Two cases of twin pregnancy with a hydatidiform mole and a coexisting live fetus, especially with high levels of βhCG

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Introduction
Twin pregnancy with a hydatidiform mole and a coexisting live fetus is a rare occurrence associated with the increased risk of obstetric complications and poor perinatal outcome. Here we reported two cases of twin molar pregnancy opted for conservative management resulted with unfavorable consequences.

First Case
A 31-year-old primigravida woman undergoing in-vitro fertilization and two embryos transfer. The diagnosis of molar pregnancy was made on ultrasound imaging and elevated levels of βhCG (630,278mIU/mL) at 11 weeks of gestation(Figure1) She came with abdominal pain, vaginal bleeding, βhCG level greater than 1,000,000mIU/mL, and intrauterine fetal death at 15 weeks of gestation. After termination of pregnancy, the βhCG level normalized after additional 3 courses of chemotherapy.

Second Case
A 29-year-old primigravida woman in natural conception. At 11 weeks of gestation, she was diagnosed with molar pregnancy by abnormal ultrasound imaging (Figure2) and high levels of βhCG (above 200,000mIU/mL). At 22 weeks of gestation, she came to the hospital with massive vaginal bleeding and the elevated βhCG level upto 896,503mIU/mL. The pregnancy was to be terminated immediately. The βhCG level showed rapid regression and reached normal in 5 weeks without any treatment.

Discussion
Diagnosis in such cases can be simply made by ultrasound examination and high levels of βhCG. But the decision to continue or terminate pregnancy is always problematic. There are some case reports associated with poor perinatal outcome as shown in our cases. Some authors also report cases of successful delivery of live fetus, but they have relatively lower levels of βhCG. Suksai suggest in the recent meta-analysis that the cut-off value of βhCG is 400,000mIU to enable the pregnancy reaching fetal viability.

Conclusion
We propose that the best option may be to terminate the pregnancy when the level of βhCG were extremely high at the time of diagnosis.