

## A HYDATIFORM MOLE?

By

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A.B., a 19-year old prima gravida, married in January 1967, and first missed her period in the 3rd of March of the following year. There was no previous history of abortion, and nothing peculiar in her family history apart from her mother having had twins. She experienced vomiting in the first trimester, and no toxæmia (which rarely occurs before the end of the 20th week, is frequently symptom-free, and often undiagnosed unless the patient attends ante-natal care).

She felt foetal movements at the 18th week — which is remarkable but can be explained by the sensation felt when the “mole” begins to detach itself from the uterine wall, also evidenced by irregular spot-like bleeding at this stage. (In point of fact a local obstetrician had a patient feeling foetal movements and having such bleeding but later discovered a sub-mucous fibroma which was expelled as in a normal delivery).

She first attended St. Luke's ante-natal clinic on the 19th December 1968, and a pseudo-cyesis was then diagnosed.

An X-ray of the 28th December 1968 revealed no foetal parts except for a mass in the abdomen. The Haemoglobin level then stood at 14g./100ml (95%), but fell to 12.5g./100ml (84%) two months later.

The pregnancy test was positive at all times. On the 30th January 1969 a quantitative pregnancy test at a dilution of  $\frac{1}{2}$  equivalent to more than 2,000 units of H.C.G. (Chorionic Gonadotrophin) per litre was recorded. On the 19th of February of the same year she had slight vaginal bleeding which was painless. Two days later there was a similar episode with enough blood lost to soak a “pad”. A doctor on examining her elicited a head presentation

and even pronounced it to be engaged. The patient however confided that she no longer felt the foetus move, until two days later when after being admitted to the casualty department a “tentative” diagnosis of placenta praevia was appropriately ascribed since the patient now revealed she had spot-like vaginal bleeding four months after her L.M.P.

On the 21st February of 1969 the patient was already two months overdue by dates but her fundal height was at 7 months. Her blood pressure was 130/85, which is slightly high for the average Maltese pregnant woman in whom it normally is 95/60. On the other hand, judging from the size of the uterus at this stage, any signs of pre-eclamptic toxæmia would not have been overt in this case. A Hydatiform Mole usually has a characteristic doughy feel and there may also be a uterine “souffle”. The abdomen was distended mostly at the centre. It felt cystic and a hard mass was felt in the right lower quadrant of a somewhat rounded contour. Percussion of this area was dull, the rest of the abdomen being tympanitic. The foetal heart was never heard at any time.

The onset of labour was spontaneous at 4 p.m. on the 22nd of February 1969, and at 11.15 p.m. the “mole” was expelled in one piece — an amazingly perfect cast of the uterus and cervix, with some grape-like clusters so that the “mole” was in fact not a mole but a “long retained product of gestation with some hydropic change” — a description which I owe to a senior pathologist. This was the product of 11 months 8 days gestation.

It had a perfect consistency, was well encapsulated, covered with much fibrin, and definitely not malignant. Inside it may be the charred remains of an embryo or foetus — if there existed any in the first place.