

Ectopic Molar Pregnancy In A Patient With Endometriosis

Raheela Naz^{1*}, Mark Omar², Bramara Guruwadayarhalli³, Srividhya Budithi⁴

1. Clinical fellow, 2,3,4. Consultants Wrexham Maelor Hospital

*draheelanaz@gmail.com

Figure 1 showing thin endometrium and absent intrauterine gestational sac



Figure 2 showing enlarged Right Ovary

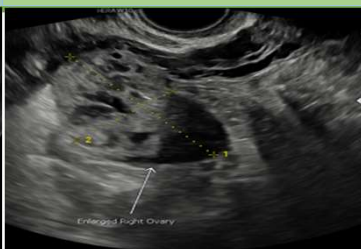


Figure 3 showing hyper vascular Right Ovary

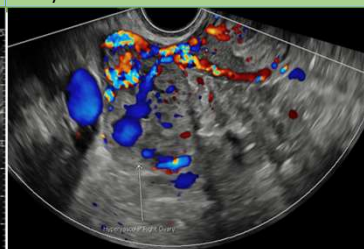


Figure 4 showing Mixed echo heterogeneous mass in Right adnexa with **snow storm** appearance

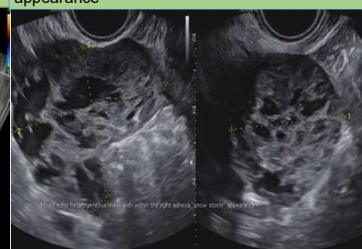


Figure 5 showing increased vascularity in adnexal mass

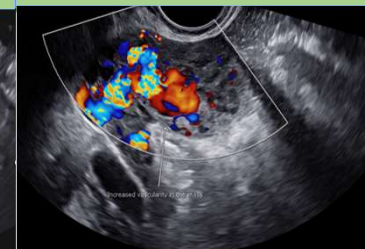


Figure 6. Laparoscopic view showing Right tubal ectopic



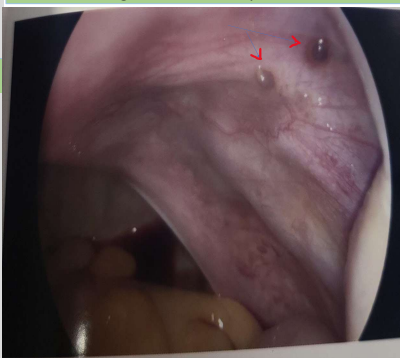
Objective:

Case report highlights the importance of clinical suspicion and histopathological examination and follow up .

Case Report

- A 32-years-old Primigravida attended hospital with heavy vaginal bleeding and lower abdominal pain at 6 weeks of gestational age.
- There was no history of previous pelvic inflammatory disease or abdominal surgeries.
- At presentation, her general condition and observations were within normal limits.
- Human Chorionic Gonadotropin (HCG) was 70738 IU/L.
- Ultrasound showed an enlarged right ovary and no intrauterine gestational sac.
- The plan was to repeat HCG in 48 hours.
- The patient failed to attend the follow up appointment and presented again after 2 weeks with vaginal spotting. Repeat HCG was 18556 IU/L. Transvaginal ultrasound scan showed a 56mm x 44mm x 40mm highly vascular adnexal mass with "snowstorm" appearance (figure 4) , normal looking ovaries , no free fluid.
- Emergency laparoscopy was performed which revealed a 6cm right tubal ectopic with increased vascularity (figure 6)
- There was a small amount of blood in pelvis, few endometriosis spots (figure 7) in both ovarian fossae and pouch of Douglas.
- Right salpingectomy was performed, specimen was sent for histology.
- Histology showed partial molar ectopic pregnancy. She was referred to the trophoblastic centre.

Figure 7 Laparoscopic view
Arrows showing endometriotic spots



Conclusion:

This case highlights the importance of sending histology specimens for all patients undergoing surgical intervention for ectopic pregnancy and ensuring that appropriate follow-up is in place.

Discussion:

- Hydatidiform mole is a premalignant form of gestational trophoblastic disease that occurs from improper placental and fetal development.
- Ectopic and molar pregnancy are not rare events, but a molar ectopic is extremely rare, incidence being around 1.5 in every 1,000,000 pregnancies.
- Tubal molar ectopic is extremely rare, but in women with endometriosis the risk of ectopic pregnancy is more than double.
- In a partial mole, there is usually evidence of a fetus or fetal red blood cells.
- For the diagnosis of a partial mole, there must be histopathological evidence of trophoblast hyperplasia.
- Ultrasound is a helpful modality for diagnosis but histopathology is the gold standard for definite diagnosis.

Reference:

Allen L, Dawson C, Nascu P, Rouse T. A Molar Pregnancy within the Fallopian Tube. Case Rep Obstet Gynecol. 2016;2016:4367181. doi: 10.1155/2016/4367181. Epub 2016 Dec 4. PMID: 28044117; PMCID: PMC5164888. Deliration: Case report was presented in COGI 2022