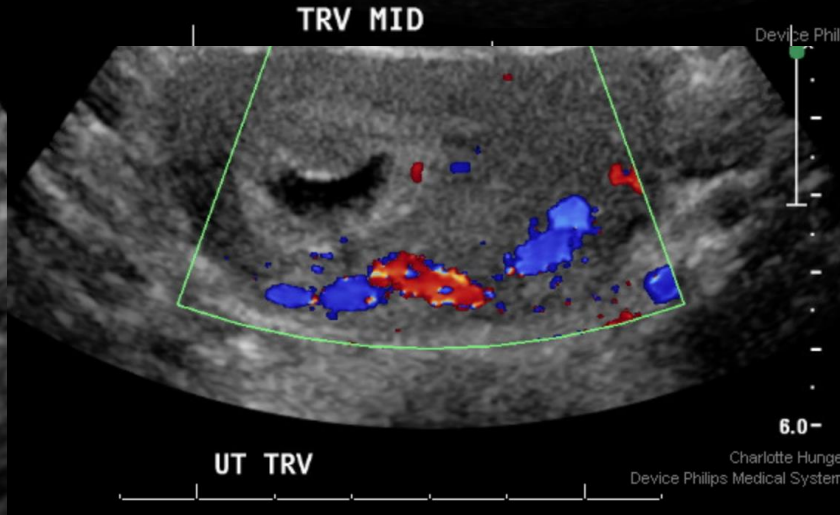
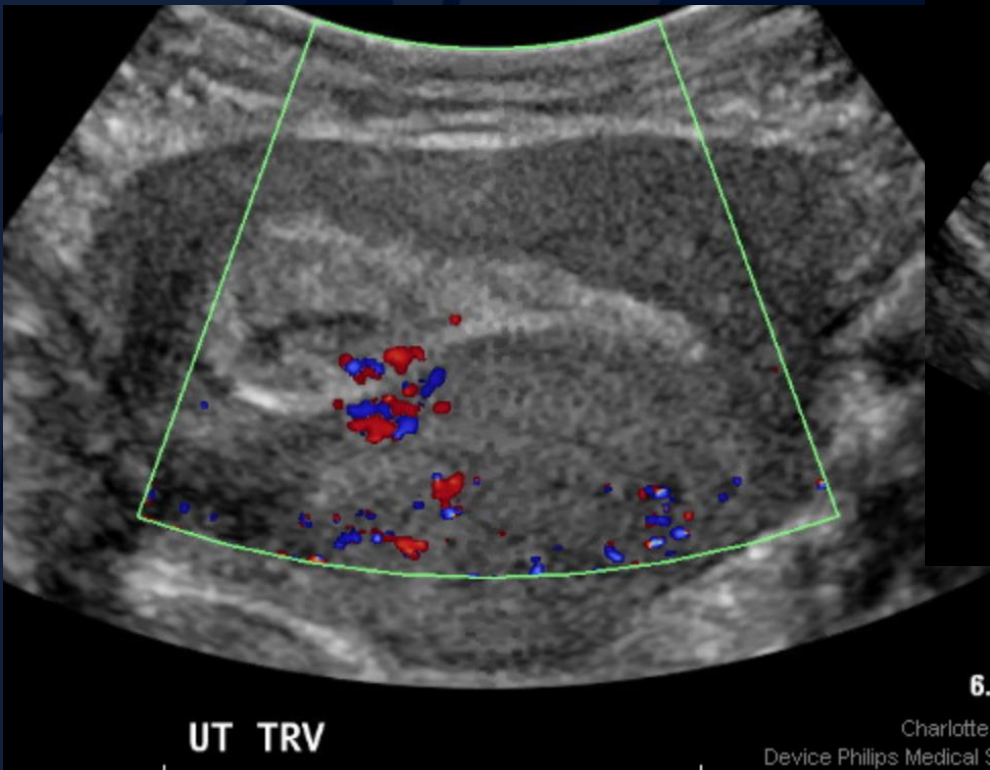
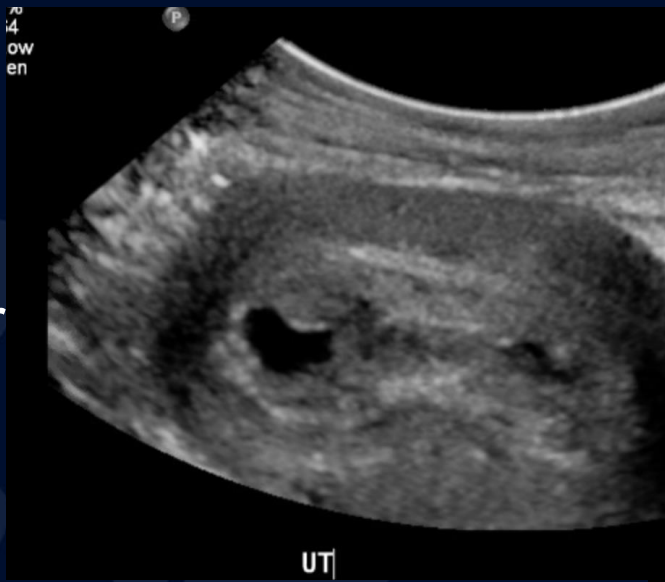


