

## The Midwife.

### HYDATIDIFORM MOLE WITH LIVING FŒTUS.

The birth of a living foetus, with a hydatidiform mole, is sufficiently rare to make the following case of interest.

The patient was a multipara, aged twenty-two; her two former labours had been normal. The third pregnancy was complicated by hæmorrhage from the sixth week onwards. Her last period ended on January 25th. She was seen by the doctor at the twelfth week; the patient was anæmic and debilitated; she was very anxious to go to term. She kept in bed for a month, but the hæmorrhage continued to some extent. She was examined again at the sixteenth week; the height of the fundus was one finger's breadth below the umbilicus; the uterus was somewhat boggy; foetal heart sounds were heard. On vaginal examination ballottement was obtained; the presence of a mole was suspected. Rest and bromides were prescribed, but on June 15th, at the twenty-first week, the patient was admitted to hospital at 5.30 a.m., losing rather freely and complaining of labour pains. Her general condition was fairly good; temperature 99, pulse 80. There was no albumen in the urine. On examination, per abdomen, the height of fundus was eight inches above the symphysis pubis; the presenting part somewhat indefinite, the uterus doughy; faint foetal heart sounds were heard. The patient said she had felt vigorous movements of the child.

Per vaginam the os admitted two fingers, the presenting part was high above the brim; a mass, thought to be placenta, was just reached with the tip of the finger. The hæmorrhage increasing, it was decided to plug the vagina tightly with cyanide gauze. A tight binder was applied and a dose of ammoniated tincture of ergot (1 drachm) given. The uterus contracted strongly, and after two and a half hours the plug was expelled with a mass of blood clot and vesicular mole. On vaginal examination a bag of membranes was found to be presenting; this was ruptured artificially, and a small foetus extracted by the leg. The heart was beating strongly, and it gasped three times. The uterus was then explored by the House Physician, and several cystic masses and a considerable amount of blood-clot were removed with the placenta. An intra-uterine douche of

perchloride of mercury (1 in 4,000) was given. The uterus contracted well, and the patient's condition was satisfactory: temperature 99.8, pulse 76. The foetus measured 25 centimetres (10 inches) and weighed 450 grammes (15 ozs.), and had all the appearances of a five-months' gestation.

The foetus, placenta, and blood clot weighed together 1,230 grammes (41 ounces); the foetus and placenta alone weighed 660 grammes (22½ ounces). One lobe of the placenta was cystic, the other lobes were apparently normal. The whole of the chorion had long clusters and chains of the characteristic vesicles; some of them as large as a hazel nut.

The mother's temperature kept between 99 and 100 degrees for the first five days, otherwise the puerperium was normal and involution was satisfactory. Two months after delivery the pelvic conditions were normal.

The mole was carefully freed from blood-clot and mounted with the foetus in a glass jar for the hospital museum.

Hydatidiform or vesicular mole only occurs about once in 2,500 pregnancies. Madame Boivin, a French midwife, only met with one in 20,000 cases. It is an embryonic disease of the young chorionic villi: these possess the power of burrowing into the uterine wall and eroding the tissue. In a few rare cases death has resulted from perforation of the uterus followed by peritonitis or severe hæmorrhage. Certain diagnostic features were well marked in the above case. The patient was a multipara (it rarely occurs in primiparidæ); she was twenty-two (the most common period for hydatidiform moles to occur is, according to Eden, between 20 and 30, and between 40 and 50). The uterus increased in size far more rapidly than in normal pregnancy. At the sixteenth week the fundus is midway between the umbilicus and symphysis pubis; in this case it was only just below the umbilicus. At the twenty-first week the uterus is normally about six inches above the symphysis instead of eight inches, as in this case. The uterus was doughy, a valuable sign; the organ usually loses its elastic feeling because there is no liquor amnii. Uterine pains set in at the twenty-first week; this generally occurs about the fourth or fifth month.

The unusual feature of the cases was the birth of a living foetus; in most cases it is destroyed, and often it is completely absorbed. The mole probably did not develop during the

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