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A Rare Case of Invasive Mole with Silent Uterine Perforation- A Case Report

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Abstract
Invasive mole is a condition where the trophoblastic tumour invades the myometrium that may erode into the uterine vessels, causing massive intraperitoneal haemorrhage. Normally it gets detected by ultrasonography, confirmed by raised beta-hCG levels and patient also presents with bleeding per vaginum or pain lower abdomen. Sometimes it goes undetected and can present with silent perforating mole. Here, we report a case of invasive hydatidiform mole presenting as an acute primary haemoperitoneum. The patient presented in emergency with acute abdominal pain, vomiting and signs of haemoperitoneum. Following resuscitation, emergency laparotomy was done which revealed a molar pregnancy perforating through the posterior surface of uterus, resulting in massive haemoperitoneum. For this intractable bleeding, lifesaving hysterectomy was done and patient's life was saved. The serum beta chorionic gonadotropin (ß-hCG) levels decreased spontaneously following evacuation of the molar pregnancy.
Keywords: *Molar pregnancy, Invasive mole, haemoperitoneum*

Introduction

Locally invasive Gestational trophoblastic neoplasia develops in about 15% of patients after evacuation of a complete mole and infrequently after other gestations and metastasis occurs in about 4% cases after evacuation of a complete mole [(1,2)]. There is extensive tissue invasion by trophoblastic cells and whole villi. There is penetration deep into the myometrium, sometimes with involvement of the peritoneum, adjacent parametrium or vaginal vault. They are locally invasive but generally lacks the pronounced tendency to widespread metastasis typical of choriocarcinoma. The presence of villi in the trophoblastic tissue differentiates an invasive mole from choriocarcinoma. Early diagnosis and treatment is important in these patients. Serial serum human chorionic gonadotrophin levels are of great value for early diagnosis as well as for further follow up. We report a case of invasive hydatidiform mole perforating through the posterior wall of uterus resulting in a massive haemoperitoneum.

Clinical Case Report

This rare case has been reported after taking proper consent from the patient. A 24-year female presented to the emergency of Government Medical College, Amritsar on March 29, 2013 with complaints of acute abdominal pain and

vomiting. One month back, she underwent Dilatation and Curettage for spontaneous abortion after three months of amenorrhoea at some private hospital. Patient remained fine and asymptomatic after that but a day before coming to this hospital, suddenly she had sudden onset of excessive vomiting and severe pain in lower abdomen, which was not relieved by any medication. Her previous cycles were regular. Urine for pregnancy test was positive. She was pale, had tachycardia and a BP of 90/60 mmHg. Tenderness was present all over her abdomen. On bimanual examination, the uterus was soft, bulky and tenderness could be felt through all the fornices but there was no cervical motion tenderness. Investigations including routine blood tests, serum ß-hCG and emergency ultrasound, were done. Haemoglobin came out 2.5gm/dl and blood group being AB positive. Thyroid profile was normal. Emergency USG was done and the report was showing molar pregnancy invading the myometrium and there was moderate amount of hemoperitoneum.

Following resuscitation, patient was taken up for emergency laparotomy, which lasted for about two hours. Abdomen was opened by midline vertical infraumbilical incision and 3 liters of blood and blood clots were evacuated. Uterus was soft and enlarged to a size of 10 weeks pregnancy, both adnexae were normal. The myometrium was deficient in fundus and posterior wall, was only covered by serosa. Multiple spurts of blood were coming through that area. Multiple grapes like vesicles were sprouting through the anterior and posterior wall (Figure 1). As it was non-repairable, decision of life saving hysterectomy was taken in view of profuse bleeding from the uterus and condition of the patient. Total abdominal hysterectomy was done and complete haemostasis achieved. Intraoperatively, patient was transfused 9 units of blood and life of patient was saved. Histopathology report (963/13/2013) confirmed the diagnosis of complete invasive mole invading entire myometrium upto serosa (Figure 2).

