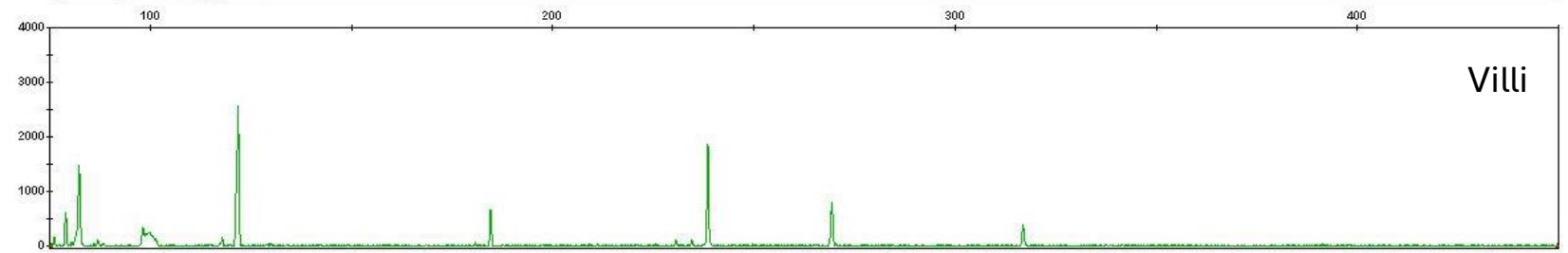
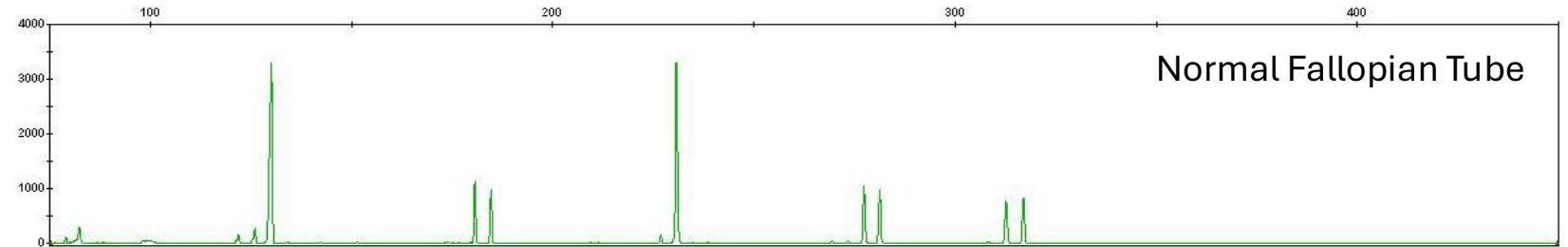
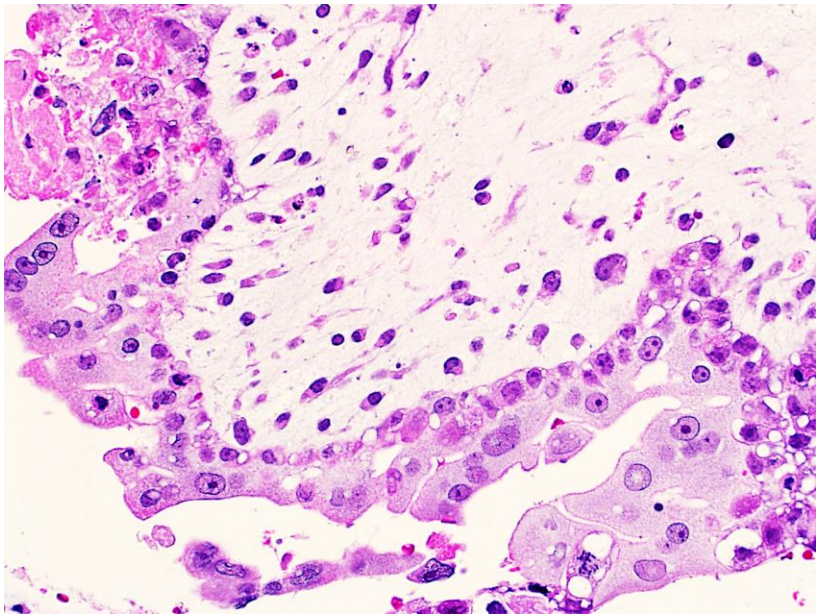
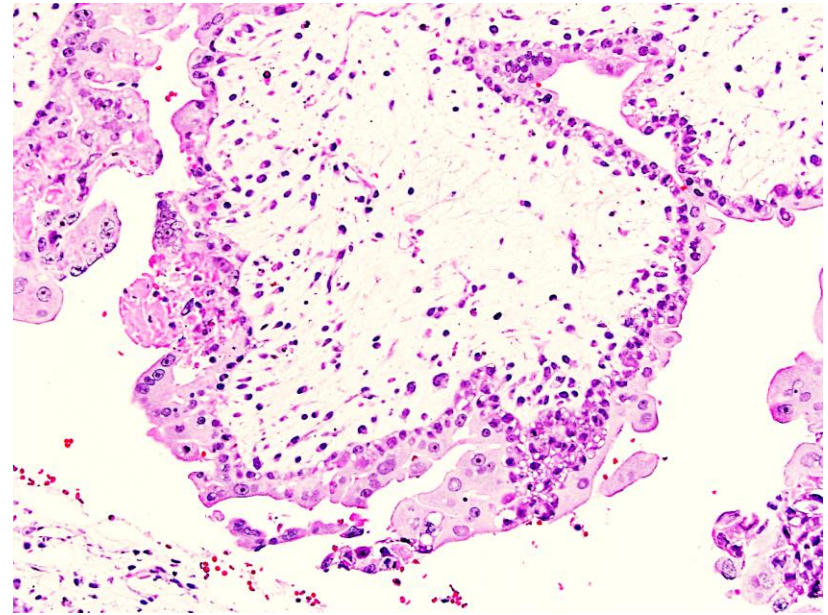
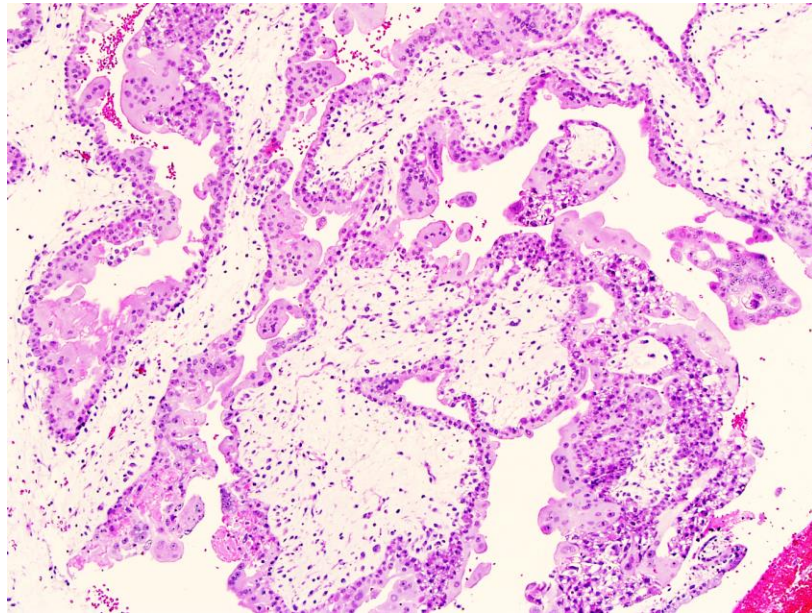
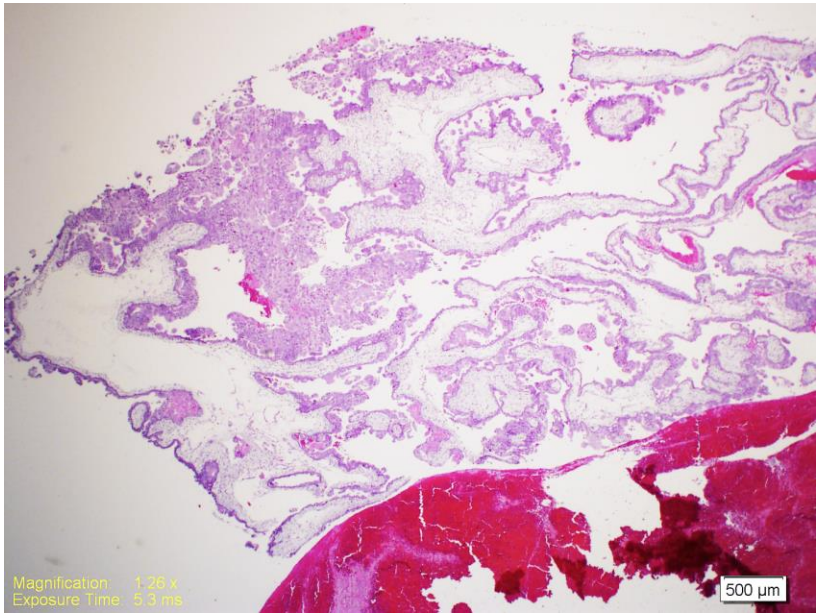




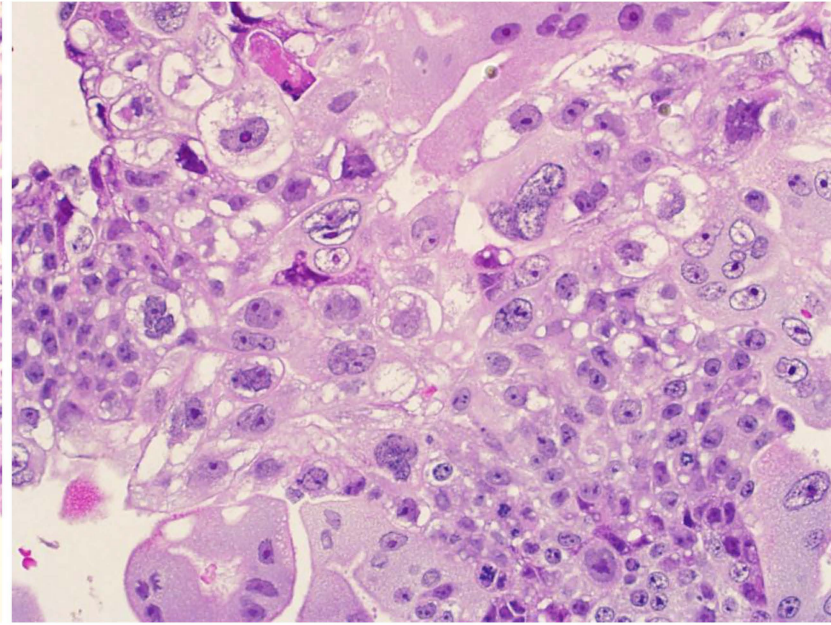
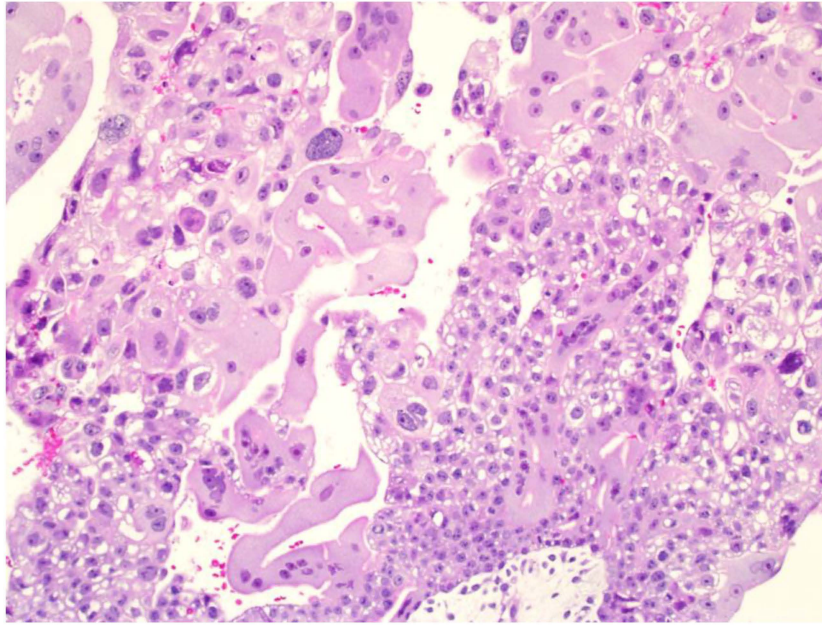
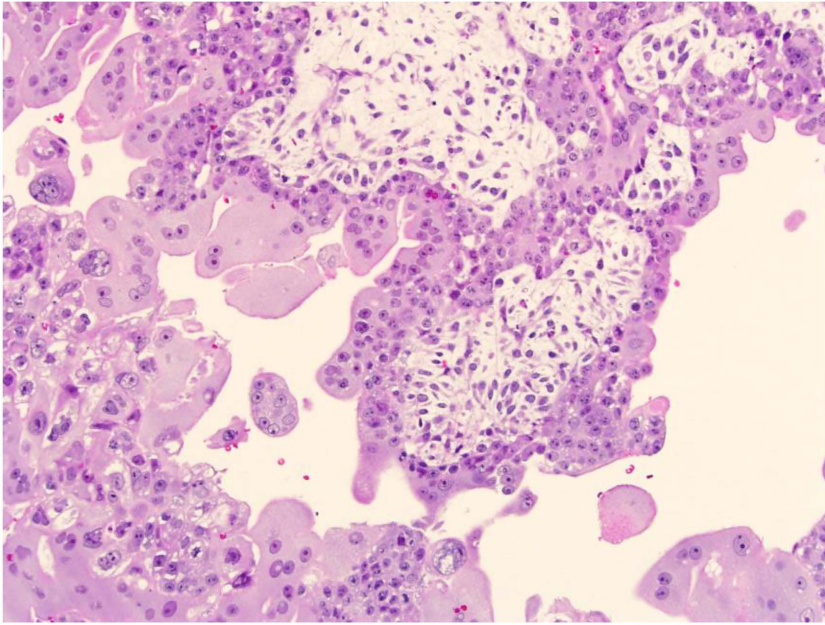
