

# Undiagnosed partial hydatidiform mole with live baby: A case report

S Logapiriyah Sanmogom, Sharifa Azlin Hamid

Obstetrics and Gynaecology Department, Hospital Sultanah Bahiyah, Alor Setar, Kedah

## ABSTRACT

**Introduction:** Partial hydatidiform mole (PHM) with a coexisting live fetus is a rare obstetric condition resulting from triploidy, typically due to dispermic fertilisation. Unlike a complete mole, PHM may progress with a viable fetus, making prenatal diagnosis challenging, especially when ultrasound findings are unremarkable. PHM is associated with an increased risk of gestational complications, including fetal growth restriction (FGR), gestational thyrotoxicosis, preeclampsia, and progression to gestational trophoblastic disease (GTD). Early recognition is essential to optimise maternal and fetal outcomes. **Case Description:** We present the case of a 25-year-old Gravida 2 Para 1 at 33 weeks of gestation who developed symptoms of palpitation during early pregnancy, where she was diagnosed as gestational thyrotoxicosis, requiring medical management. Ultrasound findings were unremarkable during her first presentation. Routine follow-up later revealed FGR at 33 weeks with abnormal Doppler studies, confirmed placental insufficiency and was admitted for fetal monitoring, started on intravenous magnesium sulfate for neuroprotection and intramuscular dexamethasone for fetal lung maturation. Due to pathological cardiotocography, an emergency caesarean section was performed to expedite the delivery. Intraoperatively, multiple grape-like structures were observed within the placenta, raising suspicion of PHM. A male infant weighing 1.12 kg was delivered with Apgar scores of 9 at 1 minute and 10 at 5 minutes. The baby was admitted to the neonatal intensive care unit (NICU) for prematurity-related care, and the baby's growth was within normal limits. Histopathological examination of the placenta confirmed the diagnosis of PHM. Postpartum, the patient was closely monitored with serial  $\beta$ -hCG levels until normalisation to rule out persistent GTD. **Discussion:** This case underscores the diagnostic challenges of PHM in the absence of classical ultrasound findings. The presence of gestational thyrotoxicosis and FGR should prompt suspicion for an underlying molar pregnancy, with early intervention required once the fetus is affected. Early recognition, multidisciplinary management, and postpartum  $\beta$ -hCG surveillance are essential to prevent complications such as persistent GTD.