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**KARNATAKA RADIOLOGY EDUCATION PROGRAM**



# HYDATIFORM MOLE

BY

DR CHRISTINA SHERLEY NS (RESIDENT)

CASE GUIDE: DR OMPRAKASH

DEPT OF RADIOLOGICAL DIAGNOSIS.

SUBBIAH MEDICAL COLLEGE, SHIMOGA.

# CLINICAL DETAILS

- ▶ 27 Y old female Patient admitted for pain and cramps of the lower abdomen and vaginal bleeding. Clinical examination revealed a tender lower abdomen and a large palpable pelvic mass extending up to the umbilicus level. Blood tests were normal except for a very high Human Chorionic Gonadotropin level.

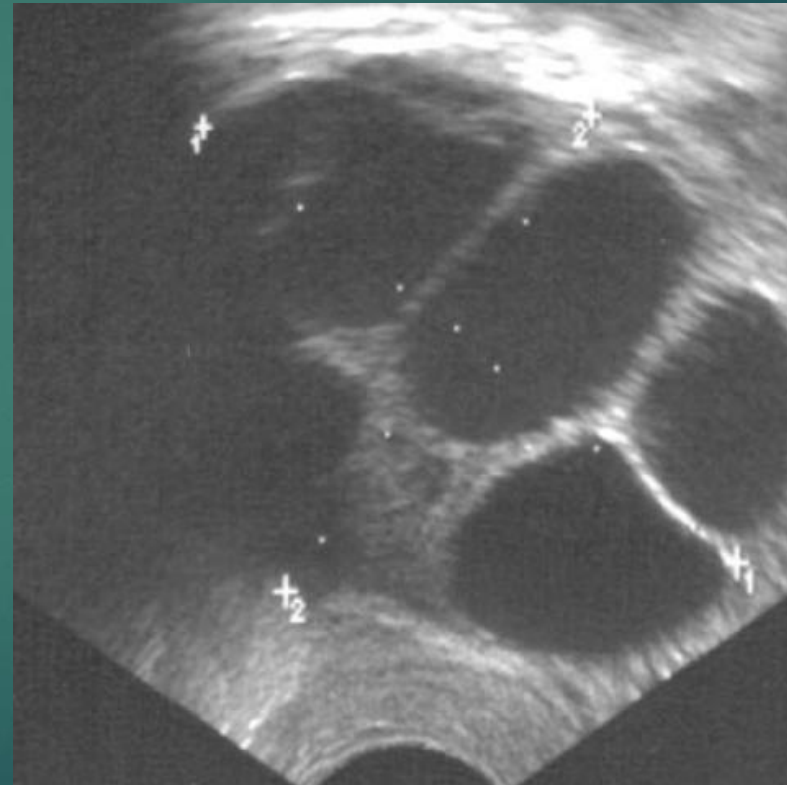
# TAS findings

- ▶ Abdominal sonography demonstrated a 11x 9.5x 6.5 cm hyperechogenic intrauterine mass with mixed solid portions and multicystic ones. The uterine wall was thin and well defined. The mass shows no invasive behavior



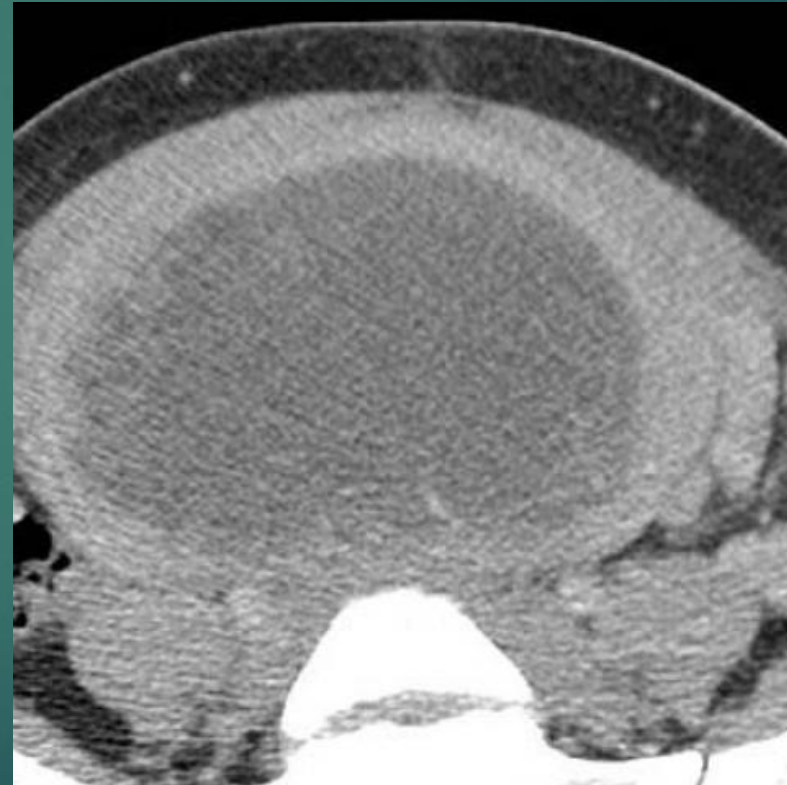
# TVS :