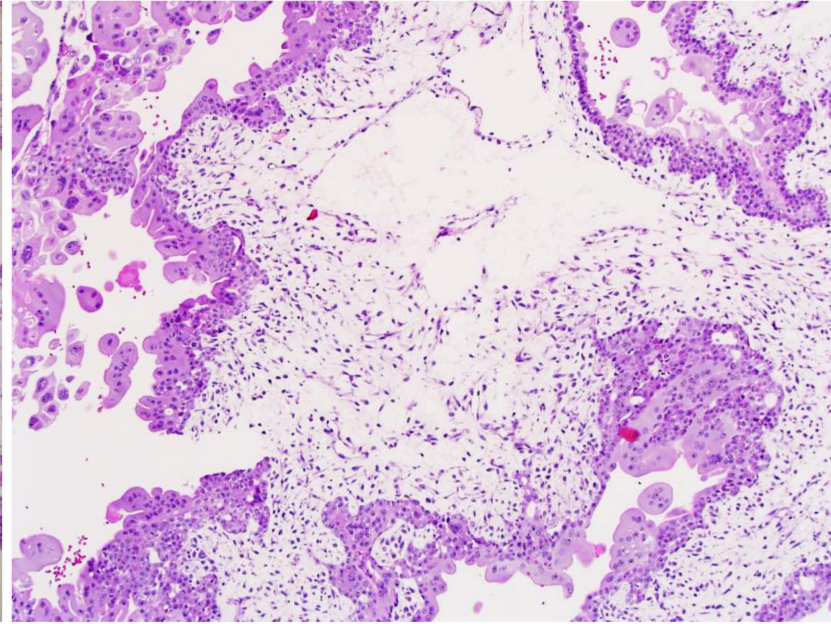
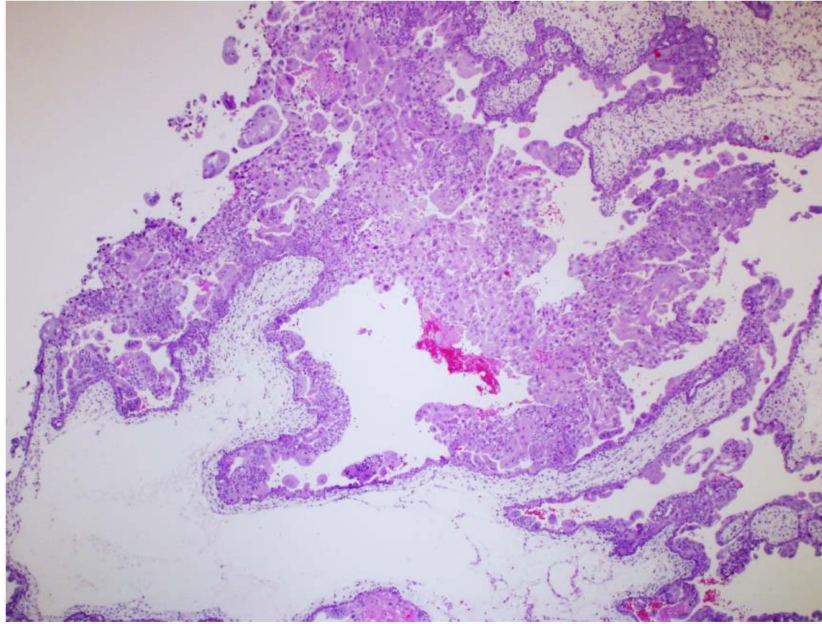
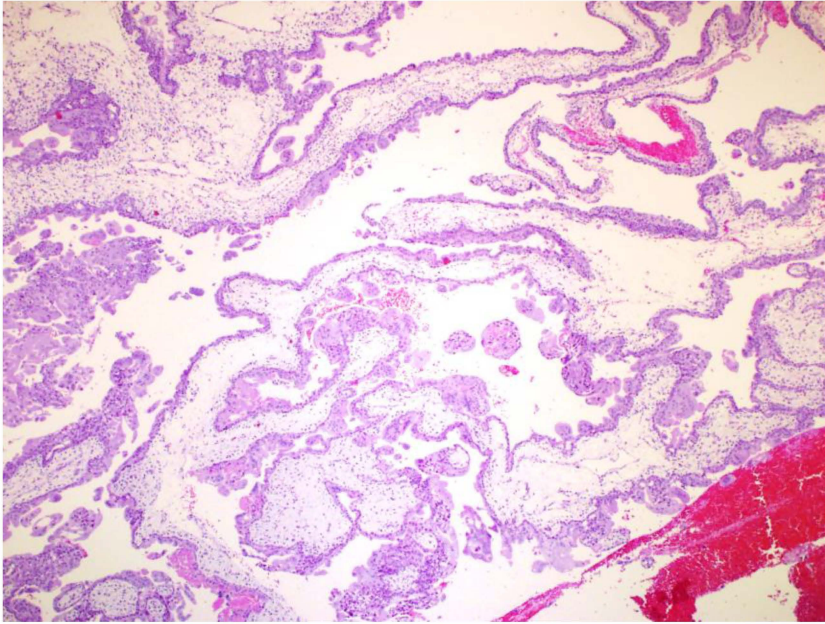
33-year-old woman underwent salpingectomy for ectopic tubal pregnancy. DNA index of 1.4 (near triploid) by flow cytometric ploidy analysis of paraffin embedded tissue sections. P57 IHC was not performed.



