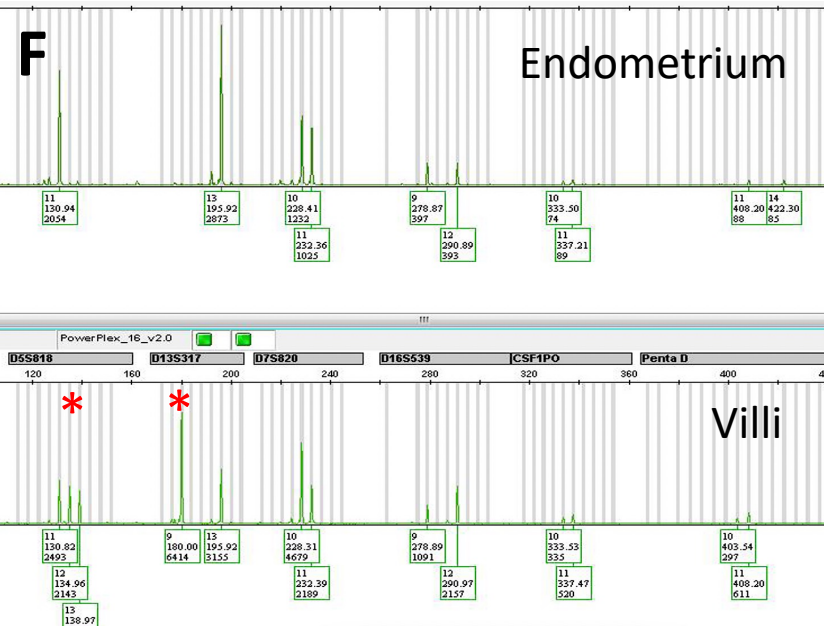
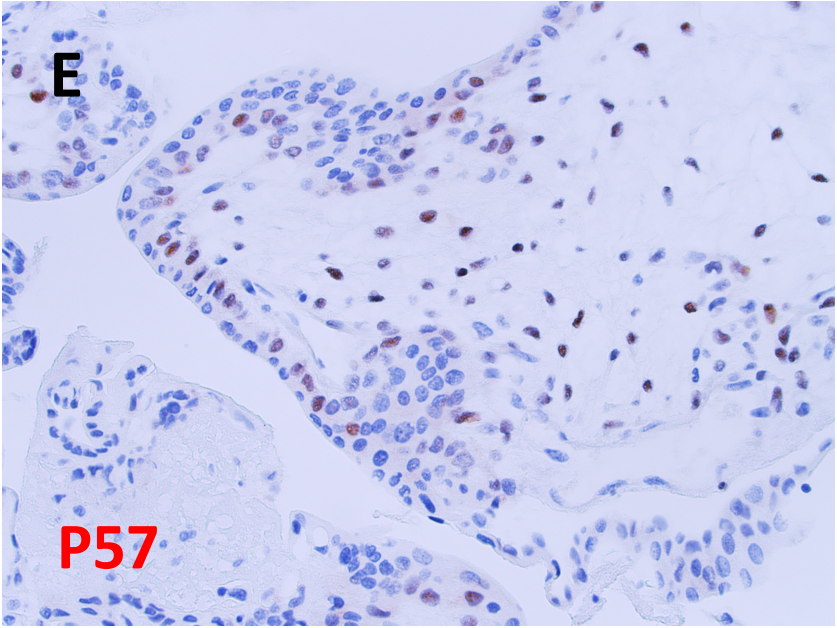
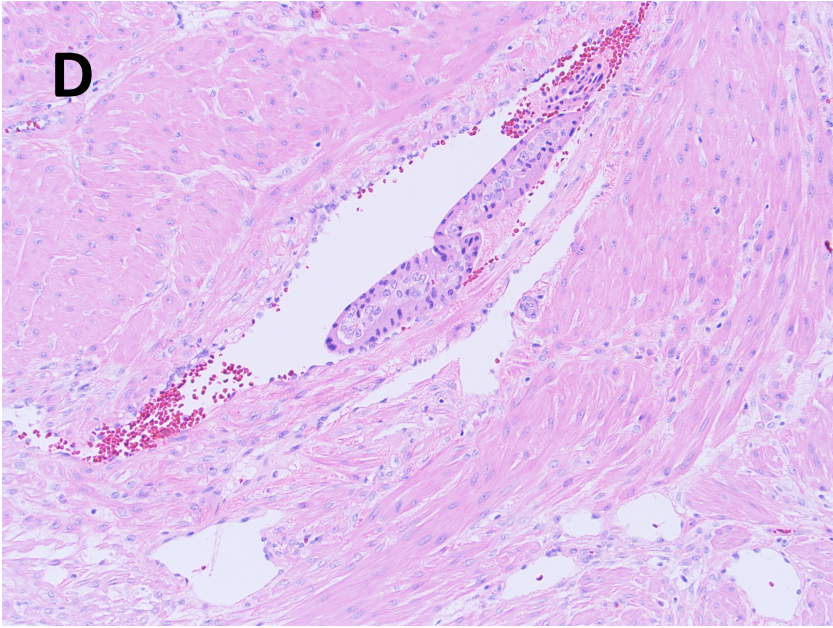
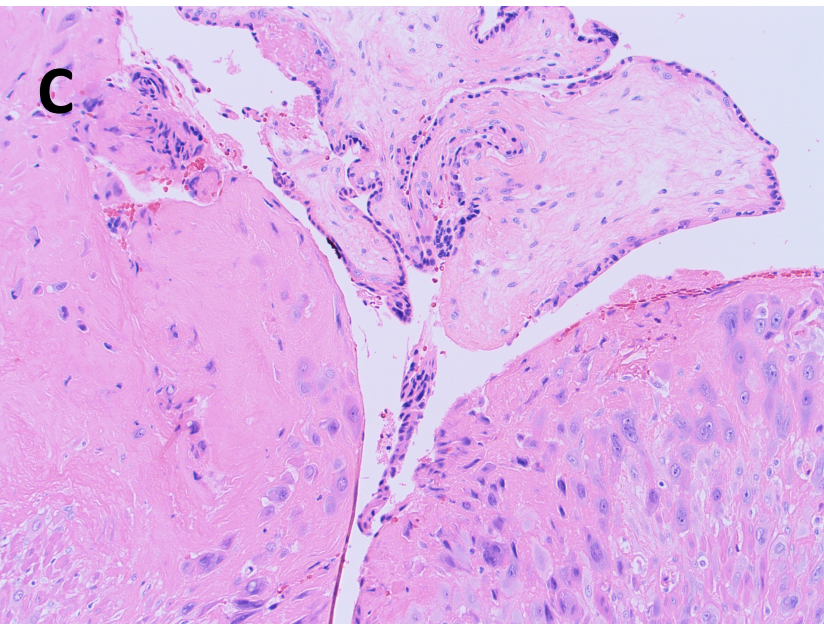
