Sir,

We read with interest the recent case by Kamal et al, of a molar pregnancy in a 55-year old woman who presented with irregular vaginal bleeding.

We recently managed an almost identical case: a 54-year old woman, para 5+1 presented to the emergency Department in January 2010 with irregular vaginal bleeding. Her last menstrual period was October 2009 and previously she had a first trimester miscarriage at age 49. She also described severe nausea and vomiting of 2 months duration. She was not using contraception. Quantitative beta-hCG was 200,000 IU/L. Clinically, her uterus was 18 weeks size. Transvaginal ultrasound suggested a molar pregnancy and an uncomplicated suction curettage was performed, confirming a complete hydatidiform mole. Post-operatively she is being followed with weekly hCG levels; at 4 weeks post-operatively the hCG had fallen to 1,300 IU/L.

We agree with Kamal et al that pregnancy must always be considered in cases of unusual vaginal bleeding, even in women >50 years. We congratulate them on raising this important clinical point, which is timely given the recent publication of expert guidelines on the Management of Gestational Trophoblastic Disease by the Royal College of Obstetricians and Gynaecologists.

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References