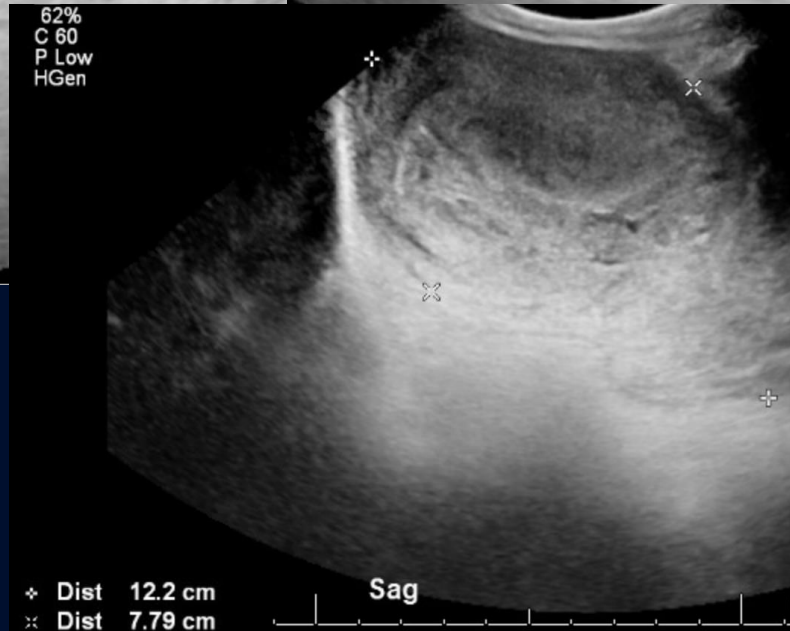
52-year-old female presents with pelvic fullness, amenorrhea, and is found to have positive beta-HCG

