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Clinical case blog

Invasive Mole

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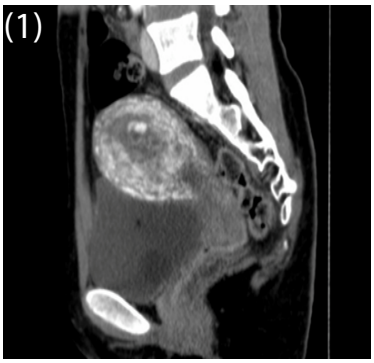

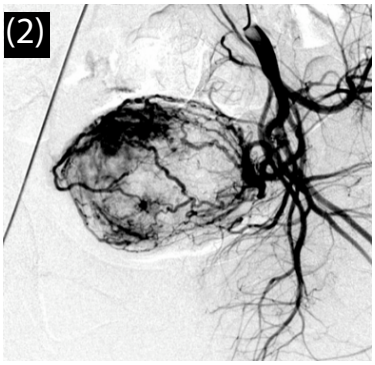

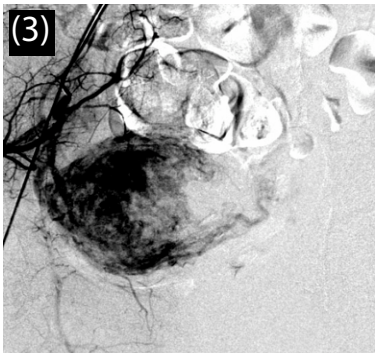

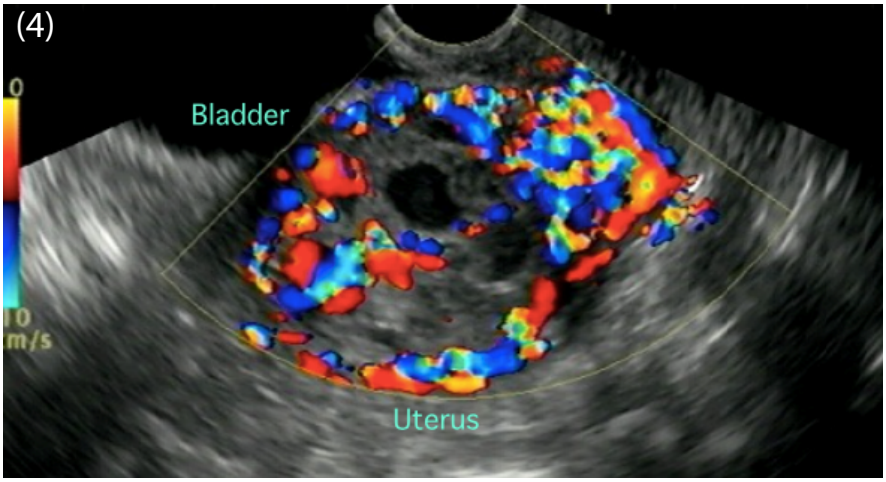

Figure1: Abdominal CT

Figure 2: Left uterine artery angiography

Figure 3: Right uterine artery angiography

Figure 4: Transvaginal ultrasonography

22-year-old woman with a past medical history of spontaneous abortion about 1 month before was referred to our hospital for vaginal bleeding. Transvaginal ultrasound demonstrated a uterine mass and a color doppler demonstrated prominent blood flow to the mass. Laboratory test showed a significantly increased beta human chorionic gonadotropin (beta hCG) level (107,855.3 mIU/mL). Contrast-enhanced pelvic CT and uterine artery angiography revealed a lot of blood supply to the mass. On correlating the history, laboratory findings and imaging, the diagnosis of invasive mole was given. Uterine artery embolization was performed for hemostasis and she was treated by intramuscular methotrexate. Her beta hCG level showed dramatic fall and continued to decrease.

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