

Successful live birth with co-existing Molar Pregnancy : A Rare Case Report



Dr. Hind Elyan, Dr. Mohamed Aoun Hakmi (Tawam hospital, UAE)

BACKGROUND:

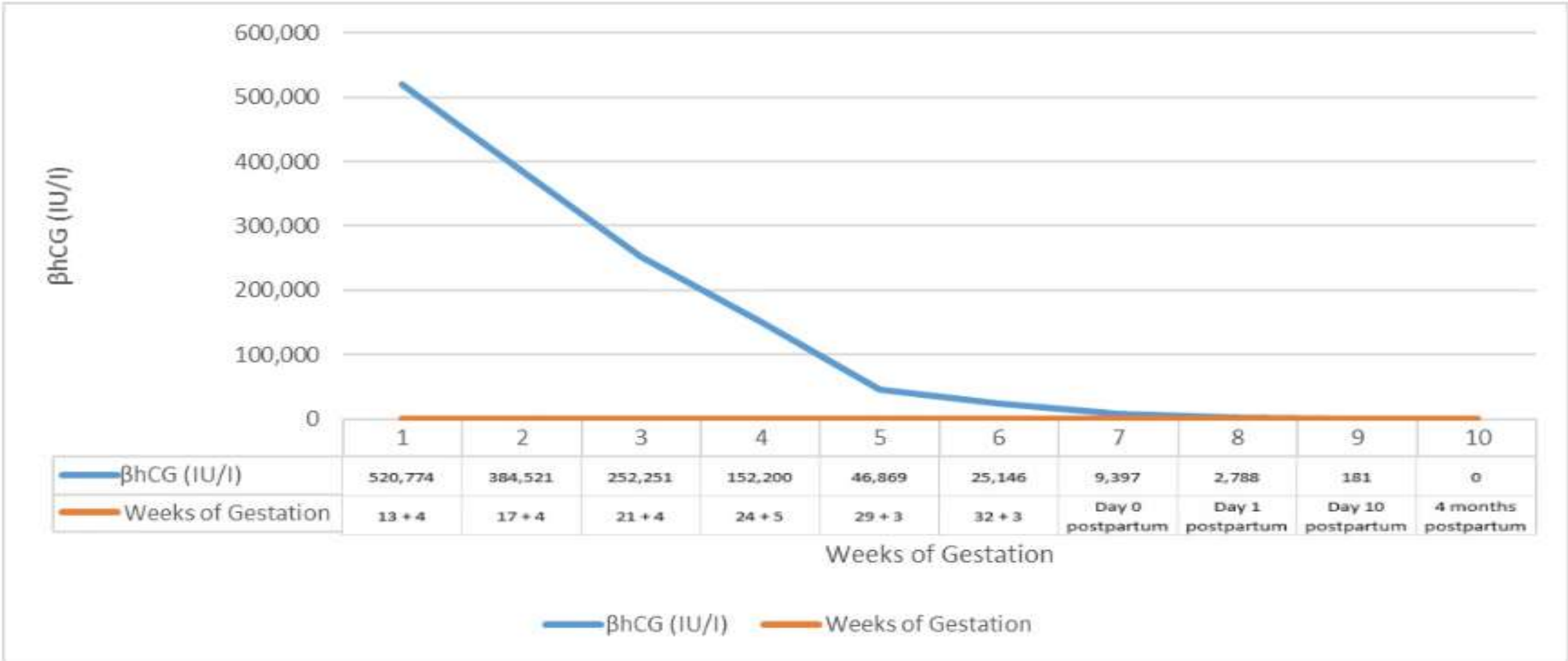
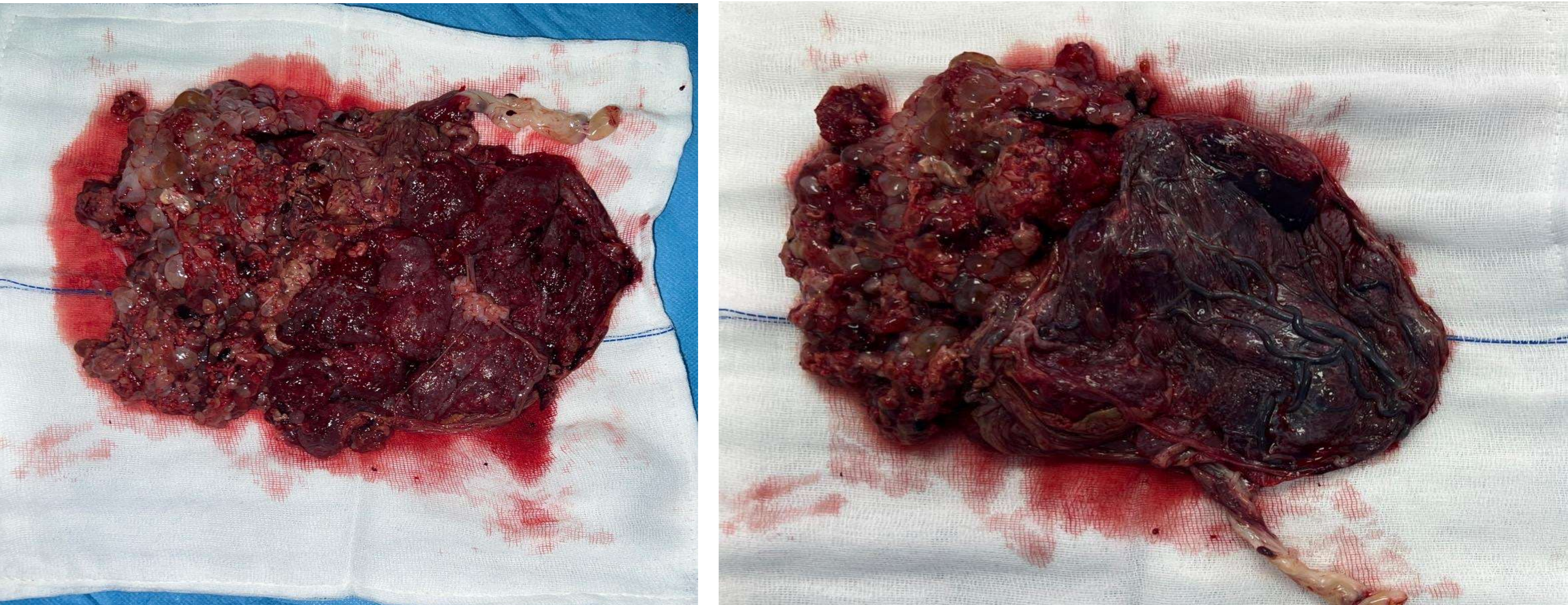
TWIN PREGNANCY WITH BOTH MOLAR AND A VIABLE FETUS IS RARE (~0.005–0.01% OF ALL PREGNANCIES). MOST COMMON: COMPLETE MOLE + VIABLE FETUS WITH SEPARATE PLACENTAS. ASSOCIATED RISKS: HYPEREMESIS, SPONTANEOUS MISCARRIAGE , PET, IUGR, IUFD, GTN. HISTORICALLY ADVISED TERMINATION. TREND NOW TOWARD CONTINUATION IF STABLE



44-year-old G2P1, previous vaginal delivery with IVF pregnancy with 2 embryo transfer. Scan at 13+6 weeks: twin sacs, one with viable fetus, other with cystic molar tissue with no fetal pole . β hCG: 520,774 IU. Patient opted for continuation of pregnancy following thorough counselling of risks. ANC visits biweekly with close monitor of blood pressure and protein in urine. At 32 weeks the patient admitted with sever PET and hence underwent emergency C-section. Delivered healthy male, Placenta confirmed complete mole. During postpartum monthly follow up , β hCG dropped to 0.2 by 4 months postpartum



Objective: review of a rare case of a molar pregnancy with co-existing viable pregnancy and it’s its outcome



Bhcg trend

Increased risk seen in IVF, Asian ethnicity, maternal age >35. Continuation feasible in selected cases with close monitoring. Literature shows ~21% result in live births; GTN in ~50%. Case reinforces value of individualized management.

Conclusion: Though rare and high-risk, successful outcomes are possible with vigilant monitoring in tertiary care. Shared decision-making is crucial.