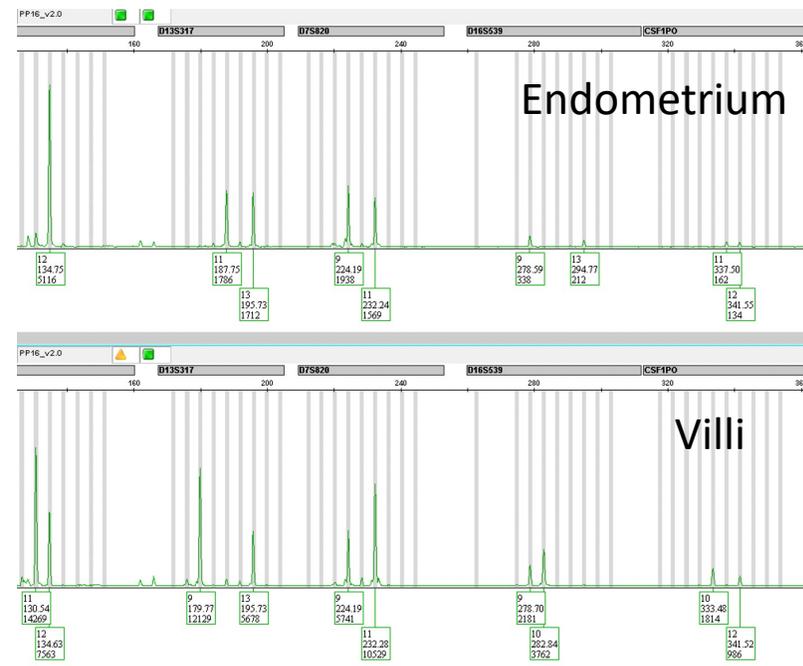
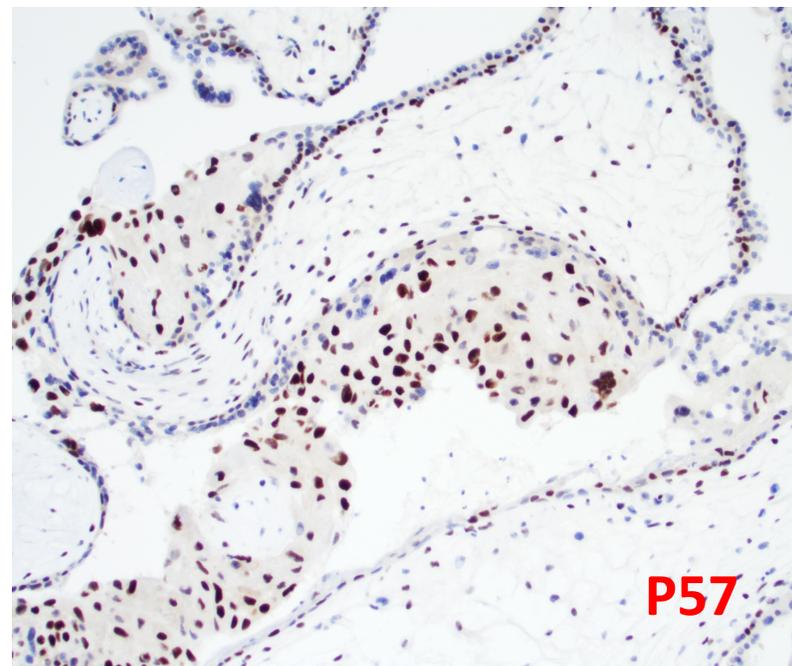
