Partial molar pregnancy and coexisting live fetus with normal karyotype - the dilemma of management and prenatal diagnosis

Bartłomiej Wolski 2, Maciej W. Socha 2, 1,

1. Department of Obstetrics, Women’s Health and Gynecologic Oncology, the Ludwik Rydygier Collegium Medicum in Bydgoszcz, the Nicolaus Copernicus University in Torun, Bydgoszcz, Poland.
2. Department of Obstetrics and Gynecology, St. Adalbert’s Hospital, Gdansk, Poland.

Introduction

Most partial molar pregnancies are associated with a triploid karyotype, however 32% of cytogenetic analyses are normal XY or XX. Because of high rate of adverse perinatal outcome we observe only a few antenatally diagnosed cases. Patients with partial mole do not have the same clinical features as those with complete mole. Uterine enlargement and preeclampsia is reported in only 3% of patients and theca lutein cysts, hyperemesis, and hyperthyroidism are rare. These patients usually present vaginal bleeding only and ultrasonography is the first key examination for identifying molar pregnancy. The higher risk of maternal morbidity and different fetal prognosis in these cases should be always considered to avoid diagnostic failure.

Results

The first ultrasonographic exam performed at 16 weeks of gestation revealed suspicion of large retroplacental haematoma with living fetus. The pregnancy was observed until 28 weeks of gestation then we discovered characteristic partial molar placental transformation. Serum hCG levels were elevated with rapid progression to 250 000 IU/ml. Genetic sampling of amniotic fluid confirmed a normal karyotype. The pregnancy was managed expectantly until 28 weeks when maternal signs progression, oligohydramnion and pathologic fetal Doppler flows were observed. The cesarean section was performed with successful newborn’s outcome.

Conclusion

The clinical management of partial molar pregnancy with coexisting living fetus should be done individually. Continuation of pregnancy may be considered, depending on prenatal diagnosis including a fetal karyotype and close follow-up for progression of maternal and fetal risks performed in tertiary centers.