

Suction curette evacuation of Hydatidiform Mole

by *K. B. Kuah*

AM, MMBS, MRCOG

The Clinic,
Maternity and Nursing Home,
15 Jalan 14/20,
Petaling Jaya,
Selangor

THE DIAGNOSIS AND MANAGEMENT of a patient with hydatidiform mole is as controversial as ever. When the patient does not present with the passage of vesicles, an accurate diagnosis may be difficult. Equally difficult is the line of management to be adopted. Basically two lines of management may be followed, depending on the age and the parity of the patient. Where indicated by age and parity, total abdominal hysterectomy is carried out. In the other patients, the uterine cavity has to be emptied either before or after an abortion, induced with a pitocin drip if necessary. The evacuation of a uterus of more than 16 weeks gestation size, when the patient is not in labour is fraught with danger. A patient is reported here in which both the problems, diagnosis and management, are encountered.

Case history

T.A.N., female aged 21, has regular 28-day cycles. She presented in her first pregnancy when she was 23 weeks gestation (L.N.M.P. 25.11.70). She thought she had felt the baby move. She had been bleeding on and off in her early pregnancy and had been given hormone injections to maintain the pregnancy.

On examination, she was not pale (Hb 13.0 gm.); there was no systemic abnormality; BP

110/70; the uterine size corresponded to 23 weeks cysis; no foetal impulse was detected with an ultrasonic foetal pulse detector. She had a gross cervical erosion which bled easily. A provisional diagnosis of molar pregnancy was made. Here the problems of diagnosis begins — it is felt that an X-ray may not be justifiable and a urine dilution test will be prohibitive in cost (in a private laboratory the cost is M\$10/- for every dilution).

She was observed over three weeks. Her weight increased 3.6 kgm; the blood pressure remained normal and there was no proteinuria or oedema. She vomited on two occasions and continued bleeding vaginam. Another examination did not reveal any foetal impulse.

Management

The patient was admitted into a nursing home and her blood grouped. (Group A Rhesus Positive). She was given a syntocinon drip (10 IU — 100 IU. per 500 mls. 5% dextrose solution) in an attempt to abort the mole. After eight hours, the cervix was taken up but the os was still closed.

The patient was given bilateral paracervical blocks. With the drip running, the os was easily dilated to Hegar 10. The uterus was completely evacuated, using a suction curette with 10 mm. bore.

When the uterus had contracted, the cavity was curetted with a sharp curette. The whole procedure was completed in eight minutes and the total blood loss less than 500 mls. (The contents of the suction bottle, blood and vesicular fluid measured 400 mls.).

The general condition of the patient was satisfactory thereafter. She has now been discharged and is on weekly follow-up examination. Her chest X-ray is normal and the urine pregnancy test is negative.

Discussion

It is noted that the diagnosis of the hydatidiform mole, prior to its declaring itself, is based entirely on clinical grounds and on the use of the "doptone". The use of the ultrasonic foetal pulse detector has advantages. It is simple to use, does not take time and is reliable after the first trimester. Being a test of foetal rather than chorionic life, it has in some cases obvious advantages over other pregnancy tests (Kuah and Embrey 1968).

The management of this problem is to evacuate the uterus. While authorities in Europe and the United States are very reluctant to approach the problem via the vaginal route, more experienced workers have advocated this. Thus Tow (1966) stated that the procedure, supported by oxytocin infusions and blood transfusion, was found to be completely safe and effective irrespective of the uterine fundal height. However, the procedure is thought to be attended by greater than average risks.

References

1. Behrman S.J. and Gosling J.R.G. *Fundamentals of Gynaecology*. Oxford University Press, New York. 2nd Edition 1966.
2. Brandes, J.M., Grunstein, S. and Peretz, A. (1966); Suction evacuation of the uterine cavity in Hydatidiform mole. *Obstet. & Gynec.*, 28, 689.
3. Kuah, K.B. and Embrey, M.P. (1968); Experience with an ultrasonic foetal pulse detector. *Brit. Med. Jou.* i, 438.

(Behrman & Gosling 1966; Jeffcoate 1967). Despite this, any method of evacuating the molar pregnancy that increases the safety further is welcomed.

The use of the suction curette in the management of various forms of abortion is now widely accepted. (Vladov 1967; Vojta 1967; Suter, Chatfield and Kotonya 1970). The use of the suction curette in the evacuation of a molar pregnancy has been reported in the literature. (Melks 1964; Vladov et al 1965; Brandes et al 1966). In the case reported, a molar pregnancy, (uterine size 26 weeks gestation size) was successfully evacuated. A suction curette with a 10 mm diameter was used. Occasionally, the larger vesicles tend to block the orifice of the curette. However, this is easily remedied by rupturing the vesicles after withdrawing the curette. Apart from this, no other difficulty was encountered.

The use of the suction curette in the evacuation of a molar pregnancy has the following advantages:—

1. It is safer than the conventional method of dilatation and curettage.
2. The operation takes less time. (30 seconds to a few minutes, according to Brandes et al 1966).
3. The blood loss is probably less but this clinical impression has to be confirmed by a scientific trial.

4. Melks (1964); Quoted by Brandes et al (1966).
5. Suter, P.E.N., Chatfield, W.R. and Kotonya, A.O. (1970); The use of Suction curettage in incomplete abortion. *J. Obst. Gynaec. Brit. Cwlb.* 77, 464.
6. Tow, W.S.H. (1966); The influence of the Primary treatment of Hydatidiform mole on its subsequent course. *J. Obstet. Gynaec. Brit Cwlb.* 73, 544.
7. Vladov et al (1965); Quoted by Brandes et al (1966).
8. Vladov, E. (1967); The Vacuum Aspiration method for interruption of early pregnancy. *Amer. Jou. Obstet Gynec.* 99, 202.