

TUBAL HYDATIDIFORM MOLE: REPORT OF A CASE

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Tubal hydatidiform mole, as well as primary chorionepithelioma of the fallopian tube, seems to be a relatively rare condition. The figures given for the incidence of this condition vary widely with different authors and are confusing. This is perhaps partly due to lack of universally accepted criteria for diagnosis in so called "borderline" cases, both in tubal and in uterine mole (3). Early changes characteristic of hydatidiform mole are frequently overlooked. Many cases reported prior to 1941, including 48 cases reported by Meyer (2), have not been accepted as true mole by present standards. Dewitt Pettit (1) reviewed the literature and accepted 13 cases of tubal hydatidiform mole to which she added one of her own. The latest case we have encountered in the literature is a case reported by Westerhout (4). He calculated the number of well documented cases to be 21.

We believe the tubal hydatidiform mole occurs more frequently than is diagnosed and we wish to report a case which falls, we believe, in the category of true hydatidiform mole.

CASE REPORT

Mrs. M.F., a 36 years old housewife, G₂ P₂ Ab₀, was first seen on March 23, 1972 with a history of 3 days of lower abdominal pain and vaginal spotting. Menarche occurred at the age 13 and her menstrual periods had always been regular, occurring every 27 days, lasting 6-7 days. There was no dysmenorrhoea at any time. The two previous pregnancies were uncomplicated and terminated by vaginal deliveries 17 and 19 years prior to her present illness. Her husband was 40 years of age. She reported regular marital relations with him.

Physical examination was essentially negative. The external genitalia and cervix were normal. The uterus was normal in size and position. Because of the lower abdominal pain the palpation of adnexes was not possible. The laboratory examination revealed Hgb. 88 %, RBC 4.4 million, and WBC 13,800. The sedimentation rate was 43, 72 and 144 after 1, 2 and 24 hours respectively.

The patient was treated conservatively and during the next 6 days her condition appeared to improve. On March 29, the patient complained again of sudden lower abdominal pain. Vaginal bleeding was present. It was darker than usual and contained clots. The cervix was pink and soft. The left adnexa was tender and there was a suggestion of fullness. No mass was palpable. On recto-vaginal examination, the cul-de-sac was soft and bulging. Under general anesthesia culdocentesis was performed and 3-4 ml. of nonclotting blood was obtained. Samples of serum and urine were taken for gonadotropin activity assay. On the basis of clinical courses and findings, a diagnosis of ruptured tubal pregnancy was made and laparotomy was performed immediately. Fluid and clotted blood, amounting to about 300 ml. was present in the peritoneal cavity. The distal portion of the left fallopian tube was found to be swollen and ruptured. The right fallopian tube and ovary were normal. Left salpingo-oophorectomy was performed. No fetus nor molar villosity were seen in the gross section of the removed tissues.

* On microscopic examination, chorionic villi in the lumen of the fallopian tube shows characteristic hydatidiform changes, namely: proliferation of chorionic epithelium, liquefaction degeneration of the stromal tissue, and lack of blood vessels in the villi (Fig. 1).

Serum and urinary gonadotropin activity, checked by the frog test, gave highly positive results. The postoperative course was uncomplicated. X-ray examination of the chest was negative. To eliminate any contamination of the uterine cavity by hydatidiform mole a uterine curetage was performed after initial operation under general anesthesia. Microscopic examination of the endometrium showed typical Arias-Stella phenomenon. The patient was discharged 3 days after curetage was performed. In the course of follow-up, general condition of patient was normal and pelvic condition was satisfactory. Frog test for gonadotropin activity was negative on April 12, June 14, July 16 and August 14. The last gonadotropin assay was negative on November 15, 1972. Further surveillance with increasing intervals between each examination will be carried out for two year.



Fig. 1 Showing hydatidiform degeneration of the villi and trophoblastic proliferation.

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Summary

A case report of the relatively rare condition of a primary hydatidiform mole in the fallopian tube is presented.

Key words: Hydatidiform mole
Fallopian tube

Resume

A cas assez rare d'une mole hydatiforme tubaire est présenté.

References

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