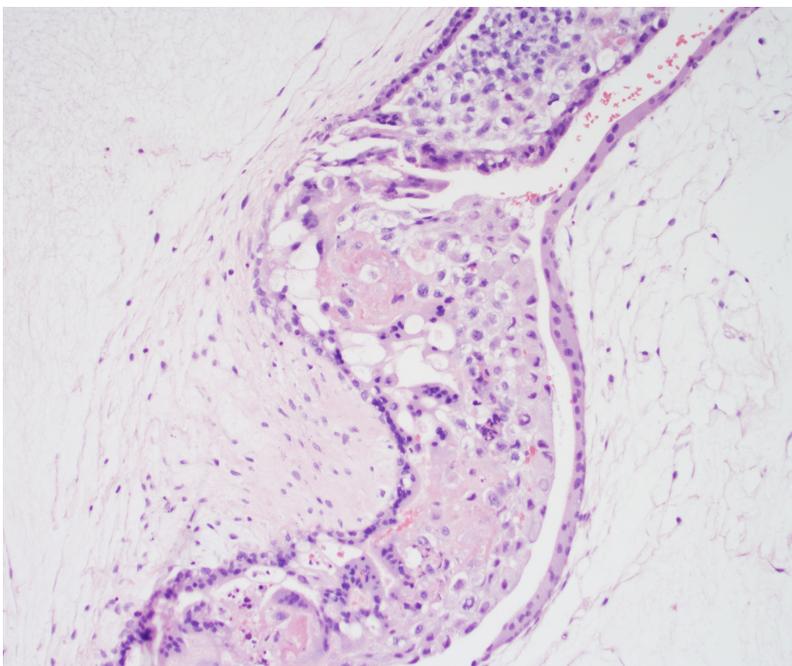
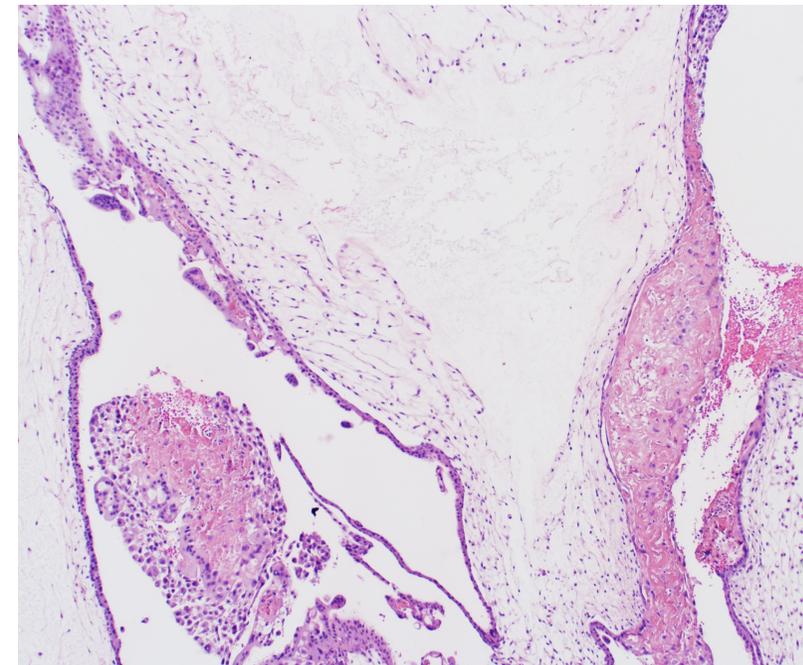
