CASE REPORT

Partial Molar Pregnancy with Live Fetus - Rare Case Report

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INTRODUCTION :

Partial molar pregnancy has a triploid karyotype of 69XXX, 69XXY, or 69XYY and is also referred to as "triploidy." Most partial moles have one set of maternal chromosomes and two sets of paternal chromosomes, resulting from fertilization of a normal ovum by two haploid sperm. Triploidy of maternal origin is not associated with gestational trophoblastic disease.

Pathologically, partial molar pregnancy has well-developed but generally anomalous (triploid) fetal tissues. Hydropic degeneration of placental villi is focal, interspersed with normal placental villi[1].

CASE HISTORY :

A 22 years old primi-gravida with 10 weeks of amenorrhea and complains of bleeding PV (2 days) & nausea – vomiting (2 weeks) presented for antenatal ultrasound scan. Her previous medical history or family history was not significant. On ultrasound single live fetus (10 weeks) with unstable presentation observed (Figure 1, 2). There was enlarged posterior placenta with numerous small cysts (Figure 3). No other separate normal placental tissue was detected. Subchorionic haemorrhage was also present measuring (56X21 mm) (Figure 4). Beta –HCG level of patient was 64000 mIU/mL.

DISCUSSON :

Partial hydatidiform mole(PHM) with a singleton live fetus is a rare condition. It is commonly seen with twin gestation and it is rare with singleton pregnancy[2].

Incidence is1in 20000to1in 100000[3].

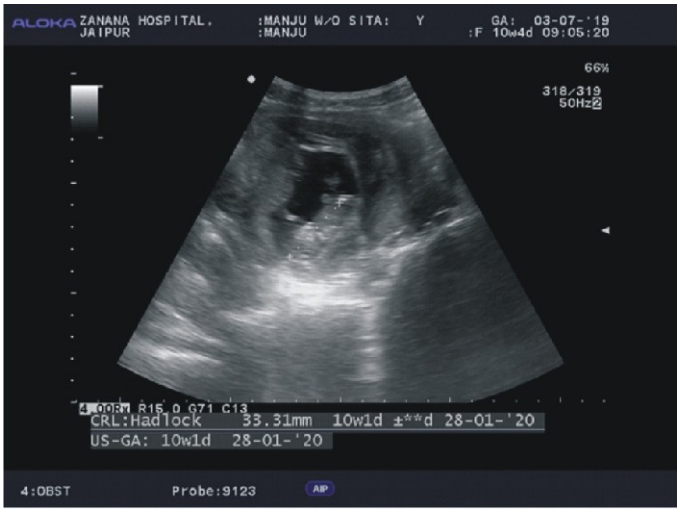

Figure 1 : USG image showing 10 weeks fetus

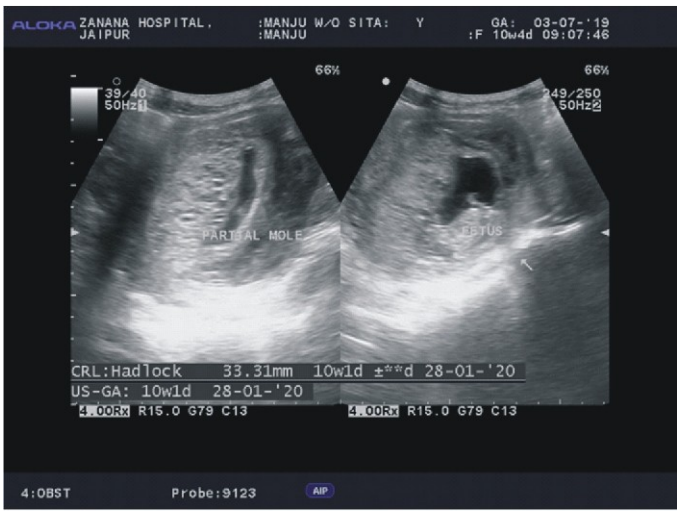

Figure 2 : USG image showing enlarged placenta with numerous small cysts and fetus

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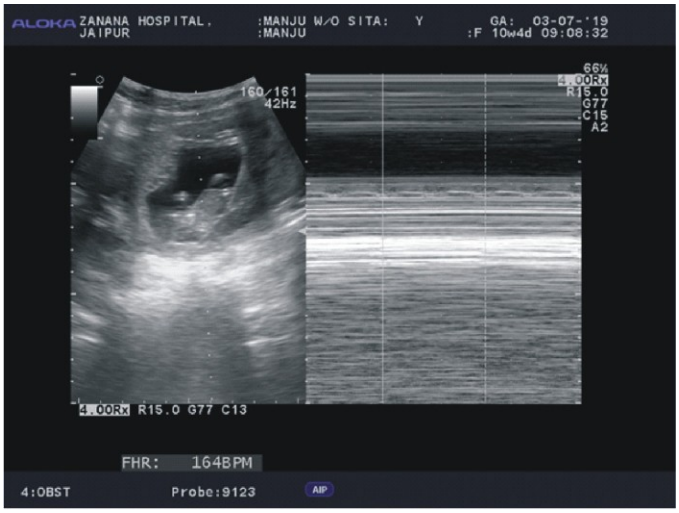

Figure 3 : M mode image showing cardiac activity in fetus

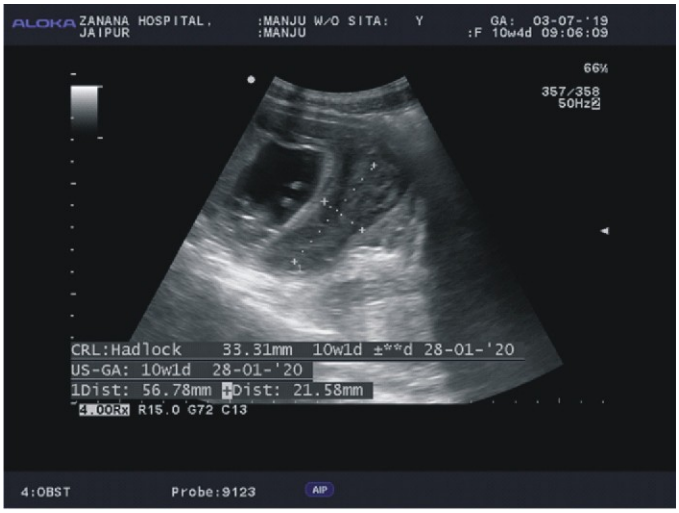

Figure 4 : Showing Subchorionic heamorrhage

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3. Steller MA, Genest DR, Bernstein MR, Lage JM, Goldstein DP, Berkowitz RS. Clinical features of multiple conception with partial or complete molar pregnancy and coexisting fetuses. J Reprod Med Mar 1994;39(3):147-54.