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0196-0644/\$-see front matter

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doi:10.1016/j.annemergmed.2006.03.026



Figure 1. Transabdominal pelvic ultrasound image at the time of initial presentation to the emergency department. Used with permission of David C. Pigott, MD, Department of Emergency Medicine, University of Alabama at Birmingham, Birmingham, AL.

[Ann Emerg Med. 2007;49:14.]

A 34-year-old woman with no pertinent medical history presented to the hospital complaining of lower abdominal pain and 3 days of vaginal bleeding. She reported that her last menstrual period was two and a half months before presentation. Physical examination revealed suprapubic abdominal tenderness without rebound or guarding, as well as a 14- to 16-week-sized uterus on bimanual examination, with a small amount of dark blood in the vaginal vault. Urine pregnancy test was positive. Transabdominal pelvic ultrasonography performed in the emergency department is shown in the [Figure](#).

For the diagnosis and teaching points, see page 22.

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DIAGNOSIS:

Molar pregnancy. The ultrasonography demonstrated the characteristic "snowstorm" appearance of molar pregnancy. Quantitative serum β -human chorionic gonadotropin (β -hCG) level was 1,300,000 mIU/mL. Chest radiograph showed no evidence of metastatic disease. Obstetric consultation was obtained, and the patient was taken to the operating room for suction dilation and curettage. Surgical pathology specimens revealed chorionic villi with histologic features consistent with partial molar pregnancy. The patient was discharged in good condition, and subsequent β -hCG measurements have demonstrated an appropriate decline in β -hCG levels.

Molar pregnancy is a rare complication of pregnancy, occurring in approximately 1 in 1,000 to 1,500 pregnancies.¹ The diagnosis is usually confirmed by a markedly elevated quantitative serum β -hCG level and a typical snowstorm appearance on ultrasonography.² Complete and partial molar pregnancies have the potential for malignant transformation, although the rate of subsequent malignancy is significantly higher in complete mole (20%) than in partial mole (2% to 6%).^{1,3} Treatment is with dilation and curettage, followed by serial β -hCG measurements and close outpatient follow-up.

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