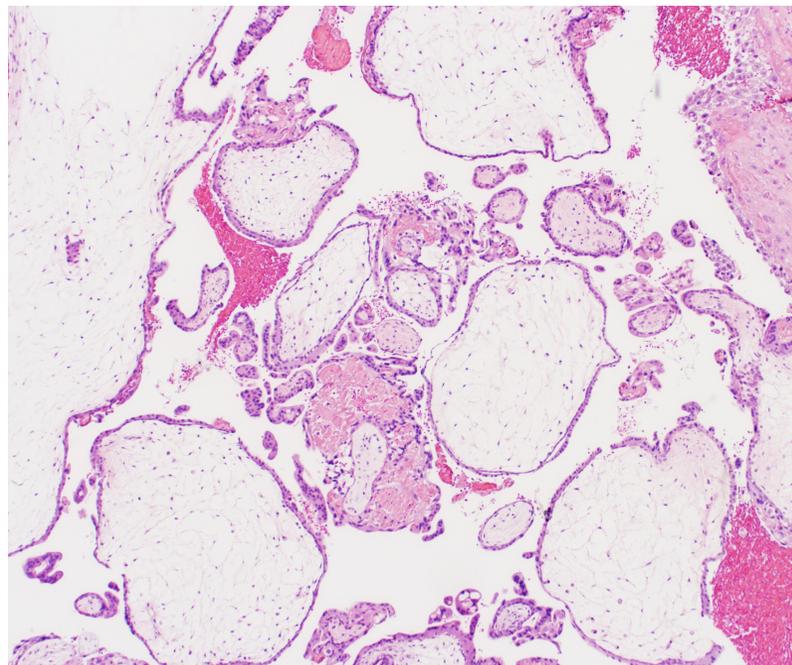
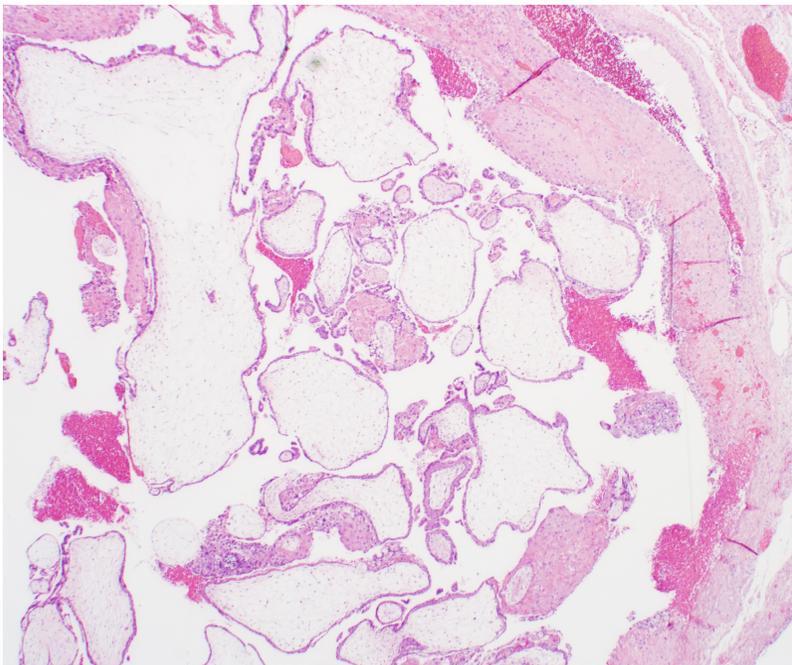