John J. DeBevits IV, MD

Images from 1st trimester U/S



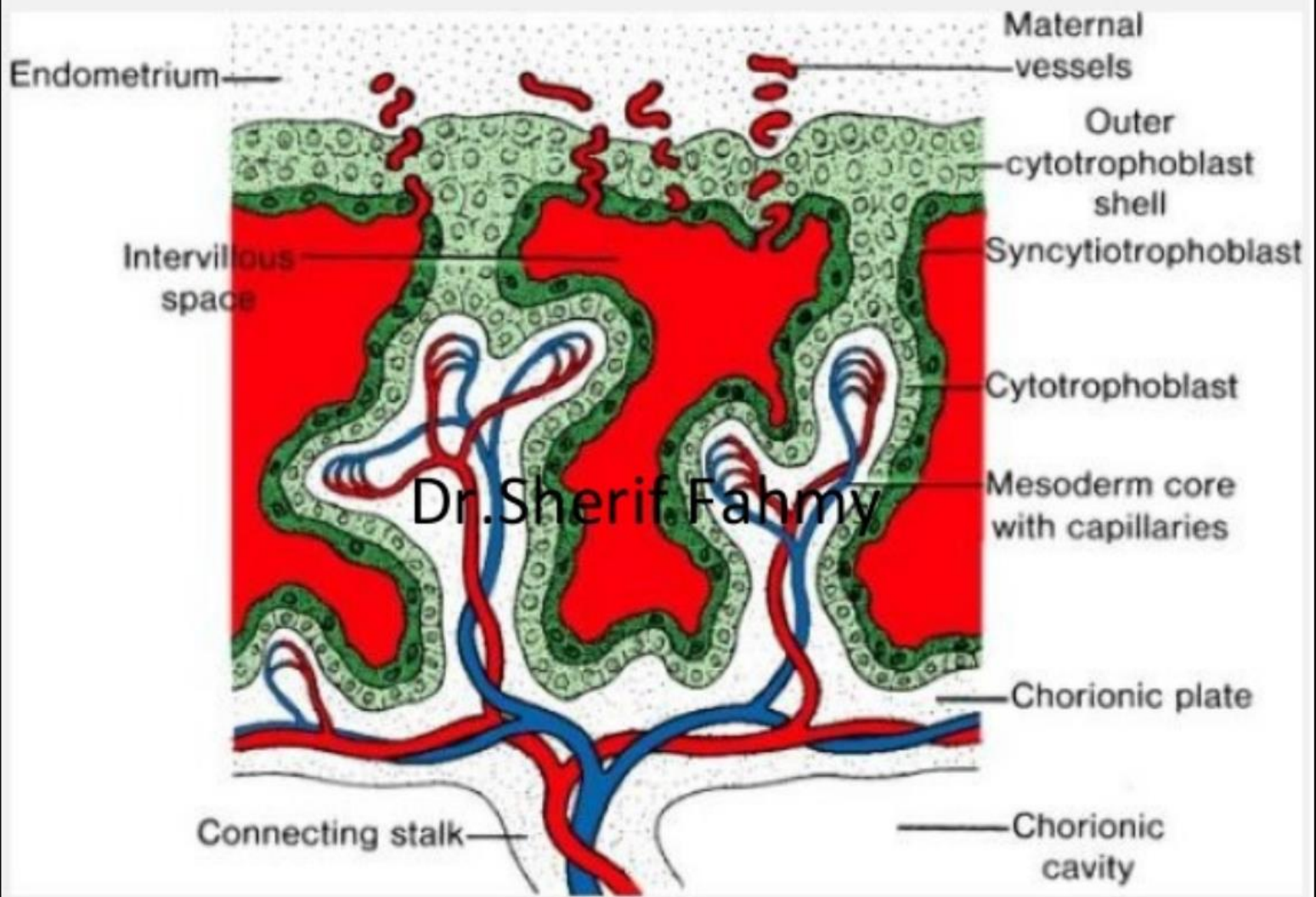
Patient returns during
2nd trimester with
heavy vaginal
bleeding, rising HCG



A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

?

Complete hydatiform mole



Dr. Sherif Fahmy

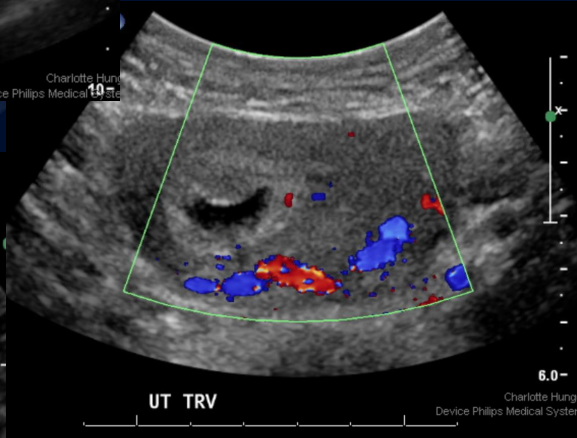
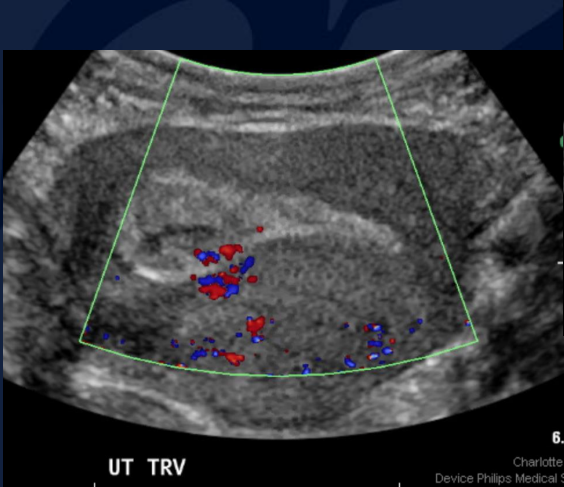


