

Ectopic molar pregnancy a rare entity: two case reports

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Objectives:

Tubal ectopic hydatidiform moles are a rare type of gestational trophoblastic disease (GTD) with an incidence estimated to be 1.5 per 1,000,000 pregnancies. Ectopic molar pregnancy in ovary is extremely rare and among ectopic molar pregnancies, only 16% occurred in the ovary. We report 2 rare cases of ectopic molar pregnancy and discuss the importance of histological examination of the surgical specimen.

Case report:

The first woman, a 34-year-old presented with acute abdomen and was brought to emergency department in a collapsed state. A focussed assessment with sonography for trauma (FAST) scan showed the presence of significant hemoperitoneum. The woman was unknown to the unit (with no previous scans), and with a positive pregnancy test, a provisional diagnosis of ruptured ectopic pregnancy was made. She was transfused 2 units of blood and an emergency. Laparoscopy showed a ruptured ectopic pregnancy along with significant hemoperitoneum. Laparoscopic salpingectomy was performed, and the histological specimen confirmed the presence of partial molar pregnancy.

The second woman presented at 8 weeks in her first pregnancy, with mild vaginal bleeding. An ultrasound showed empty uterus and a cystic area adjacent to the right ovary which was suspicious of ectopic pregnancy. Her β -HCG was 8727 IU/Litre. On diagnostic laparoscopy, both the fallopian tubes were normal, and the suspected ectopic pregnancy tissue was removed from the ovary with ovarian conservation. The histological specimen confirmed a complete ectopic molar pregnancy in the ovary. Both these women were referred to the regional trophoblastic centre for follow up. The β -HCG levels dropped to normal in both the cases on subsequent follow-up and no additional treatment was needed.

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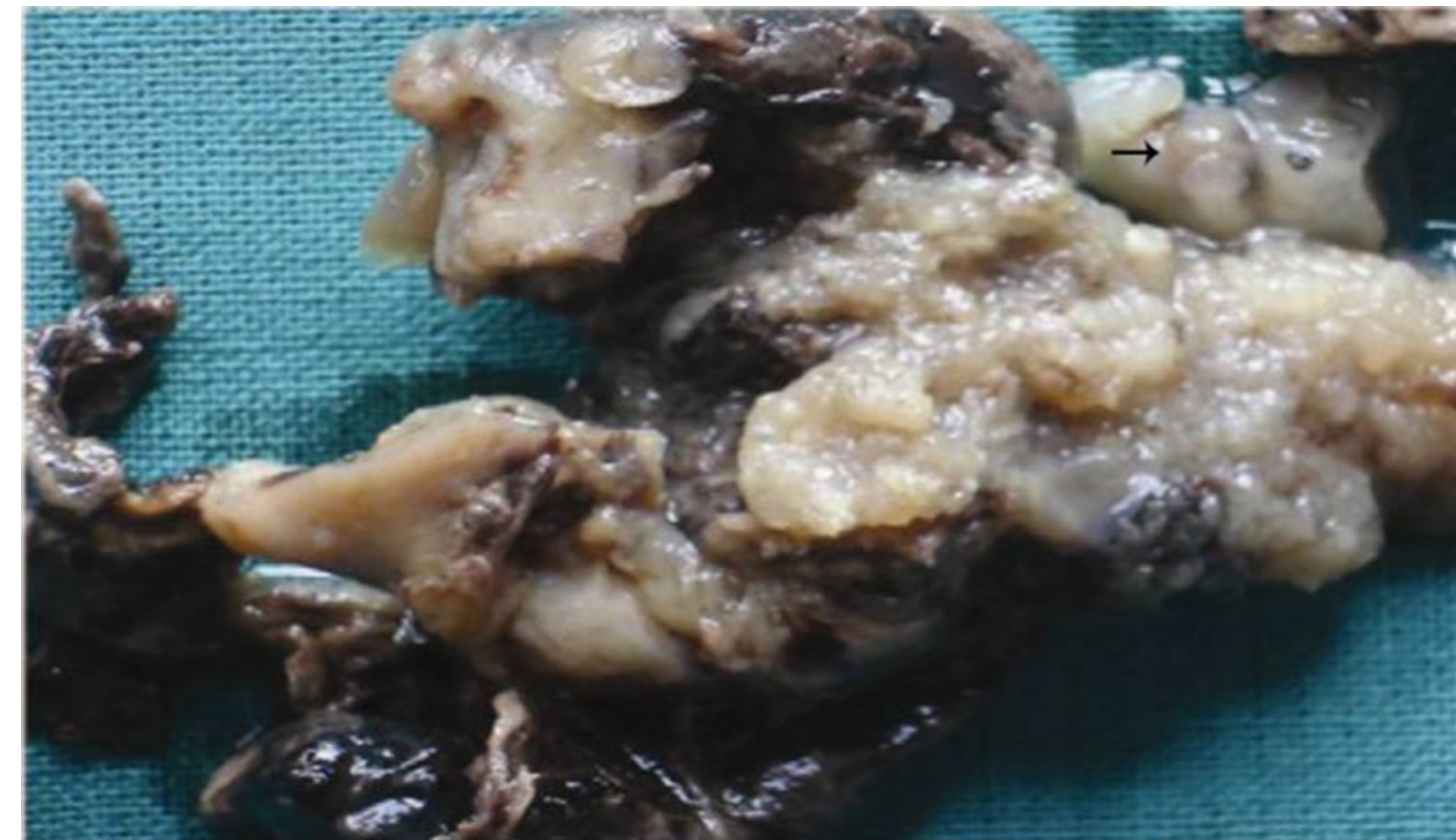
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Discussion:

Women with ectopic molar pregnancy present with clinical findings very similar to conventional ectopic pregnancies and a diagnosis of hydatidiform mole is challenging pre-operatively. The characteristically high β -HCG levels for intrauterine molar pregnancies is not usually seen in tubal molar pregnancy as implantation in the fallopian tube impedes adequate vascularisation. Rupture rate and hemoperitoneum is higher for tubal molar pregnancies than conventional ectopic pregnancies due to the higher invasive ability of trophoblasts in GTD.

Conclusion:

Tubal and ovarian ectopic molar pregnancy are a relatively rare condition with no clinical, laboratory or ultrasound criteria to differentiate them from ectopic tubal pregnancy. Our case report emphasises the importance of histological examination of the products of conception and tissue diagnosis after surgical management for ectopic pregnancies.



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