28-year-old woman presenting with ruptured tubal pregnancy received salpingectomy



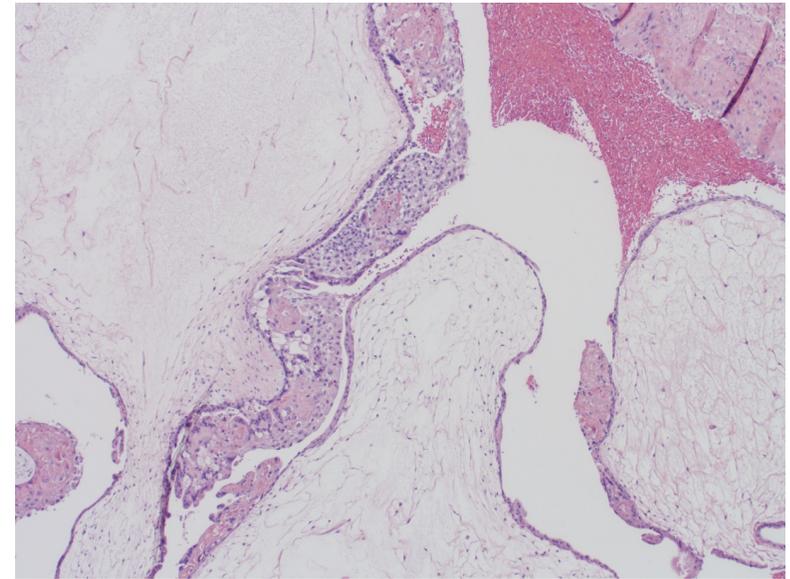
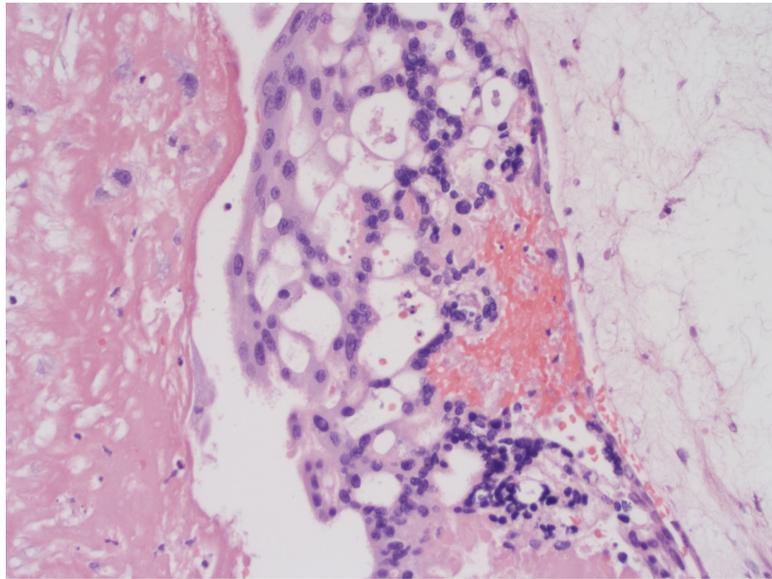
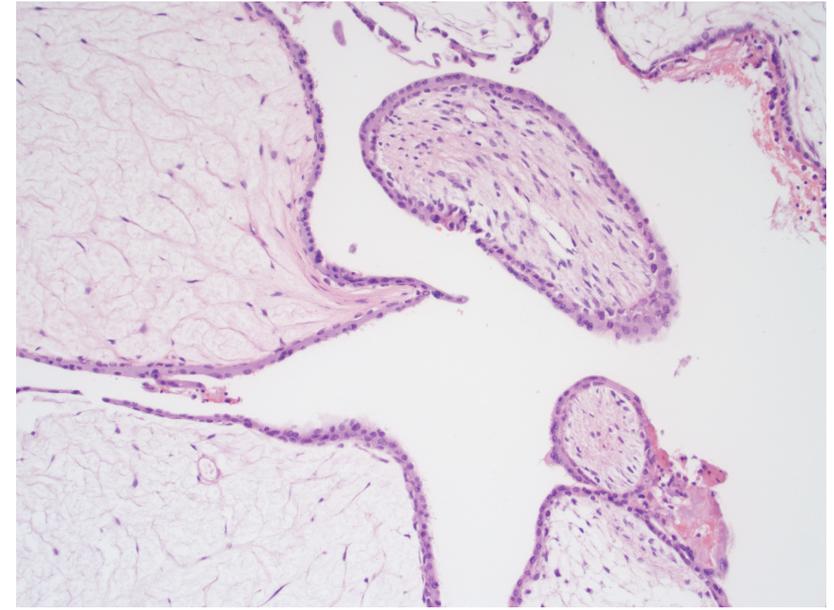
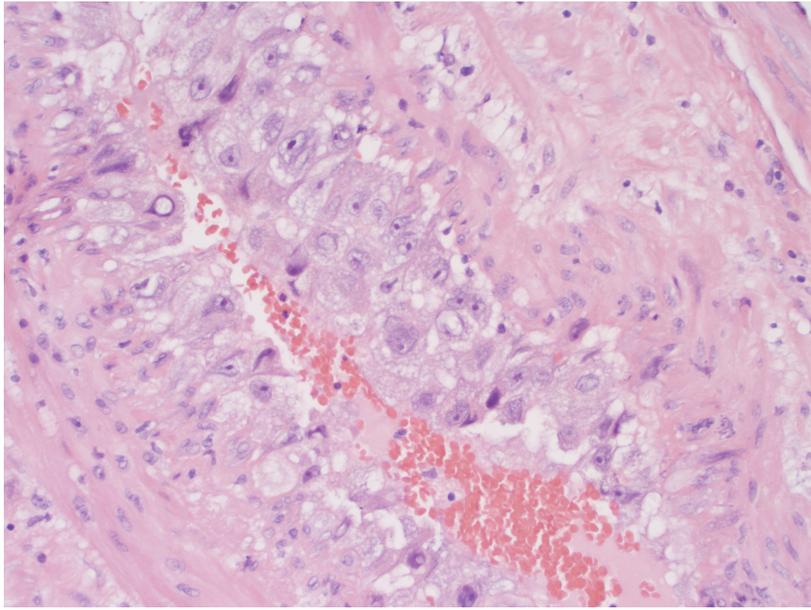
Diagnostic Options

