

2nd International Conference on **Gynecology & Obstetrics**

November 16-18, 2015 San Antonio, USA

Viable triplet pregnancy coexisting with a complete molar pregnancy

Ariel Polonsky M.D., Ioana Olteanu M.D., Mordechai Ben-David M.D., Jacob Mamet M.D., Avi Agranat M.D. and Eddie Fridman M.D
"Laniado" medical center, Netanya, Israel

Gestational trophoblastic disease is a proliferative disorder of trophoblastic cells. In our case an 11 weeks pregnant patient who turned up for medical evaluation due to mild vaginal bleeding and diarrhea, was diagnosed with triplet viable fetuses along with a complete molar pregnancy after a cycle of timed intercourse and clomiphene citrate stimulation. The risks of a singleton molar pregnancy are well known and include: Severe vaginal bleeding, hyperthyroidism and thyroid storm, early onset preeclampsia and hysterectomy. In addition, persistent trophoblastic disease and chemotherapeutic treatment is also a known risk even after evacuation of the pregnancy. The incidence of these same risks, increase dramatically with every additional fetus alongside the mole. After literature review and from our experience we assumed a higher theoretical risk for pregnancy complications and PTD for our patient.

Keywords: triplet pregnancy, molar pregnancy, artificial reproductive technology.

Abbreviations: Gestational trophoblastic disease (GTD), Persistent trophoblastic disease (PTD), Human chorionic gonadotropic (hCG), Termination of pregnancy (TOP), Maternal fetal medicine (MFM), international units (IU).

arielpolonskynd@gmail.com

Notes: