

## CASE REPORT

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# Complete Molar Pregnancy in Postmenopausal Woman-a Case Report

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## ABSTRACT

**Introduction:** Gestational trophoblastic disease (GTD) is disease typical for reproductive period of women and is extremely rare in postmenopausal period of woman's life. **Aim:** To present a rare case of molar pregnancy in 57 years of age postmenopausal woman. **Case report:** A multiparous woman aged 57 years, and two years after last menstrual bleeding, was admitted at Clinic, due to hyperplastic endometrium findings and moderate prolonged postmenopausal uterine bleeding. Due to clinical symptoms we performed diagnostic explorative curettage. During that intervention heavy bleeding was developed resulting in spontaneous expulsion of tumorous mass which macroscopically looked as a molar tissue. Immediately after intervention level of  $\beta$  HCG was 193,057 mIU/mL. Due to very high level of  $\beta$  HCG patient was taken to laparotomy and during the surgery decision was made to perform total abdominal hysterectomy with bilateral adnexectomy. Eight days after surgery patient was discharged from Clinic in good condition. Histopathological examination of material obtained by explorative curettage and uterus showed complete molar pregnancy. Controlled level of  $\beta$  HCG was 1,996 mIU/mL fifth day after surgery. **Conclusion:** Although molar pregnancy in postmenopausal period of woman's life is very rare disorder, because of potentially heavy complications it is very important to recognise this disorder at time, to prevent delay of treatment.

**Key words:** molar pregnancy, postmenopausal.

## 1. INTRODUCTION

Gestational trophoblastic disease (GTD) generally occurs in women in the reproductive years of age. It is extremely rare in postmenopausal woman (1). It develops as a result of proliferation of cytotrophoblast. It is characterised by various degree of hyperplasia and dysplasia, hydropic degeneration of chorionic villi, and desintegration of blood vessels. Molar pregnancy is manifested in two groups: partial which is less rare and complete molar pregnancy (2). Disorders are larger in complete molar pregnancy, with absence of fetal tissue and its genetic material is, mostly, by duplication from father's haploid set (46,xx).

Aim of this case report is to present a very rare case of molar pregnancy in postmenopausal woman

## 2. CASE REPORT

A 57-year-old woman two years after last menstrual bleeding with no significant obstetric history. She had three normal births and four miscarriage. Her last menstrual bleeding was two years earlier of day of ad-

mission to hospital which was made because of prolonged moderate postmenopausal bleeding and sonographically suspicious heavy endometrial hyperplasia. On bimanual examination she had enlarged, softened uterus. Decision was made to perform explorative curettage on department of one-day surgery. During intervention which was made by general intravenous short-time anaesthesia. During intervention, heavy bleeding was developed, resulting with spontaneous expulsion of tumorous mass sized 15x7 centimeters, which macroscopically appeared as molar tissue (Figure 1).

Immediately after intervention  $\beta$  HCG and complete blood count (CBC) was asked for.  $\beta$  HCG level was 193,057 mIU/mL. CBC was in reference interval except platelets  $96 \times 10^9/L$ . RTG of lungs was without significance. Due to very high level of  $\beta$  HCG and suspicion of choriocarcinoma, next day patient was taken to laparotomy and during the surgery decision was made to perform total abdominal hysterectomy with bilateral adnexectomy (Figure 2). Intraoperative finding was softened,

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Figure 1. Macroscopic view of molar tissue

enlarged uterus and no local spreading of disease was identified during surgery. Post-operative recovery were with no significance. Serum  $\beta$  HCG level on fifth day after surgery was 1,996 mIU/mL. She was discharged on eight day after surgery

Histopathology report was complete molar pregnancy on both, the tumorous mass and the uterus.



Figure 2. Molar tissue in uterine cavity (gross examination)

### 3. DISCUSSION

Incidence of molar pregnancy shows regional variations (1). The highest incidence is in east Asian countries with 1:120 pregnancies (2). Established risk factor for women aged over 40 years increases by 7,5 times (3,4). Tsukamoto et al showed twenty cases of GTD in women aged more than 50 years, 25% were hydatiform mole, 40% were invasive mole and 25% choriocarcinoma (5). Identification of GTD in women over 50 years of age is difficult because menopause is expected, and the possibility of pregnancy is often overlooked or denied (6). Diagnosis is made by anamnesis,  $\beta$  HCG levels, gynecologic exam, and pelvic ultrasonography. The most sensitive diagnostic method for molar pregnancy is ultrasonography by characteristic pattern known as „snow storm“ as a result of hydropic degeneration in chorionic villi (7).

In our case differential diagnosis was choriocarcinoma because of very high level of  $\beta$  HCG and macroscopic view of molar tissue after exploration of uterine cavity. Owing to the high rate (56.3%) of malignant sequelae after evacuation of molar tissue in women aged over 50 years, a primary hysterectomy for the treatment of hydatidiform mole in this age group is recommended (8).

In view of postmenopausal status we performed total abdominal hysterectomy with bilateral adnexectomy.

### 4. CONCLUSION

Although, molar pregnancy in postmenopausal woman is very rare disorder, because of potential heavy complications, it is recommended that GTD should be included in differential diagnosis to prevent delay in treatment. Because of very high risk of postmolar malignant sequelae after suction curettage in postmenopausal women it is recommended to resolve GTD by total abdominal hysterectomy.

- **Declaration of patient consent:** The authors certify that they have obtained all appropriate patient consent forms
- **Authors contribution:** Each author gave substantial contribution to the conception or design of the work and in the acquisition, analysis and interpretation of data for the work. Each author had role in drafting the work and revising it critically for important intellectual content. Each author gave final approval of the version to be published and they agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
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