A: Non-molar tubal pregnancy

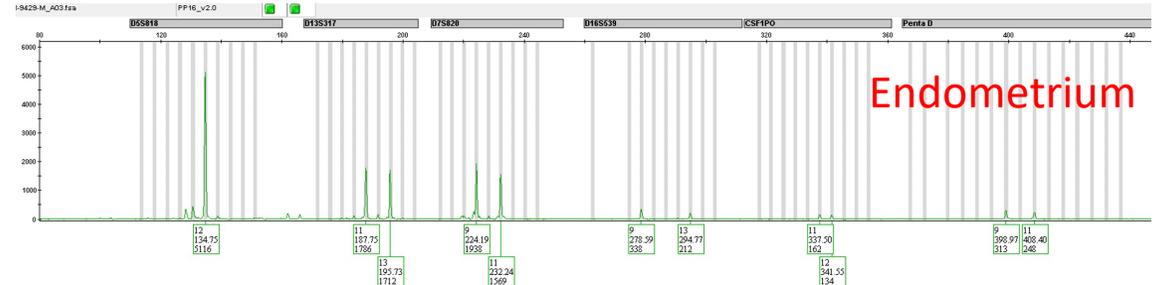
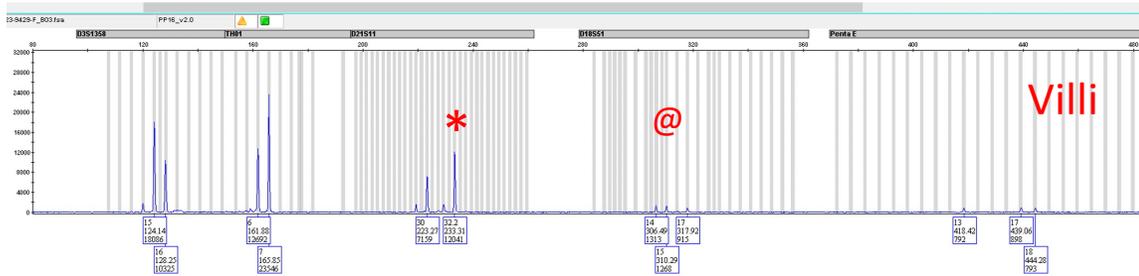
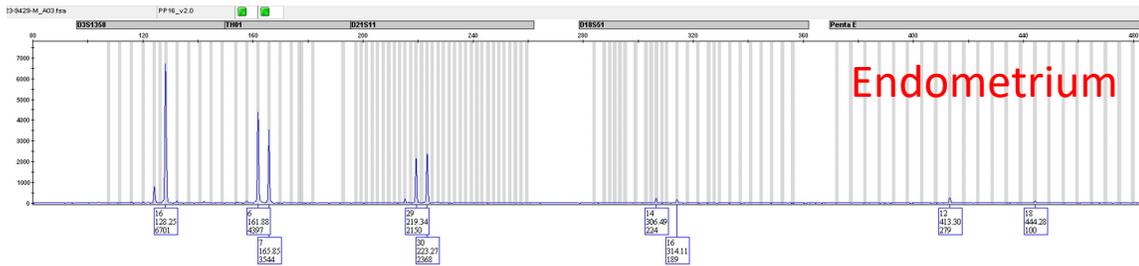
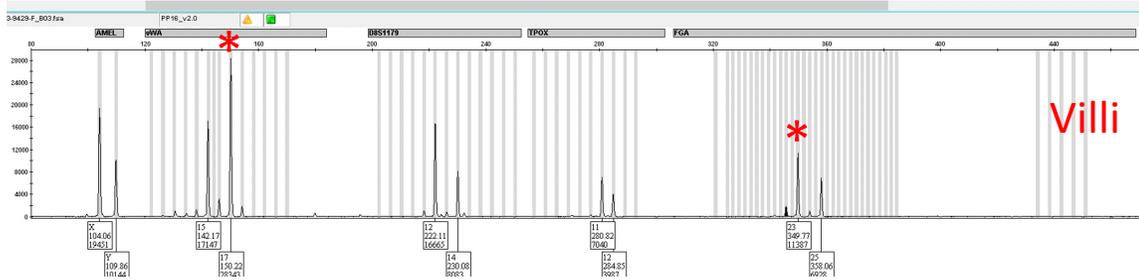
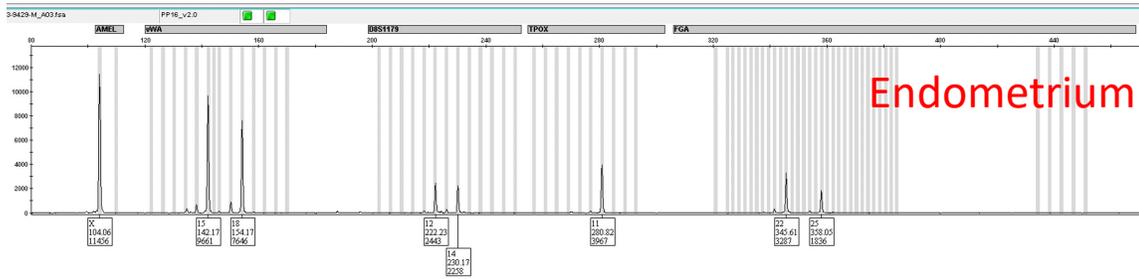
B: Tubal partial mole

C: Tubal complete mole

D: Tubal intramolar choriocarcinoma



Chorionic villi show marked hydropic changes including cistern formation, significant size increase and abnormal trophoblastic proliferation. P57 immunostain displays the normal nuclear staining pattern in the cytotrophoblast and villous stromal cells.



STR genotyping profile of the chorionic villi is diandric-monogynic triploid (two paternal and one maternal allelic copies at each STR locus). Please note two copies (higher peak) of a distinct paternal allele at some STR loci (*) or two distinct paternal alleles (@) in addition to one maternal allele (matching to one of the two alleles of the endometrium).

Final Diagnosis: Tubal Partial Mole

Discussion

Partial hydatidiform mole may occur in a tubal pregnancy. Tubal partial mole and non-molar tubal gestation may share significant overlapping histological features, and both have a normal expression pattern of p57. Genotyping is important for an accurate separation of the two conditions. A diandric-monogynic triploid profile (two paternal allelic copies and one maternal allele) is diagnostic of partial mole (the current case). In contrast, a balanced biparental (one paternal and one maternal allelic copy at each STR locus) is seen in a non-molar tubal gestation (see Y-GTD case of December 2023).