ISSN: 0975-833X

Available online at http://www.journalcra.com

International Journal of Current Research
Vol. 15, Issue, 01, pp.23514-23515, January, 2023
DOI: https://doi.org/10.24941/ijcr.44681.01.2023

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

RESEARCH ARTICLE

TWIN PREGNANCY WITH ONE FETUS AND ONE COMPLETE MOLE: A CASE REPORT

***Debasmita Debbarma**

Consultant Occupational Therapist, Occupational therapy Unit, Children Humanity Foundation (CHF), Ibadan, Oyo State, Nigeria

ARTICLE INFO

Article History:
Received 14th October, 2022
Received in revised form
17th November, 2022
Accepted 19th December, 2022
Published online 30th January, 2023

Key words:

Gestational Trophoblastic Disease (GTD), Multiple Birth, Obstetrics, Pregnancy.

**Corresponding Author:*
Debasmita Debbarma

ABSTRACT

Twin pregnancy consisting of one fetus and one complete mole (CMCF, complete hydatidiform mole and a coexistent fetus) is an obstetric rarity with an incidence of 1/22000 to 1/100000 pregnancies. Associated risks include prematurity, intrauterine death, vaginal bleeding, preeclampsia, hyperthyroidism, theca lutein cysts, uterine rupture and the development of malignant neoplasia in the form of a trophoblastic tumour (GTD, persistent gestational trophoblastic disease), which is thought to be the most common complication. We report the case of a 33-year-old patient with CMCF in the 30 week of pregnancy in labour pain without any ANC .She delivered preterm alive girl baby vaginally 1.5 hours after admission.

Citation: ***Debasmita Debbarma.*** **2023.** "Twin pregnancy with one fetus and one complete mole-a case report*". International Journal of Current Research*, 15, (01), 23514-23515.

INTRODUCTION

Twin pregnancy with a complete hydatidi form mole and a normal fetus (CMCF) is extremely rare with an estimated incidence of one in 22000-100000 pregnancies .CMCF cases are at high risk of spontaneous abortion, preterm delivery, Intrauterine death, bleeding, preeclampsia, persistent trophoblastic diseases. Here we report a case of a complete mole with coexisting twin without any ANC in labour pain ,and diagnosis of CMCF was made post delivery with good maternal and fetal outcome.

CASE REPORT

A 33 year old G4P3L3 at 30 weeks of gestation referred case from remote PHC was admitted in labour emergency without any ANC in labour pain. O/E-she is well nourished, pallor ++,BP-122/82mmHg,PR-82bpm P/A-uterus 36weeks,FHS (+),CONTRACTION (++),P/V- os 4cm dilated cx-50-60% effaced ,cephalic ,membrane absent, station 0,1.5 hours after she delivered alive female baby of 1900gm vaginally. Apgar score at 1,5,10 mins were 6,7,9.

The normal looking placenta weighed 440gm,and an approximately 22cm *20*4cm irregularly shaped mass with multiple grapelike vesicles was delivered. Pathologic examination results were consistent with a CMCF .Her Beta-hCG level was greater than 58000 one week postpartum, the Beta-hCG level declined to 2400mIU/ml and was normolized within 10weeks without any chemotherapy.

DISCUSSION

Three disease entities must be considered in the differential diagnosis when a mole -like placenta is suspected together with a viable fetus: a singleton pregnancy consisting of a partial mole and one viablefetus, a twin pregnancy with a complete mole and one viable twin with a separate placenta and a combination of a partial mole with a twin in one amniotic sac, and one normal twin in the other. Complete moles have a potential for local invasion and dissemination .After molar evacuation local uterine invasion occurs in 15% and metastasis occurs in 4 %Patients with any one of these signs were considered at high risk for developing postmolartumor

- Hcg level greater than 100000 mIU/ml
- Excessive uterine enlargement
- Theca leutin cyst 6cm in diameter or larger.

Diagnosis is mostly made on ultrasound, usually between the 12th and 14th weeks of pregnancy ,however despite advances in obstetric and gynaecological ultrasound the detection rate reported in the literature is only about 68%.MRI offers a useful imaging alternative and confirmation is by HPE. Traditionally, termination of pregnancy was advocated to avoid maternal or foetal complications. Recent studies have reported a pregnancy termination rate of 4% to 71% due to complications. 60% of pregnancies go beyond 28 weeks with a foetal survival rate of 70%.

