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Case Report

A cornual invasive hydatiform mole: A literature review

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Introduction

The incidence of ectopic pregnancy and molar pregnancy are respectively estimated about 20% and 1%.[1] The combination of both diseases is extremely rare[1,2] with an estimated incidence ranging between of 0.00005% and 0.01%.[3] To our knowledge, only four cases have been reported in the literature,[3] and this is the first report of an invasive cornual mole.

Case report

A 40-year-old uniparous female patient, without significant medical history, presented at 7 weeks of amenorrhea with sudden acute pain located in the left iliac fossa. She had regular menstrual cycles and used ogino knauss contraception method.

The patient was in a good general and hemodynamic status. Physical examination revealed a sensitivity of the left iliac fossa and pain on the palpation of the lateral fornix of the vagina at uterine mobilization. There was no bleeding.

A trans-vaginal ultrasound found an empty uterine cavity with two intramural posterior and fundus fibroids, measuring 3 and 4 cm, respectively. There was no uterine cavity distortion. The endometrium was homogeneous and had a 5 mm thickness. This examination revealed a heterogenous left latero-uterine mass of about 43.4 mm × 42.3 mm (Fig. 1). The mass was vascularized in Doppler color and painful at the

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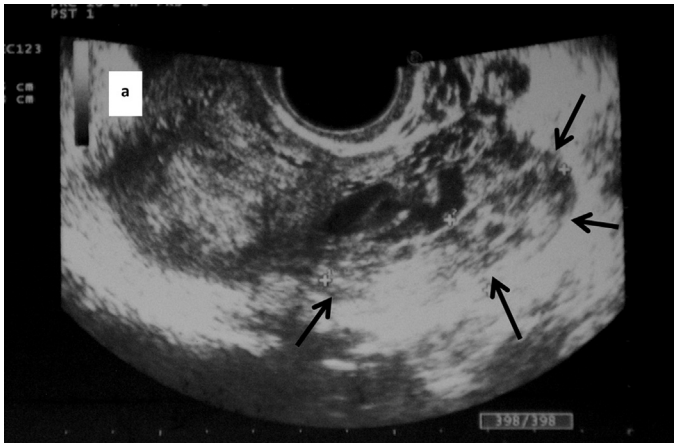

Fig. 1 – Transvaginal sonography: heterogenous left latero uterine mass, which is 43.4 mm × 42.3 mm in size (arrow).

mobilization of the ultrasound probe. Both ovaries were normal. βhCG plasma level was 27,624 IU/ml.

An emergency laparoscopic surgery confirmed a 5 cm left unruptured ectopic corneal pregnancy (Fig. 2). The rest of the abdominal cavity was considered as normal. A mini-laparotomy conversion was performed (because of the high risk of bleeding) and allowed a left salpingectomy associated with a resection of the corresponding uterine horn. Extensive washing of the peritoneal cavity with saline was performed at the end of the procedure. Postoperative course was uneventful.

The macroscopic appearance of the trophoblastic product was vesicular. The microscopic examination (standard hematoxylin and eosin staining) of the surgical specimen confirmed the diagnosis of corneal hydatidiform invasive mole. Indeed, the specimen was formed by trophoblastic villi with hydropic axis containing nuclear debris and invading vessels in the thickness of the tube wall (Fig. 3a). The perivilli trophoblasts were hyperplastic and often atypical (Fig. 3b). Within these cupboards trophoblasts, there were images of bullous dystrophy. An immuno-histochemical study revealed that trophoblastic cells did not express p57KIP2 (Fig. 3c).

One month after the surgery, the patient was asymptomatic and hCG plasma was 26,000 IU/ml but controlled βhCG level one week later revealed an increasing serum concentration of 32,685 IU/ml. At that time, a pelvic ultrasound, a CT scan and an abdominal ultra-sonography were normal. After multidisciplinary consultations, the patient was put on chemotherapy based on methotrexate. The outcome was favorable with negativity hCG plasma (monitored weekly) after 8 cycles of chemotherapy and the patient was in complete remission up to 48 months post-treatment.

Discussion

Ectopic pregnancy is most commonly located in the fallopian tube.[4] Its incidence is estimated at 20 per 1000 pregnancies. The cornual location represents 2–4% of ectopic pregnancies.[5] Moreover, the incidence of the molar pregnancy is estimated

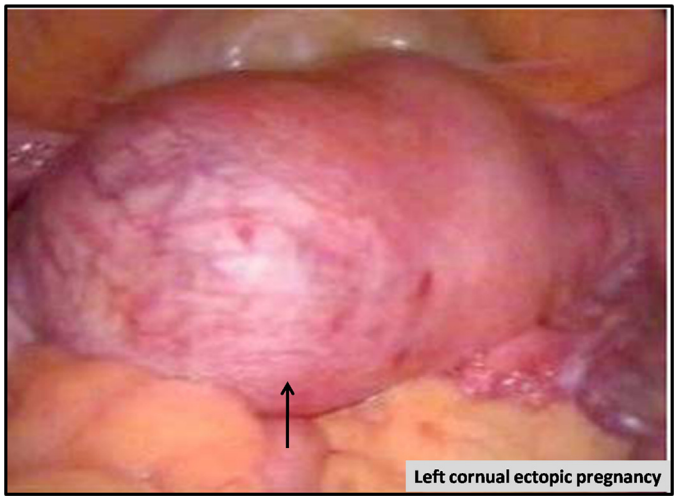

Fig. 2 – Unruptured left cornual ectopic pregnancy (arrow).

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