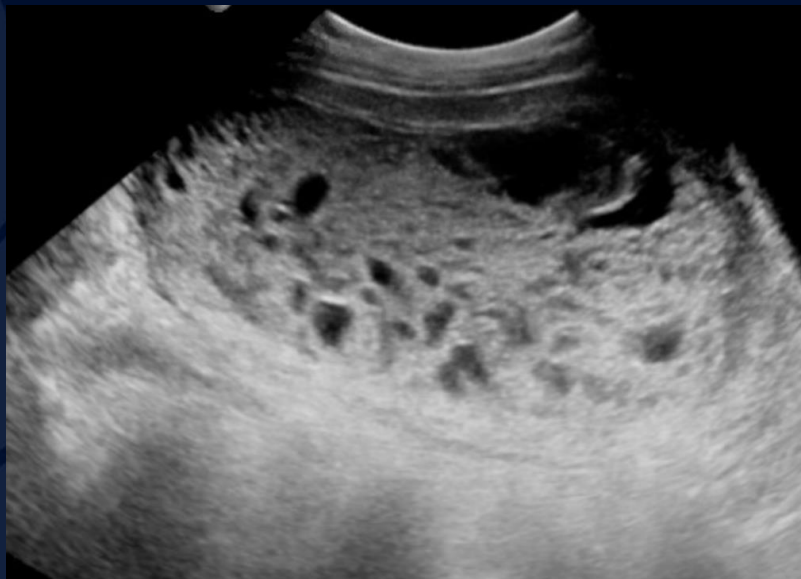
The endometrium is thickened

A small volume of cavitory fluid is present

No obvious gestational sac is observed

Vascularity is relatively normal

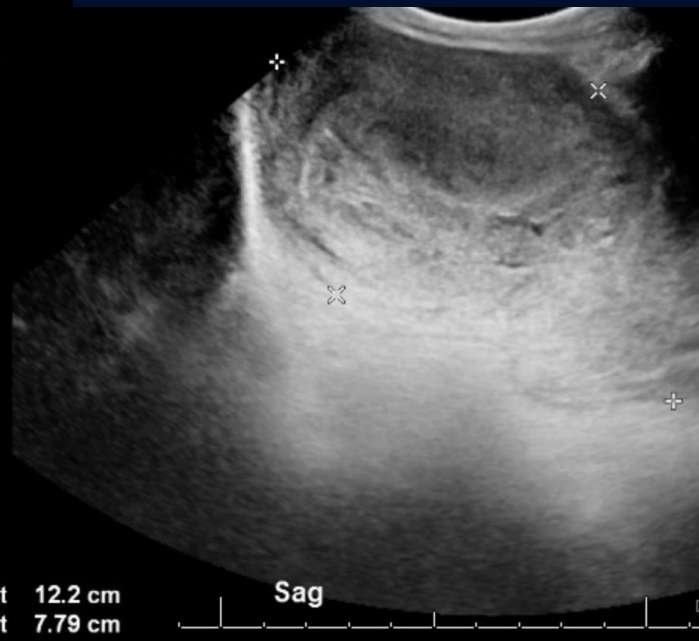




Prominent uterus with innumerable anechoic spaces of varying sizes

Endometrium remains thickened

Echogenic intrauterine mass



Complete hydatiform mole

- Trophoblastic proliferation (both cytotrophoblast and syncytiotrophoblast) and vesicular swelling of placental villi associated with absent fetus
- Highest risk pts are very young and those nearing end of reproductive age
- About 3-10x higher incidence in Asia
- Commonly presents late in 1st trimester with vaginal bleeding, rapid uterine enlargement with absent fetal heart tones despite rising HCG

Complete hydatiform mole

- Diploid karyotype of paternal origin results in 46XX karyotype in 90% of cases
- Uncomplicated cases → excellent prognosis, tx is suction curettage
- However, may evolve into invasive mole (12-15%) or choriocarcinoma (5-7%)
 - Must perform careful metastatic workup
- Interestingly, can be coexistent with a fetus → dizygotic twin CHM + fetus

Imaging

- 1st trimester U/S may be **normal**
- 2nd trimester U/S shows “Swiss cheese” or “cluster of grapes” endometrium
 - Hydropic villi appearing as 1-30mm cystic spaces within echogenic endometrial mass
- May present with b/l theca lutein cysts (50%)
- Hemorrhage within mass is also not uncommon
- CT is nonspecific, but may show large heterogeneously enhancing mass with internal reticular appearance due to enhancing septa
- MRI primarily used with Gadolinium to examine for myometrial invasion (best modality)

References

1. Gestational Trophoblastic Tumors: an update for 2014. Froeling, F.E.M. & Seckl, M.J. Curr Oncol Rep (2014) 16: 408.
<https://doi.org/10.1007/s11912-014-0408-y>
- Gestational Trophoblastic Disease. Shanbhogue, Alampady K.P. et al. Radiologic Clinics , Volume 51 , Issue 6 , 1023 - 1034