- ▶ Endovaginally ultrasonography displays multiple thin walled lutein cysts within the right ovary (5.4 x 4.5 cm).



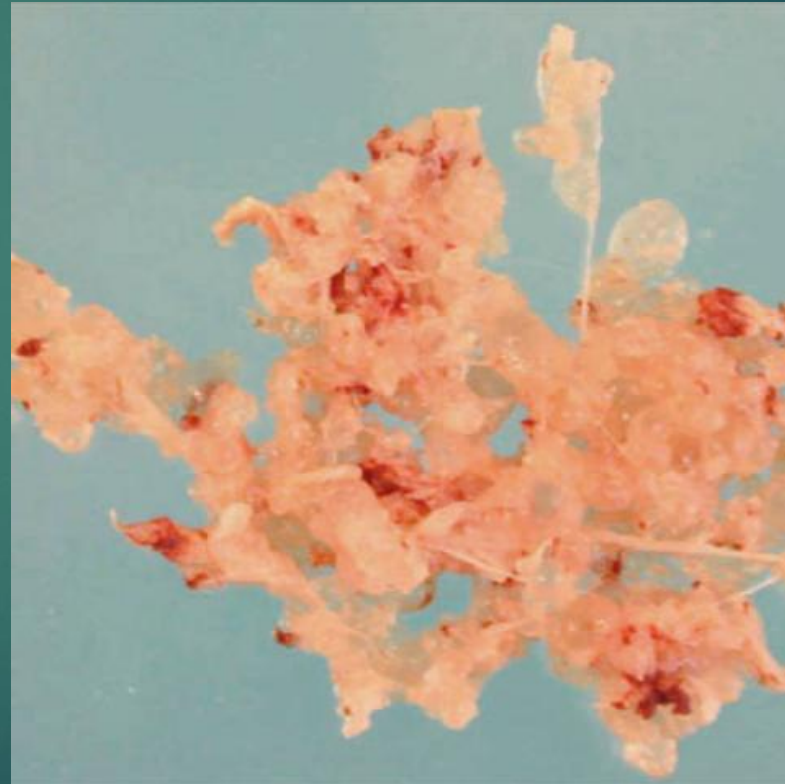
# CECT pelvis

- ▶ Contrast enhanced pelvic-CT demonstrated a low-attenuation large intrauterine mass with heterogeneous borders and enlarged ovaries with multiple cysts.






- ▶ The diagnostic of complete hydatidiform mole suggested by macroscopic examination was confirmed by histopathology.



# HYDATIFORM MOLE

- ▶ Gestational trophoblastic diseases (GTD) deal with a cluster of pathologic conditions arising from placental villous tissue. The clinical symptoms usually mimic an early pregnancy. They are characterized by an abnormal high beta-HCG level. They are subdivided in three entities relating to various levels of invasiveness: the hydatidiform mole, the invasive mole and the choriocarcinoma.
- ▶ Eighty-five per cent of GTD are hydatidiform moles, which are distributed into two subtypes : complete and partial moles.
- ▶ The complete moles do not show embryonic tissues and cell nuclei are diploic, while, in partial mole, cell nuclei are triploic, and embryonic tissues are present.
- ▶ The clinical presentation of GTD is usually painless bleeding occurring during the first term of pregnancy and palpation of an uterus larger than expected.



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- ▶ Sonography portrays an echogenous intracavitary mass containing multiple small cysts. In 50% of cases, ovarian theca lutein cysts consecutive to high beta-HCG level can be observed.
  - ▶ CT shows a large intrauterine mass, with low-attenuation center and intact surrounding myometrium, as well as adnexal cysts.
  - ▶ The treatment of GTD consists in curettage and aspiration, but approximately 15% of complete moles and 1-5% of partial moles degenerate into invasive mole, and 5% of the complete moles in choriocarcinoma. In order to detect these two complications, the beta-HCG level has to be monitored during the first weeks following the curettage.

Thank you