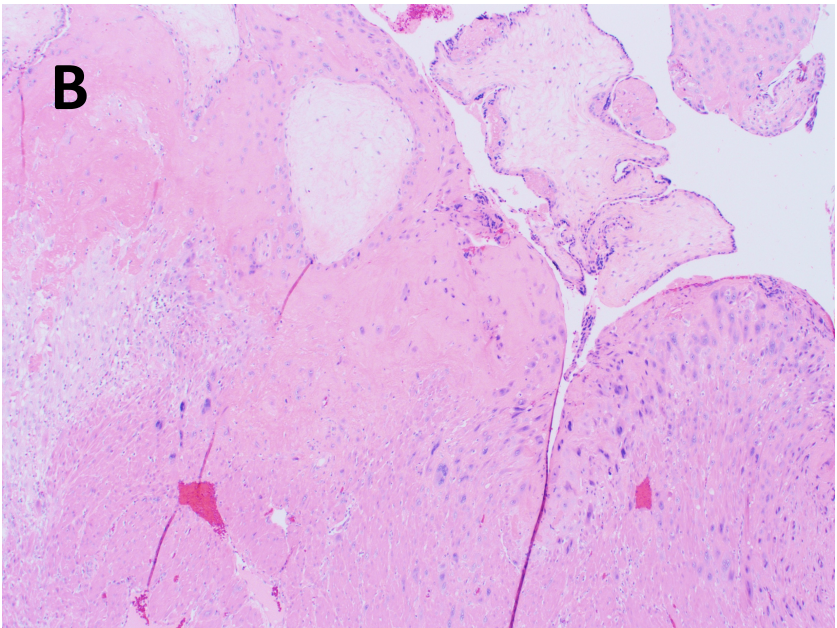
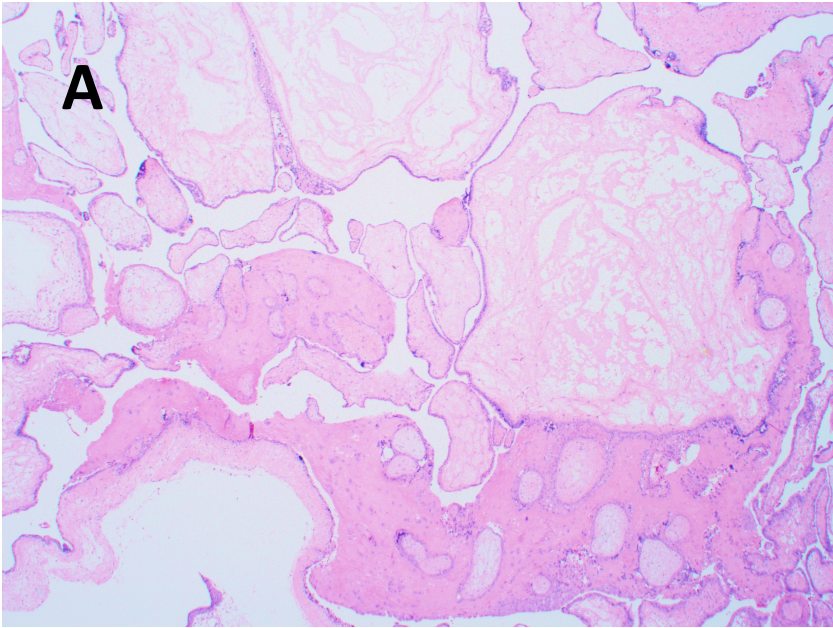




Case Presentation

36-year-old woman with diagnosis of molar pregnancy two months ago underwent hysterectomy and bilateral salpingectomy. The endometrial cavity was replaced by tan-pink carpet-like spongy mass with multiple vesicles up to 0.4 cm.

