

A Case of Hydatidiform Mole associated with Toxæmia.

By C. E. LLOYD, M.C., M.D. (Durham), Hexham.

THE following case presents several points of interest, and seems worthy to be recorded.

The patient, M. K., a woman of 24 years of age, first consulted me in November 1920. She was then pregnant one month, the last menstrual period being October 12 to 19. She complained of severe vomiting, and stated that she had not been very well all through the previous summer, that she had lost weight and had been short of breath and listless. There was then no œdema. The urine was normal. The vomiting did not yield to ordinary treatment and continued up to the end of the third month. The urine was again examined about the end of January and contained no albumen.

On February 6th she first noticed swelling in the legs. About this time too she became very short of breath, and had some headache.

On February 9th examination showed well-marked œdema of eyelids, face and legs. Pulse 120. Temperature normal. Heart apex 5th space inside nipple. No murmurs. Urine sp. gr. 1018, contained large quantity of albumen, numerous tube casts, epithelial cells, a few leucocytes and red blood cells.

She has one child, aged 5 years. Normal labour. No miscarriages, and no other illness of any note.

Subsequent progress. She was put to bed and kept on milk diet. There was very little improvement in her condition. The pulse remained about the same rate, and she continued to be breathless. Œdema disappeared from the legs and almost entirely from the face, but became very marked in the back, extending from the buttocks up to the middle of the scapulæ. Urine still contained a large quantity of albumen and tube casts. The average amount passed was about 15 oz. to 20 oz. per diem.

On March 4th the patient stated that she was much better, that the œdema was less, and she passed considerably more urine than she had done previously. It is probable that this corresponded with the death of the fœtus.

On March 5th, at about 5.30 a.m., the patient began to get very severe pains in the right side of the abdomen low down towards the groin. Pains were spasmodic in character, but were never entirely absent. On examination at 7 a.m. the fundus of the uterus was just above the umbilicus. The external os was dilated and the cervix relaxed. The internal os would just admit

one finger. No presenting part or bulging membranes could be felt. Pains continued all day, being more marked in the back. At 9 a.m. very little progress had been made. At 12 midnight, as the patient was becoming exhausted, it was decided to anæsthetise, dilate the os digitally, and empty the uterus. Ether was given and the os, which would now admit two fingers, was gradually dilated. A well-marked contraction ring was felt in the lower uterine segment. What was thought to be the edge of the placenta was felt on the right. This was separated as far as the fingers could reach. There was some hæmorrhage, but nothing alarming. Some placental tissue which came away was composed of cystic material, and the case was recognised as being one of hydatidiform mole. The foetus next came away and the rest of the mole which filled the uterus was gradually separated and delivered. There was practically no amniotic fluid. A rough surface was felt in the uterus, but this could not be completely cleared owing to the firm contraction of the uterus. The patient was very much collapsed afterwards, and resuscitation methods had to be adopted. Delivery was effected about 2 a.m. on the 6th. The patient was fit to be left at 5 a.m.



Fig. 1.

Hydatidiform Mole with Fœtus 7 inches long.

The specimen (fig. 1) consisted of a large hydatidiform mole, to which the foetus, measuring about 7 inches long, was attached. The cord, on entering the mole, broke up into numerous strands which were distributed throughout the mole.

The Pathological Report is as follows:—"The histological appearances confirm the opinion that this specimen is a hydatidiform mole. The chorionic villi are greatly bloated from myxomatous change in the stroma which contains very few blood vessels. The chorionic epithelium shows no undue proliferation and nothing to indicate a chorion-epitheliomatous change. A portion of blood-clot was examined which contained numerous myxomatous chorionic villi, many of which are necrotic. There is no trace of normal placental tissue. A portion of the umbilical cord—near its insertion into the mole—still shows patent umbilical vessels without any evidence of thrombosis."

On March 7th pulse was 110 m. 120 e. Temperature 98° m. 100 e. The patient complains of pain in the right groin. There is a fusiform swelling in the right iliac fossa going down into the pelvis, which appears to be separate from the uterus. It is very tender. There is no rigidity of the abdominal muscles.

March 8th. Pulse 116 m. 110 e. Temperature 99·6 m. 99·8 e. Swelling, pain and tenderness still present. The patient looks better.

March 9th *et seq.* Pulse 112 m. and 116 e. Temperature 98 m. and 99·2 e.

The pulse gradually became normal, and the temperature remained normal for the rest of the time.

March 14th. There is still some discharge.

Eyes. For a week or ten days before miscarriage the patient complained of indistinctness of vision. The fundi were not then examined. The indistinctness of vision has almost entirely disappeared, but patient says she cannot read. On examination there are signs of albuminuric retinitis in the right eye consisting of rounded white spots between the disc and macula. Nothing abnormal can be seen in the left eye.

March 19th. Urine (catheter specimen) is clear; sp. gr. 1020. Fair quantity of albumin present, and centrifugal deposit contains finely granulated tube casts, epithelial cells and a few leucocytes. No sugar.

On April 2nd albumin amounted to 1/7th and on April 9th to about 1/30th.

On April 11th the patient began to menstruate.

April 25th the patient seemed quite well. There was no oedema, and she had been getting out for the last few days.

At the beginning of June there was still a slight trace of albumin present. Menstruation has been regular and normal.

This case seems of interest on account of the association of hydatidiform mole with the ordinary albuminuria of pregnancy, and also from the fact that although the whole chorion was affected yet the foetus survived over four months.

In conclusion, I wish to thank Dr. Fairclough for the administration of the anæsthetic in very difficult circumstances, and Mr. Wardill for mounting the specimen and helping with the photograph; also Dr. Bernard Shaw for the histological report.