



Images in medicine

Invasive hydatidiform mole in the cervix



Houssine Boufettal^{1,&}, Naïma Samouh¹

¹Centre Hospitalier Universitaire Ibn Rochd, Faculté de Médecine et Pharmacie, Hassan II University of Casablanca, Casablanca, Maroc

[®]Corresponding author: Houssine Boufettal, Centre Hospitalier Universitaire Ibn Rochd, Faculté de Médecine et Pharmacie, Hassan II University of Casablanca, Casablanca, Maroc

Key words: Invasive mole, cervix, gestational trophoblastic tumor, chemotherapy

Received: 05/09/2016 - Accepted: 31/10/2016 - Published: 12/01/2018

Pan African Medical Journal. 2018; 29:27 doi:10.11604/pamj.2018.29.27.10675

This article is available online at: http://www.panafrican-med-journal.com/content/article/29/27/full/

© Houssine Boufettal et al. The Pan African Medical Journal - ISSN 1937-8688. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Image in medicine

A patient aged 43-years, multiparous consulted for uterine bleeding of average abundance. The examination revealed a burgeoning lesion of the cervix, which came from the uterine endocervix, measuring two centimeters. The uterus was increased in size measuring 88 mm long and 67 mm in anteroposterior diameter. There were no adnexal mass. Pelvic ultrasound showed a heterogeneous snowflake mass measuring 29 mm in anteroposterior diameter. Beta-h-CG (human chorionic gonadotrophin) quantitative plasma were highly increased to 854212 IU / ml. Histological study

of aspirate objectified a complete hydatidiform mole. The staging featuring a thoraco-abdominopelvic CT scan, chest radiography, ultrasound abdomen and pelvis was normal. Pathological examination of the hysterectomy piece objectified an invasive mole to cervical and uterine location. A methotrexate-based agent chemotherapy was introduced. The evolution was marked by the gradual decline of the mass until it disappearance within four months. Plasma beta-h-CG had regressed and were normalized after two months of treatment. The outcome was favorable. With a follow-up of 24 months, no recurrence was noted.