Postoperatively, metastatic work-up was done including serum ß-hCG, liver function tests, chest x-ray and upper abdominal ultrasonography. Preoperatively, ß-hCG levels were 6,025 IU/L. Post-operatively after 1 week, levels were 1,086 IU/ml and next week levels were 60 IU/L. Further follow-up was done weekly till three negative values were obtained. The subsequent ß-hCG levels were negative on regular follow up visits.

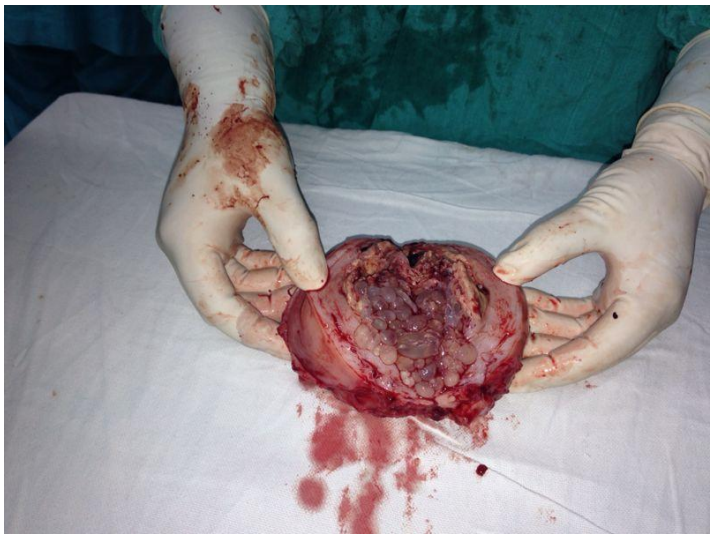

Figure 1: Showing multiple grape like vesicles sprouting from both anterior and posterior wall of uterus

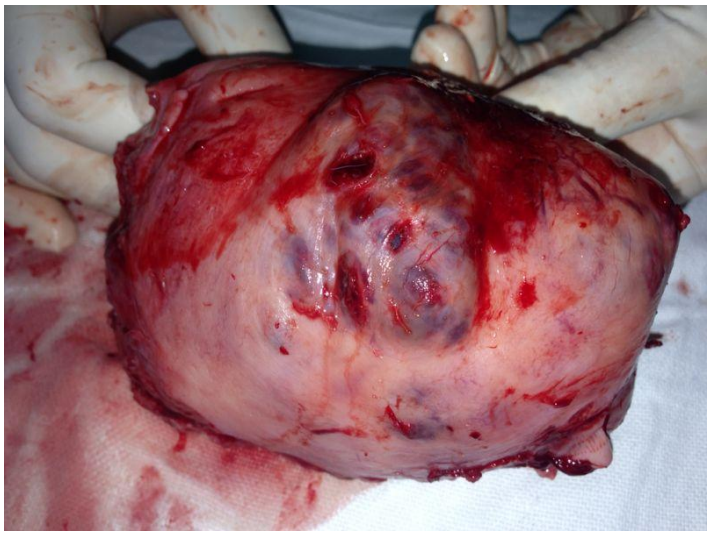

Figure 2: Showing invasive mole showing whole thickness of myometrium upto serosa

Discussion

An invasive mole is more aggressive tumor associated with molar pregnancies but very rarely

causes uterine perforation. Invasive mole may perforate through the whole thickness of the myometrium resulting in uterine perforation and intraperitoneal bleeding [3]. Distant metastasis also rarely occurs in invasive moles, the most common site involved is the lung [4,5]. Uterine evacuation and curettage is the treatment of choice in most of the cases but in some rare cases with intractable bleeding, hysterectomy may be required. In our case, we had to perform hysterectomy to save the life of patient. Use of chemotherapy is controversial in the management of invasive mole. As there was downward trend in ß-hCG levels, they rapidly became negative and there was no evidence of metastasis, we did not consider chemotherapy in our case. Follow up was done for two years and the patient is absolutely fine. The main thing to report this case is that any patient who is having miscarriage, should get properly investigated before D&C by ultrasonography and products of conception should be sent for histopathology as it can be a case of molar pregnancy and the condition can become life threatening if not managed in time.

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