

Live Pregnancy With a Coexistent Partial Hydatidiform Mole

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A 23-year-old Gravida 3 Para 1+1 at 26 weeks and four days of amenorrhea presented at our obstetrics and gynecology clinic for assessment following a coincidental scan that revealed a single live intrauterine fetus in cephalic presentation, longitudinal lie with normal cardiac activity, heart rate of 150 beats per minute, normal gross anatomy and estimated fetal weight of 992 grams. Adjacent to it, however, was a large monoamniotic echo complex mass of approximately 398 milliliters with a 'snow storm' appearance. The patient was asymptomatic at the time of arrival. She had, however, had occasional episodes of mild vaginal bleeding about two weeks prior to visiting the clinic, which resolved following treatment from a nearby health center at her home, where it was managed as a threatening abortion. Her previous obstetric history was of molar pregnancy in her second pregnancy about one year ago, where a suction evacuation was notably done, and the patient improved. The first pregnancy was uneventful throughout the prenatal, perinatal, and puerperal time.



Figure 1. Ultrasound scan image of a live pregnancy with coexistent partial hydatidiform mole

Comment

Although coexistent hydatidiform moles have traditionally been known to be extremely rare (1), they seem to be on the rise in the current days probably because of the wide spread application of routine antenatal ultrasonographies. A remarkable number of hydatidiform moles with coexistent live fetus cases have been reported after mid gestation with a significant number of them reaching term with subsequent live births (2,3). This case therefore justifies the need for regular obstetric ultrasound sonographies and insinuates the need for intensive research and clear protocols regarding the management of such cases when encountered.

Acknowledgments

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References

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