HYSTEROSCOPY IN A CASE OF HYDATIDIFORM MOLE

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CASE HISTORY

A 25-year-old patient was admitted to the hospital because of persistent positive pregnancy tests following curettage for hydatidiform mole. A histologic examination of the tissue revealed no malignant degeneration. Ten days after curettage, serum HCG levels ranged between 7,000 and 8,000 IU/l. After laparoscopy excluded the possibility of an ectopic pregnancy, hysteroscopy was performed. A submucous tumour of 5-mm diameter was seen in the posterior wall of the uterus and removed. Histologically, a submucous myoma with trophoblastic proliferation was seen (Fig. 17.1). There were no signs of malignancy.

After hysteroscopic removal of the myoma, serum HCG levels immediately dropped, but they did not become negative. Although HCG levels between 5 and 15 IU/l could still be detected by radioimmunoassay, regular menstrual bleeding occurred (Fig. 17.2).

After experiencing regular menses and ovulatory cycles for five months, the patient presented once again with amenorrhoea and a rise in serum HCG levels. Early pregnancy was diagnosed but could not be confirmed either clinically or by ultrasonography. Laparoscopy and hysteroscopy also failed to detect any signs of a new intrauterine or extrauterine pregnancy. In addition, the histologic analysis of an endometrial biopsy taken by curettage did not reveal any signs of a pregnancy or a hydatidiform mole.

The diagnosis of proliferative trophoblastic tumour was made and chemotherapy was instituted. This resulted in decreasing levels of serum HCG. After the third course of treatment, serum HCG levels became undetectable (Fig. 17.3).
DISCUSSION

This case history clearly demonstrates that the visualisation and excision of a small tumour is possible by hysteroscopy. This treatment could not be performed with certainty by the common gynaecologic practice of curettage. The success of hysteroscopic excision of the tumour was shown by the immediate decline in HCG levels. In addition, this case demonstrates that a minute tumour of trophoblastic tissue is able to produce significant amounts of chorionic gonadotropin. The excision unfortunately did not succeed in completely removing all the cells producing chorionic gonadotropin, since serum HCG levels remained detectable for some time, and after 10 months an exacerbation was diagnosed that required chemotherapy.