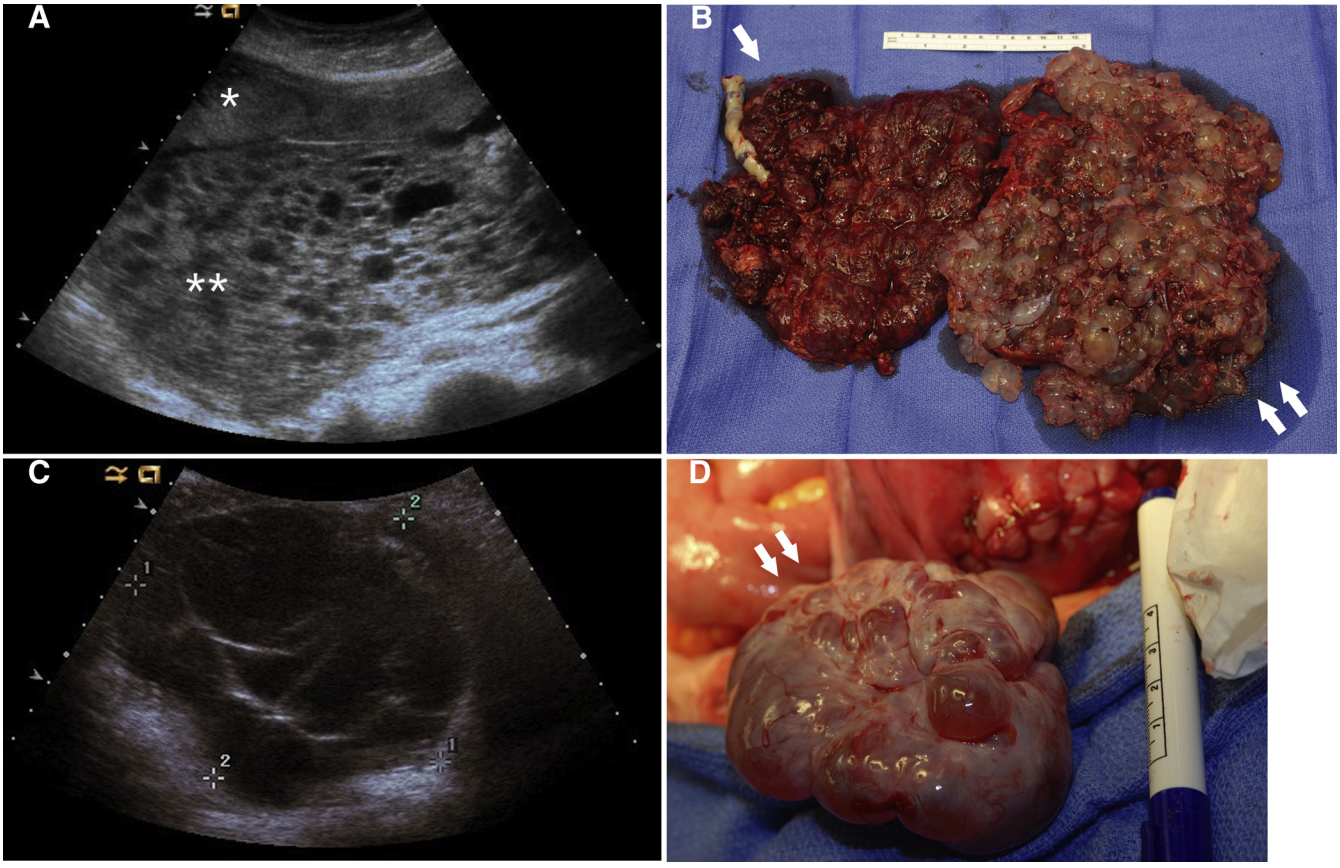
Complete molar pregnancy coexisting with a normal fetus in the third trimester

Alexandra Jade Loza, DO; Yu Ming Victor Fang, MD

FIGURE
Ultrasound and gross images of the normal placenta, molar pregnancy, and theca lutein cyst



A, Abdominal ultrasound scan (the *single asterisk* indicates the normal placenta; the *double asterisks* indicate the molar pregnancy); **B**, Gross pathologic specimen (the *single arrow* indicates the normal placenta; the *double arrows* indicate the molar pregnancy); **C**, Abdominal ultrasound scan shows a massive theca lutein cyst (the typical multilocular appearance is noted); **D**, Intraoperatively (the *arrows* indicate the multicystic ovary).

Loza. Complete molar pregnancy coexisting with a normal fetus in the third trimester. Am J Obstet Gynecol 2019.

Case notes

A 34-year-old primiparous woman initially was seen at 17+ weeks gestation for a fetal ultrasound scan because of an increased risk for Down syndrome that had been detected via a quad screen. The ultrasound image revealed a normal-appearing fetus coexisting with a molar pregnancy and bilateral 10-cm multicystic ovaries. A genetic amniocentesis revealed normal fetal chromosomes. Her serum human chorionic gonadotropin (hCG) level at diagnosis was 942,000 IU/L. Laboratory values were all normal, except for subclinical hyperthyroidism. After extensive counseling, she elected to continue her pregnancy. Except for persistent vaginal spotting, she remained asymptomatic with normal blood pressures. Serial chest x-rays were negative for metastasis.

At 32 3/7 weeks gestation, she delivered an appropriately grown live male infant via an uncomplicated primary cesarean

From the University of Connecticut School of Medicine, Farmington, CT.

Received Oct. 13, 2018; accepted Nov. 2, 2018.

The authors report no conflict of interest.

Corresponding author: Yu Ming Victor Fang, MD. victorfang99@gmail.com

0002-9378/$36.00

https://doi.org/10.1016/j.ajog.2018.11.126

delivery because of preterm labor. Her serum hCG levels fell appropriately after delivery. She will be followed with monthly serum hCG levels for 1 year to detect postmolar gestational trophoblastic disease. ■

ACKNOWLEDGMENT

The authors would like to dedicate the paper to the memory of James F.X. Egan, MD, who provided guidance throughout the management of this case.