

Twin Conception of a Hydatidiform Mole and a Co-Existing Viable Fetus

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ABSTRACT

Multiple pregnancy with a normal live fetus and concurrent gestational trophoblastic disease is associated with obstetric complications and potential adverse outcomes. Diagnosis with appropriate imaging, counselling and a systematic approach are the mainstay of the management of these exceptional cases.

24 years old in her second pregnancy was diagnosed as twin gestation. Early gestational imaging showed twin gestation with one live fetus and the other sac with possible missed miscarriage. Subsequent imaging at 10 weeks showed one live fetus and the other sac with molar changes. Pregnancy was monitored up to 14 weeks but had to be terminated due to thyrotoxicosis, hypertension and vaginal bleeding. At 14 weeks abdominal assessment revealed a uterus of more than 25 gestational weeks. Ultrasound assessment showed the placenta to be covering the cervix with increased vascularity. A multidisciplinary approach was undertaken and in view of thyrotoxicosis associated with molar changes and vaginal bleeding, the pregnancy was terminated by hysterotomy. The postpartum period was complicated with preeclampsia which necessitated admission to the intensive care unit. Post-delivery the client received six cycles of methotrexate as chemotherapy. After 8 months from initiation of chemotherapy, the client attained complete recovery.

Keywords: Molar pregnancy, Thyrotoxicosis, Hysterotomy, Methotrexate, Multiple pregnancies

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