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FOGSI celebrates 75 years – Diamond Jubliee

**Poster Number: EP 182** **Name: Dr. Vaishnavi Hajare**

# Title:Trophoblastic Turmoil: A rare case report on invasive mole.

## INTRODUCTION

Invasive mole is a rare form of gestational trophoblastic disease characterized by abnormal trophoblastic proliferation and invasion into the myometrium or adjacent tissues.

## DISCUSSION AND FOLLOW UP

Normalisation of Beta HCG value,2 additional cycles of chemotherapy given to prevent relapse
The patient was discharged on OCPs and is on regular monthly follow up
**Beta HCG – 0.48** **LMP- 8/8/24**
Case highlights aggressiveness of GTN and early recognition with vigilant follow up are crucial for managing such case.

## CONCLUSION

This case underscores the importance of monitoring beta-hCG levels post-molar pregnancy. Early diagnosis and chemotherapy are critical for managing metastatic gestational trophoblastic neoplasms. Multidisciplinary care ensures optimal outcomes.

## REFERENCES


1.Lurain, J. R. (2010). "Gestational trophoblastic disease I: epidemiology, pathology, clinical presentation and diagnosis of gestational trophoblastic disease, and management of hydatidiform mole." *American Journal of Obstetrics and Gynecology*, .2.Wang, Y., et al. (2015). "Pulmonary metastases in gestational trophoblastic neoplasia: Clinical features and outcomes." *The Lancet Oncology*, 3Seckl, M. J., Sebire, N. J., & Berkowitz, R. S. (2013). "Gestational trophoblastic disease." *The Lancet*.


## HISTORY

37y, female, married since 17years, G5P3L3A2 at 3rd month of amenorrhea referred with c/o
Pain abdomen
Per vaginal bleeding
Abdominal distension
Breathlessness and giddiness since morning

**O/E**:
drowsy,but oriented to
pallor+,tachycardia(pulse :140/min, BP:90/60)
**PS**:Altered bleeding +
**PV**:Os admits tip of finger
Bogginess present in POD
B/L forniceal fullness and tenderness +

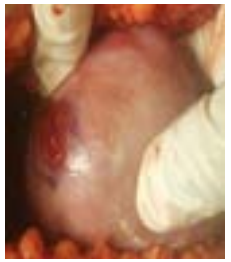
18 days back - c/o pv bleeding and pain abdomen

Hb- 5.6g/dl
HCT:14.8%
CXR:Multiple opacities
RFT/LFT:WNL
Usg: hematoma
TSH:0.68

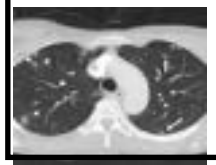
UPT + Ultrasound: molar pregnancy

Suction and evacuation

Post evacuation Day 15: Started having pain abdomen, abdominal distension and per vaginal bleeding



Pts condition improving



HRCT (POD 3)- **lung metastasis**.Minimal b/l pleural effusion present
USG abdomen: Normal

ONCOLOGY OPINION: Chemotherapy
**( STAGE III:6 )**

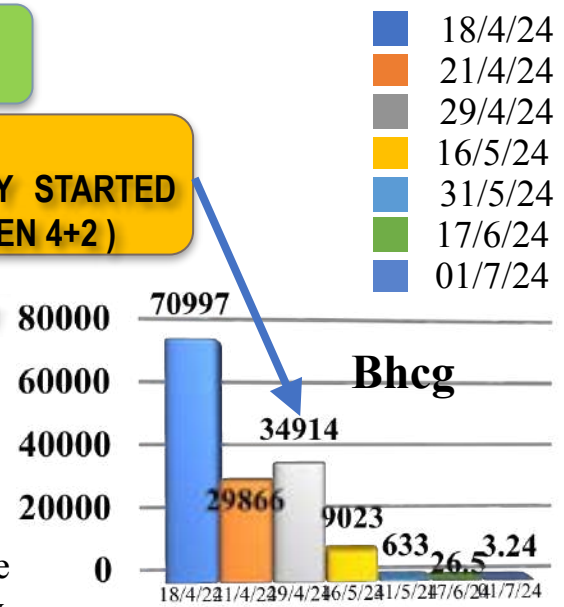
**HPR: hydatidiform mole**

## CASE OPERATION PROCEDURE &MANAGEMENT

**DAY 1** • **EXPLORATORY LAPAROTOMY**

**DAY 16** • **CHEMOTHERAPY STARTED ( EMACO REGIMEN 4+2 )**

Under GA, a **midline vertical incision** was taken.Massive hemoperitoneum noted (~ 4 litres drained)
1 PCV & 2 FFPs were given intraoperatively.
She was on pressor supports ( Inj Norad and dopamine) throughout the surgery




Uterus - **slightly bulky.**
Anterior uterine wall- **1cm perforation**
Soft tissue seen protruding from perforation site and sent for HPE.
**Edges- Irregular, ragged**
**Fresh oozing** present from the site of perforation.
The defect was closed with vicyrl 1-0 in interrupted manner.
Drain kept insitu .