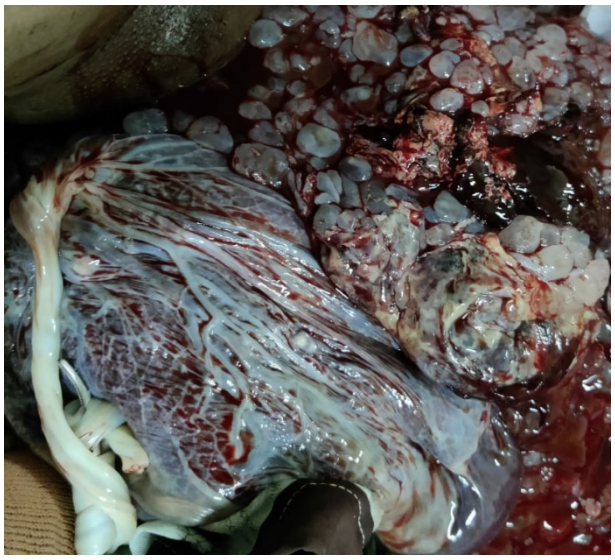

Figure : 1 A normal placenta and molar tissue are seen separately

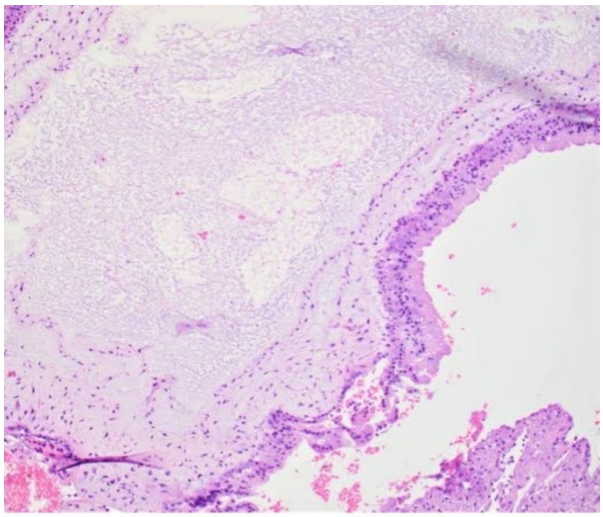

Figure 2. Histology of molar tissue showing avascular oedematous villi with circumferential trophoblastic proliferation .

CONCLUSION

Although rare, the occurrence of a twin pregnancy with hydatidi form mole should be considered by obstetricians during prenatal care .Normal fetuses in the presence of a molar placenta should encourage diagnostic suspicion. Treatment at referral centres, in addition to providing imaging, pathology and genetic resourses for the preliminary analysis of these patients, facilitates systematic post molar monitoring capable of anticipating disease progression topostnatal GTN and initiation of appropriate chemotherapy with a high chance of cure. As in our case patient had no ANC though she continued such a rare entity till 30weeks gestation which shows twin pregnancy with a complete hydatidiform mole and coexisting normal foetus can result in a good obstetric and neonatal outcome.

Conflicts of interest: There are no conflicts of interest.

REFERENCES

1. Vimercati A, de Gennaro AC, Cobuzzi I. Two cases of complete hydatidiform mole and coexistent live fetus. J Prenat Med. 2013;7(1):1-4.
2. Moini A, Ahmadi F, Eslami B, Zafarani F. Dizygotic twin pregnancy with a complete hydatidiform mole and a coexisting viable fetus. Iran J Radiol. 2011;8(4):249-52.
3. Shazly S, Ali MK, Badee AYA. Twin pregnancy with complete hydatidiform mole and coexisting fetus following ovulation induction with a nonprescribed clomiphene citrate regimen: a case report. J Med Case Rep. 2012;6:95.
4. Dolapcioglu K, Gungoren A, HakverdiS.. Twin pregnancy with a complete hydatidiform mole and co-existent live fetus: two case reports and review of the literature. Arch Gynecol Obstet. 2009;279(3):431-6.
5. Radhouane A, Imen BA, Khaled N. Twin pregnancy with both complete hydatiform mole and coexistent alive fetus: Case report. Asian Pacific Journal of Reproduction. 2015;4(4):331-3.
6. Sheela CN, Karanth S, Rao PV, Sebastian R, Chandrakala BS, Crasta J. Twin pregnancy with a complete hydatidiform mole and coexisting foetus. Int J Reprod Contracept Obstet Gynecol2016;5:2881-3

****