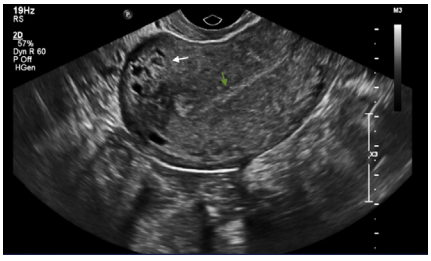
Interstitial pregnancy mimicking an invasive hydatidiform mole

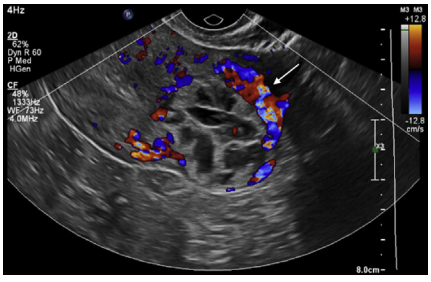
Sandhya Mittal, MD; Sharifa Menon, MD

FIGURE 1
Transvaginal ultrasound



Mittal. Interstitial pregnancy mimicking an invasive hydatidiform mole. Am J Obstet Gynecol 2019.

FIGURE 2
Color Doppler ultrasound



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A 36 year old gravida 9 para 3 female presented at 11 weeks of gestation with abdominal pain and vaginal spotting for 2 days. Her obstetrics history was significant for 3 vaginal deliveries, 4 surgical terminations of pregnancy, and 1 spontaneous abortion. She denied a history of molar pregnancy.

Her beta-human chorionic gonadotrophins was 10,998 mIU/mL. Transvaginal ultrasound revealed the absence of intrauterine pregnancy, and 4.2 × 3.6 cm hypervascular complex nodule in the uterus suspicious for invasive hydatidiform mole (Figure 1, the lesion, [white arrow] is seen away from the endometrium [green arrow]; in Figure 2, note prominent blood flow [white arrow]).

FIGURE 3
Magnetic resonance imaging image

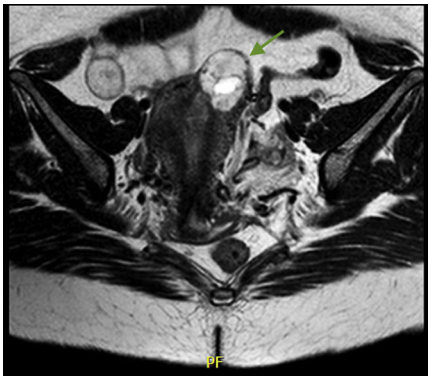

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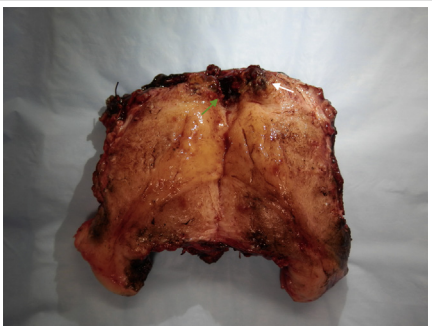
FIGURE 4
Cut section of the uterus



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Subsequent magnetic resonance imaging confirmed the ultrasound findings (Figure 3 demonstrates enhancing lesion [green arrow]). The patient declined chemotherapy, opted for surgical management, and underwent hysterectomy and bilateral salpingectomy (Figure 4; the lesion [white arrow] is seen with hemorrhagic component [green arrow]). Histopathology revealed normal chorionic villi, separated from the endometrium by a fibrin layer, thus diagnosing interstitial pregnancy.

Invasive hydatidiform mole and interstitial pregnancy both exhibit a highly vascular mass and invasion into the myometrium. However, the presence of yolk sac and embryo favors the diagnosis of interstitial pregnancy, whereas the absence of fetal structure and appearance of cystic spaces in the context of an elevated beta-human chorionic gonadotrophins is suggestive of gestational trophoblastic neoplasm. ■

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