weeks confirmed a Di-amniotic Di-chorionic twin pregnancy coexisting with a complete hydatidiform mole. The abnormal sac contained multiple grape-like cystic vesicles with marked hyper vascularity. Bilateral theca lutein ovarian cysts were present, and maternal serum β -human chorionic gonadotropin (β -hCG) levels were markedly elevated. Following multidisciplinary counseling, the pregnancy was managed expectantly with intensive maternal and fetal surveillance. Both the first-trimester nuchal translucency assessment and the detailed second-trimester anomaly scan were normal, confirming structurally normal twins. Serial ultrasound examinations demonstrated appropriate fetal development with persistence of the molar pregnancy. At 22 weeks’ gestation, the patient developed severe maternal complications, including hypertension, high-grade fever, and significant vaginal bleeding. Owing to progressive maternal deterioration, pregnancy termination was performed. Histopathological examination confirmed a complete hydatidiform mole with extensive necrosis. This case illustrates the rare occurrence of a complete hydatidiform mole coexisting with a Di-amniotic Di-chorionic twin pregnancy and highlights the importance of accurate early ultrasound diagnosis, multidisciplinary management, vigilant maternal surveillance, and timely intervention to prevent life-threatening maternal complications.

Discussion

Ultrasound is the main diagnosis method for this disease and best visualized between gestational weeks 12–14.(3) The images may show a ‘bunch of grapes’ and a ‘snowstorm’, which are characteristic of hydatidiform mole.(3) This was visualized in the ultrasound performed at this patient’s GA 12, along with two placenta and two live fetuses without anomalies, leading to the identification of a coexistent mole. Due to the high morbidity of the disease, the predominant course of action reported is to terminate the pregnancy, which contributes to the scarcity of publications with guidance regarding the appropriate management of these cases.(4) In recent years, successful cases of pregnancies with coexisting moles have been reported, suggesting that complications can be managed.(4) Furthermore, reports show that the risk of malignancy does not increase with GA(4) Postpartum follow-up is essential due to the risk of malignancy.(5) Complete Hydatiform Mole are frequently more invasive than Partial hyddatiform mole, ranging from 7% to 17%, and they have a higher risk of malignancy.(5) Hence, β -HCG should be measured until negative.(4 6) The patient had a 6-month follow-up with β -hCG ,TVUS and chest x-ray, which showed a gradual decrease in the hormone and no identification of the disease.

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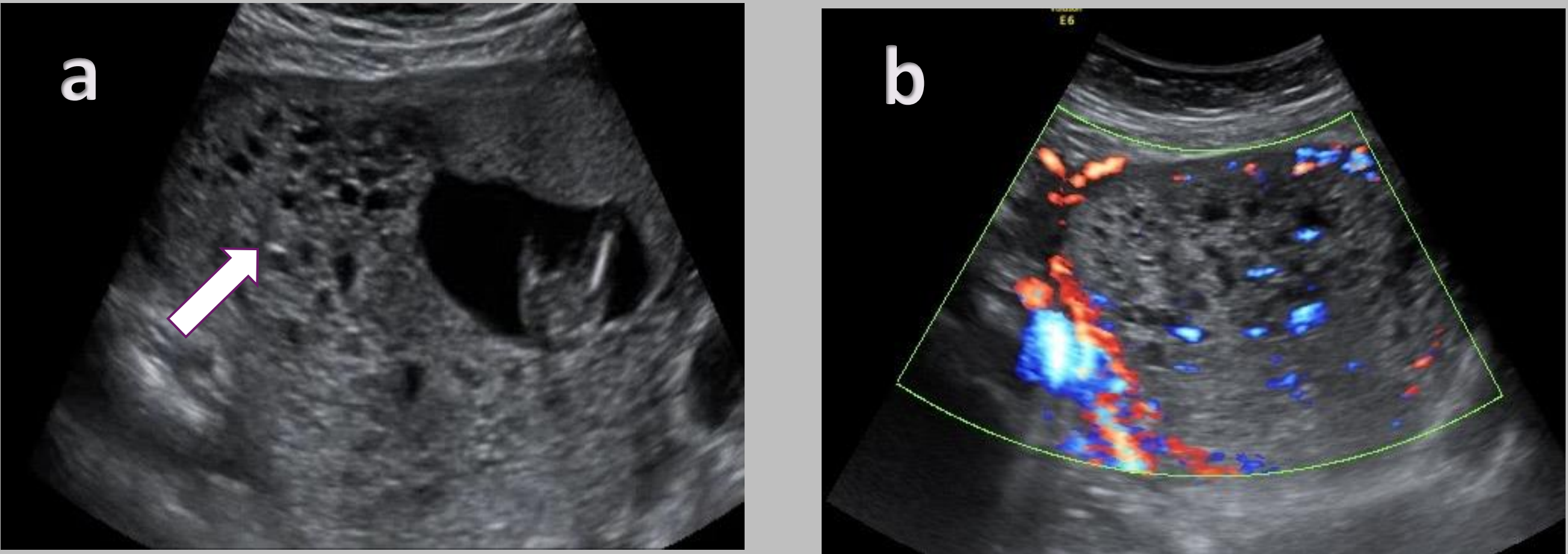


Figure 1. a. 2D transabdominal ultrasound shows the CHM (white arrow), placenta and one fetus b. Shows increase vascularity of CHM with color Doppler US



Figure 2. post partum gross picture of the hydatidiform mole

CONCLUSION

This case highlights the importance of recognizing the sonographic features of a complete hydatidiform mole coexisting with a twin pregnancy. Early diagnosis, individualized counseling, and intensive maternal monitoring are fundamental to management, as continuation of pregnancy carries a substantial risk of severe maternal complications requiring timely intervention