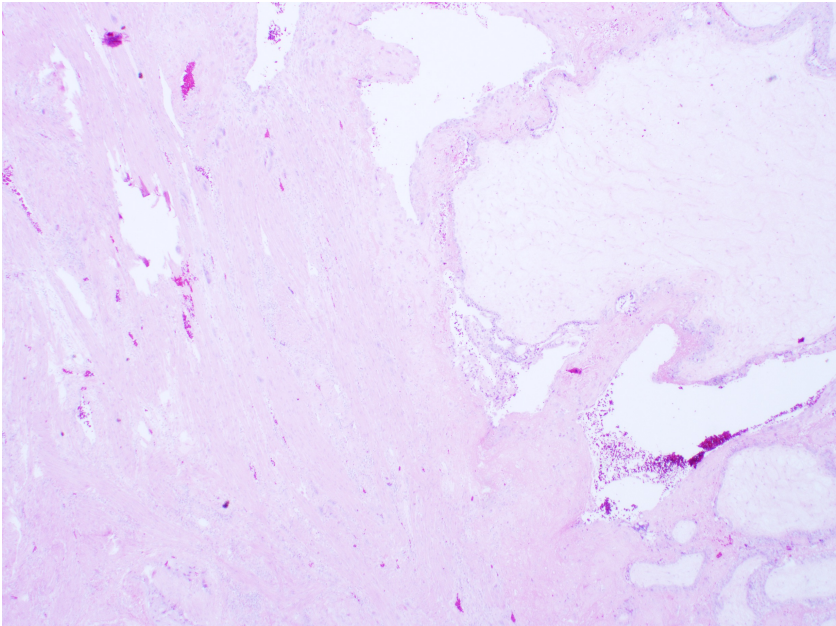
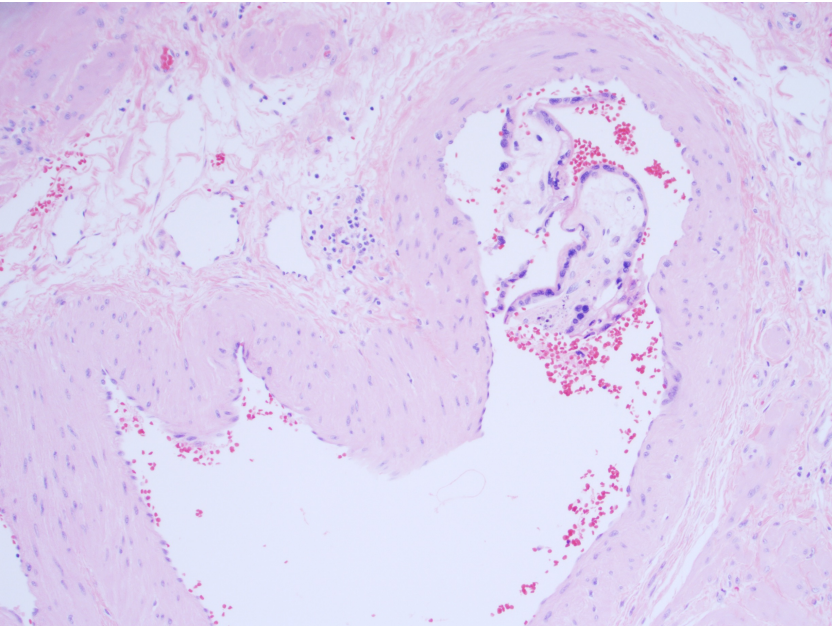
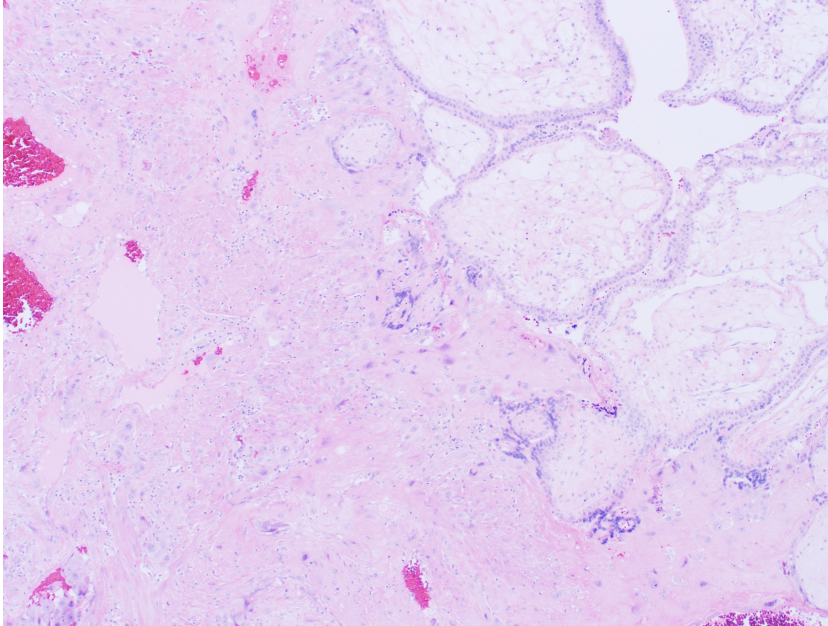
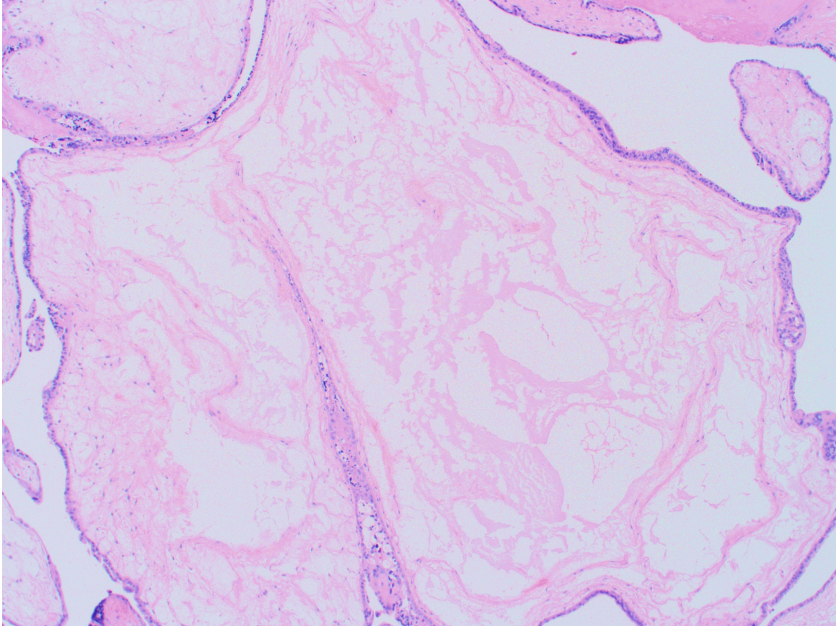
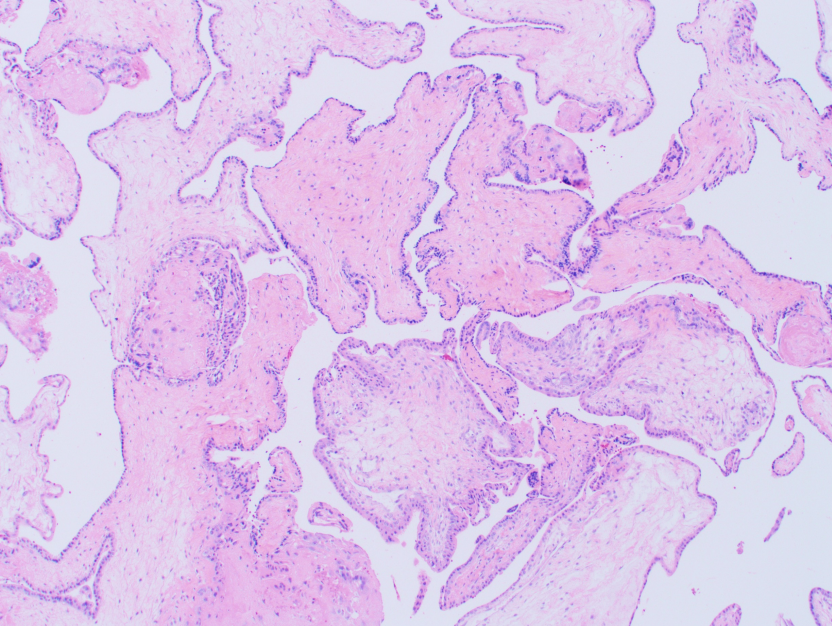


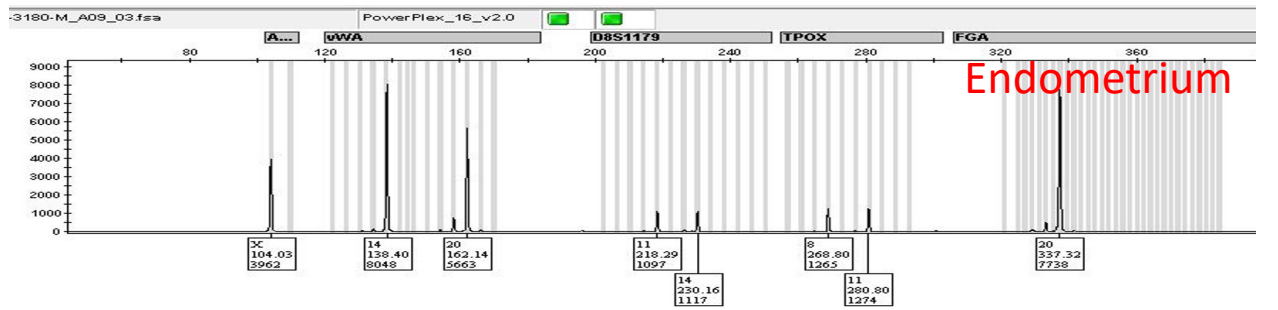
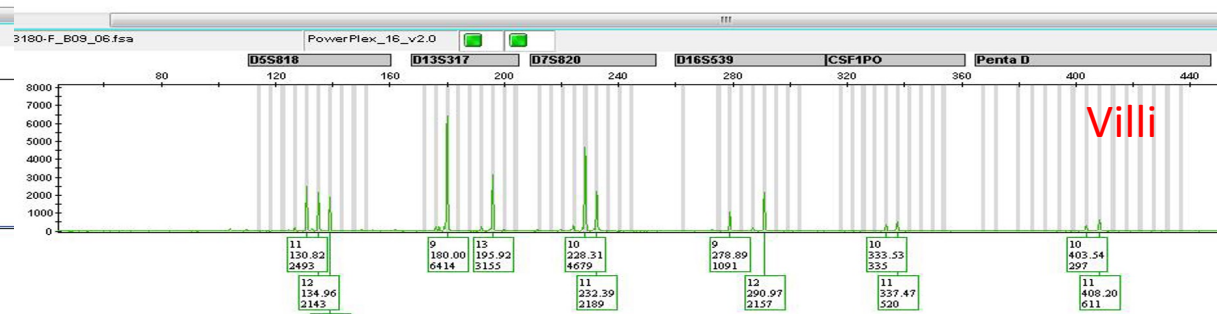
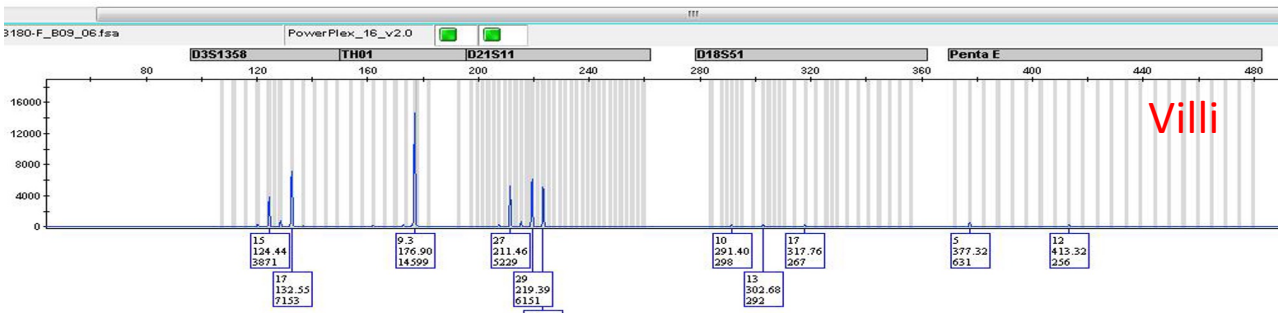
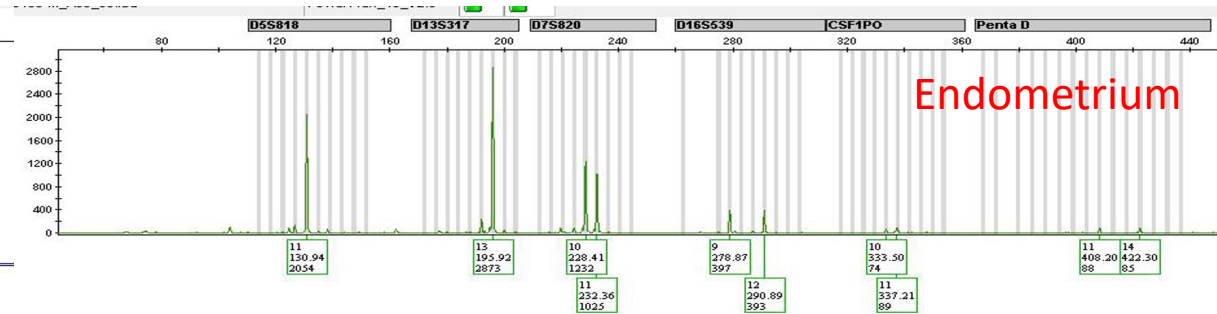
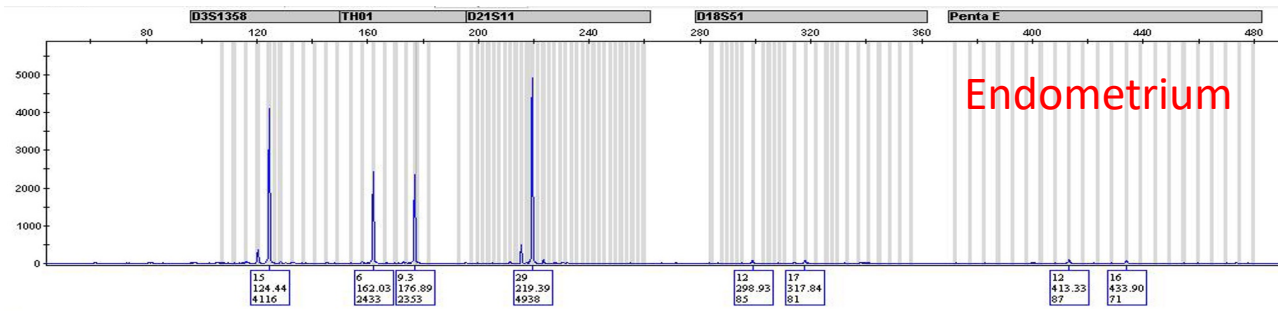
The above microscopic images show markedly hydropic villi with cistern formation (A). Focally the villi are in direct contact with the myometrium without intervening decidua (B and C) and vascular invasion by chorionic villi is also present (D). Normal expression of P57 in the villous cytotrophoblast and stromal cells is seen (E). STR genotyping shows the presence of two paternal alleles recognizable at several STR loci (F, asterisks).

Differential diagnoses

- A. Invasive Complete Mole
- B. Persistent Complete Mole
- C. Invasive Partial Mole
- D. Persistent Partial Mole

Additional Histological Images





Note the allelic patterns are consistent with two copies of paternal alleles in addition to one maternal allele at all STR loci.

Invasive hydatidiform mole is generally diagnosed when the molar tissue (complete mole or less often partial mole) demonstrates direct myometrial invasion without intervening decidual tissue and/or vascular invasion. Grossly the lesion typically appears as an invading hemorrhagic lesion extending from the endometrial surface into the myometrium and hydropic molar villi may be seen. Transmural invasion with uterine perforation or involving the broad ligament is sometimes observed. Diagnosis of invasive hydatidiform mole generally requires a hysterectomy specimen.

Final Diagnosis: Invasive Partial Mole