

Case 2

Microscopy

The specimen is composed of diffusely hydropic oedematous villi showing circumferential trophoblastic hyperplasia with atypia. Cisternae formation is present and apoptotic debris is seen. No trophoblastic inclusions, foetal parts or biphasic villous morphology are seen.

Favoured diagnosis

The morphological features are consistent with a complete hydatidiform mole. **COMPLETE HYDATIDIFORM MOLE.**

Further work

The diagnosis can be confirmed using p57/kip2 immunohistochemistry, expecting negativity in complete mole and positivity in partial mole and hydropic products. Molecular and karyotype analysis can be useful, the most common karyotype for complete molar pregnancy is 46XX (diploid), whereas partial molar pregnancy is usually triploid (69XXX) or tetraploid (92XXXX). These cases are referred to regional trophoblastic disease centres for ploidy analysis, MDT discussion and further management.

Comment

Complete hydatidiform mole has a 2.5% chance of developing into choriocarcinoma and a 10% chance of developing into an invasive mole. Complete molar pregnancies account for up to 50% of choriocarcinoma cases, hence the importance of centralised specialist referral centre management and follow up.