A. Tubal Non-molar Gestation

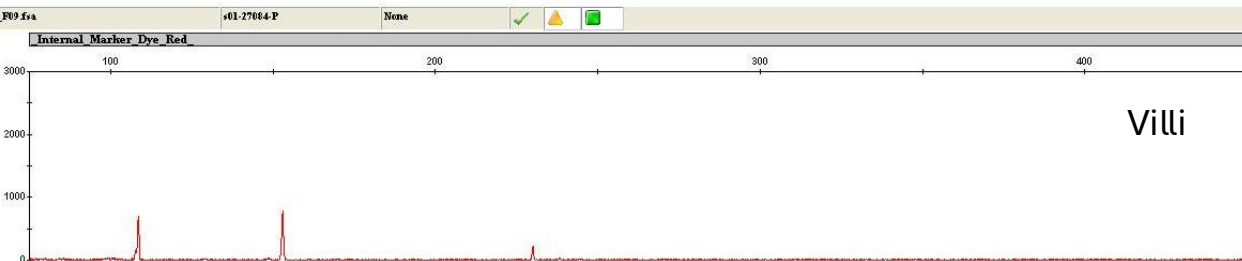
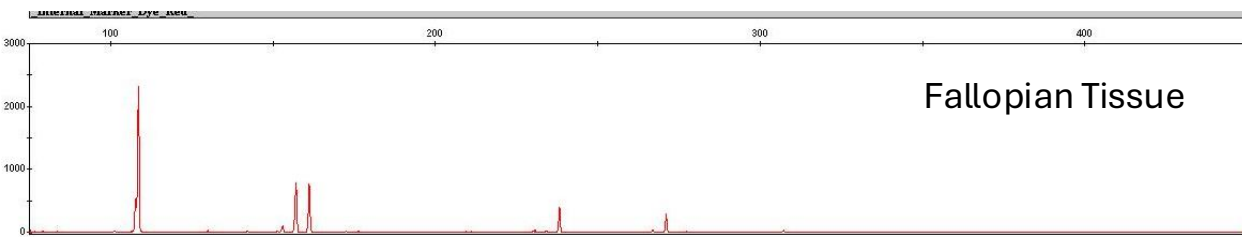
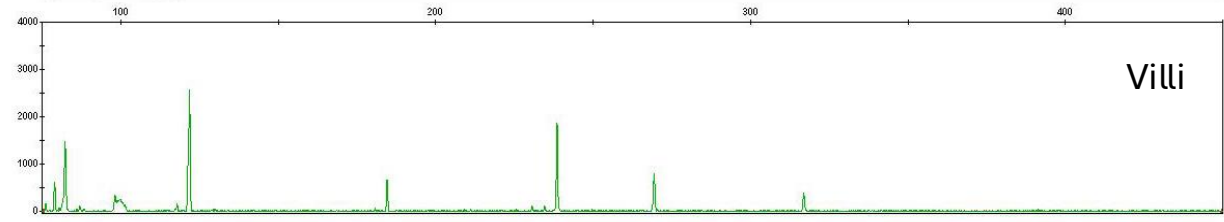
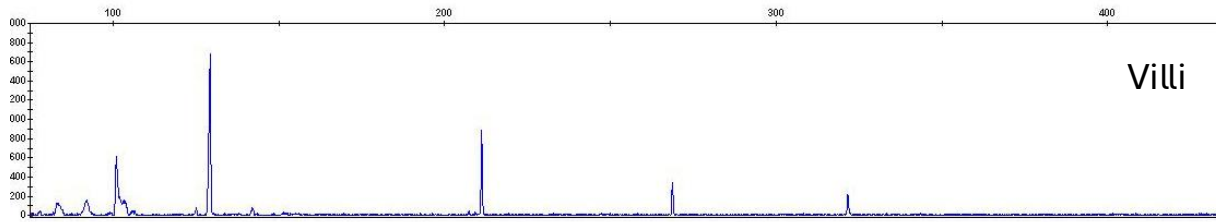
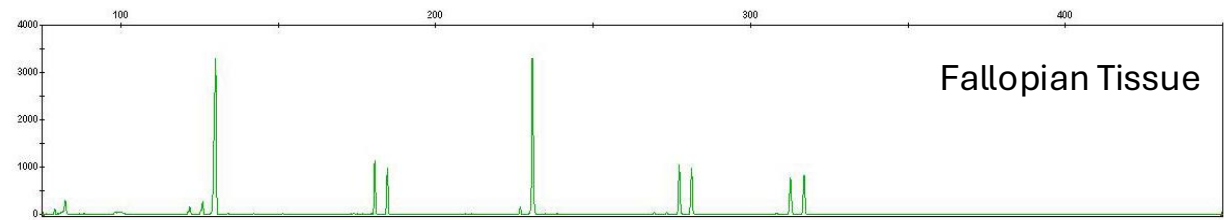
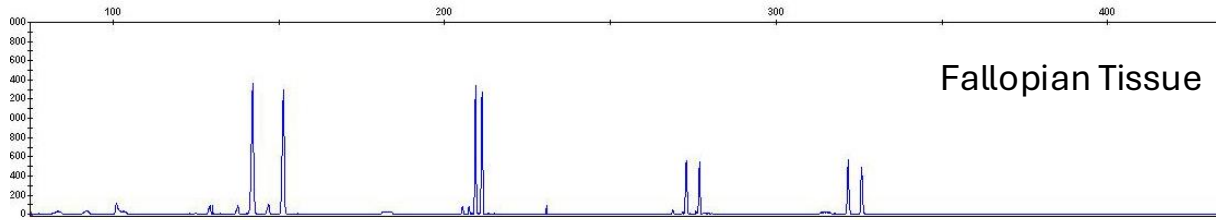
B. Tubal Partial Mole

C. Tubal Complete Mole



Chorionic villi display distinct morphological features of very early complete mole including abnormal polypoid configurations, cellular primitive villous stroma with stellate to plump fibroblasts embedded in bluish myxoid matrix and the presence of prominent karyorrhexis. Abnormal trophoblastic proliferation involving some of the villi is obvious.

Full Panel of the STR Genotyping



A homozygous/monospermic genotyping profile is demonstrated in the chorionic villi. Note the presence of homozygous allelic pattern in the villi at all STR loci in contrast to a biparental allelic pattern in the paired fallopian tube tissue.

DNA ploidy analysis using paraffin embedded specimens may be plagued with technical difficulties and interpretation errors resulting in misclassification of the ploidy. This is because ploidy histogram produced from paraffin embedded tissue tends to have increased cellular debris and broader peaks with a high coefficient of variation, resulting in a misclassification, such as in this case.

Final Diagnosis: Complete mole arising from
ectopic tubal gestation