



## 27th World Congress on Ultrasound in Obstetrics and Gynecology 16 – 19 September 2017, Vienna, Austria

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**Positive result of I trimester combined screening as a first sign of coexistence of normal and molar pregnancy – case report**

#### EP15.07 Positive result of I trimester combined screening as a first sign of coexistence of normal and molar pregnancy – case report.

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##### Introduction

Complete molar pregnancy coexisting with normal fetus is very rare. Mostly early signs of molar pregnancy are easily visible in I trimester ultrasound. The absence or presence of a fetus or embryo is used to distinguish complete moles from partial moles.

##### Case description

We present in our opinion first case of normal pregnancy coexisting with molar pregnancy, which manifested at first with positive combined I trimester screening test (PAPPA, beta-HCG, USG). Because of these results amniocentesis was performed. Fetal karyotyping revealed 46XX. Sonographic features of hydatidiform mole were detected late, in 18 week of pregnancy.



Figure 1. Sonographic features of molar placenta



Figure 2. Connection between „normal” and „molar” placenta

##### HCG value

- 4,0 MOM at 12 week
- 144 tys. at 20 week
- 44350 mIU/ml 12 hours after delivery
- 16 mIU/ml at 4-week Follow-up

##### Complications:

**Anaemia, PPRM, recurrent bleeding  
Delivery at 32 week of gestation –  
mode of delivery depends on clinical  
situation**

##### Conclusion

A pregnancy with a complete hydatidiform mole and a living cotwin can be a serious threat to the health of both the mother and the fetus, however pregnancy continuation and reaching fetal viability is possible in some cases.

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**Abstract:** Complete molar pregnancy coexisting with normal fetus is very rare. Mostly early signs of molar pregnancy are easily visible in I trimester ultrasound: classic sonographic appearance is that of a solid collection of echoes with numerous small anechoic spaces. The absence or presence of a fetus or embryo is used to distinguish complete moles from partial moles. We present in our opinion first case of normal pregnancy coexisting with molar pregnancy, which manifested at first with positive combined I trimester screening test (PAPPA, beta-HCG, USG). Because of these results amniocentesis was performed. Fetal karyotyping revealed 46XX. Sonographic features of hydatidiform mole were detected late, in 18 week of pregnancy. The serum beta-HCG levels were about 144 000 mIU/mL from the diagnosis throughout the remainder of the pregnancy. A female, healthy infant and the molar tissue were delivered through Caesarean section at 32 weeks of gestation because of preterm membranes rupture. The histopathological report confirmed our diagnosis. Complications typical for complete molar pregnancy such as pre-eclampsia or severe bleeding did not occur in our patient. A pregnancy with a complete hydatidiform mole and a living cotwin can be a serious threat to the health of both the mother and the fetus, however pregnancy continuation and reaching fetal viability is possible in some cases.