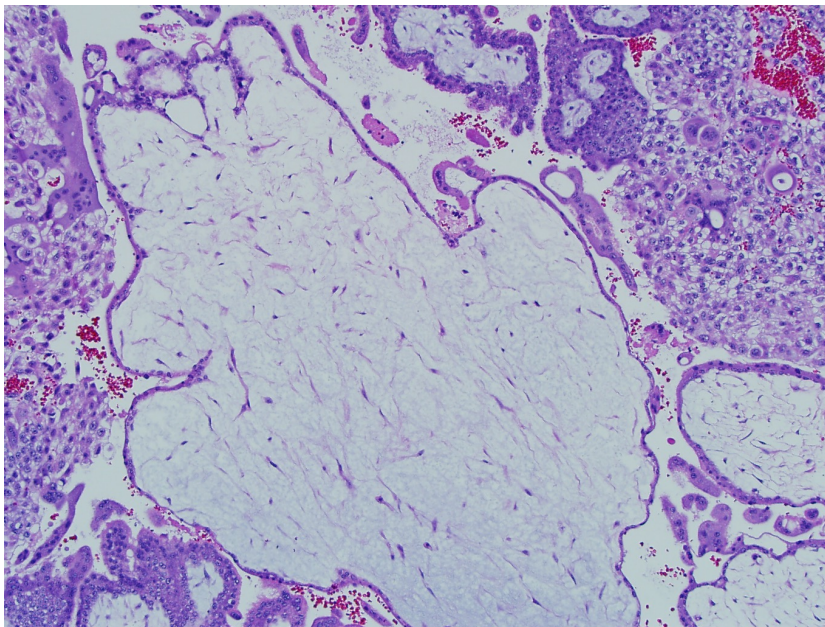
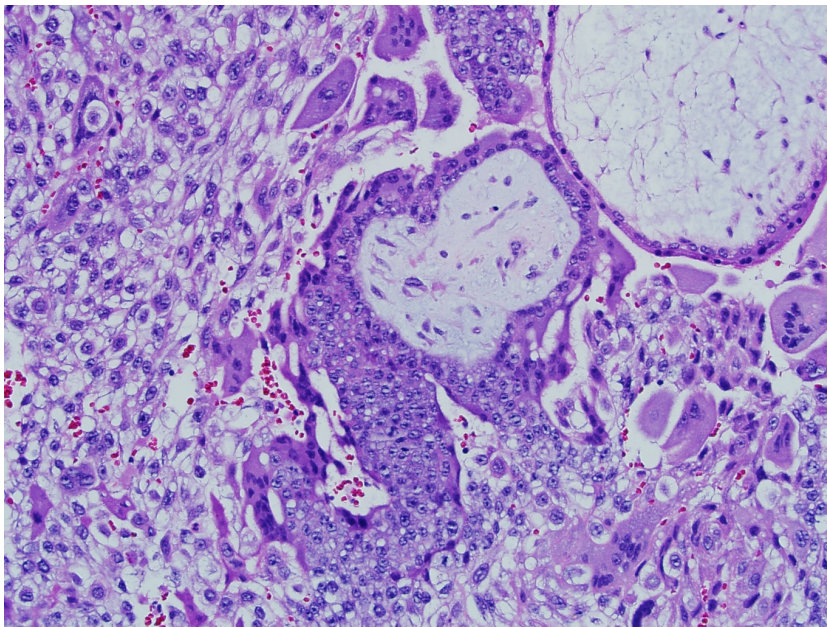
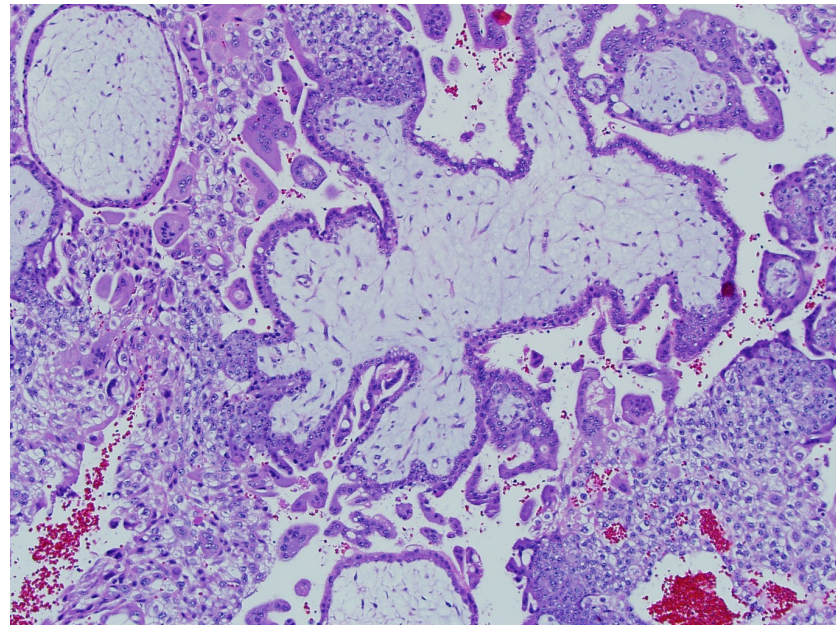
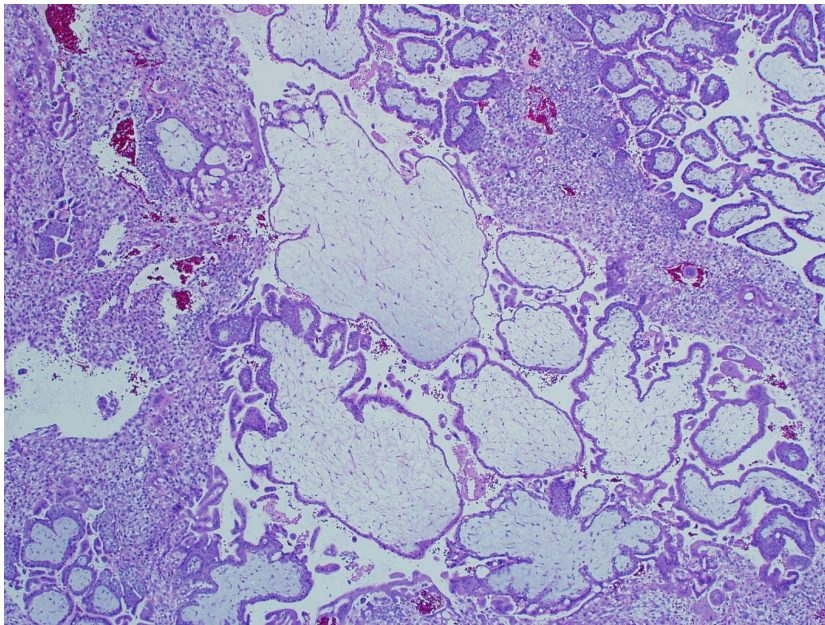
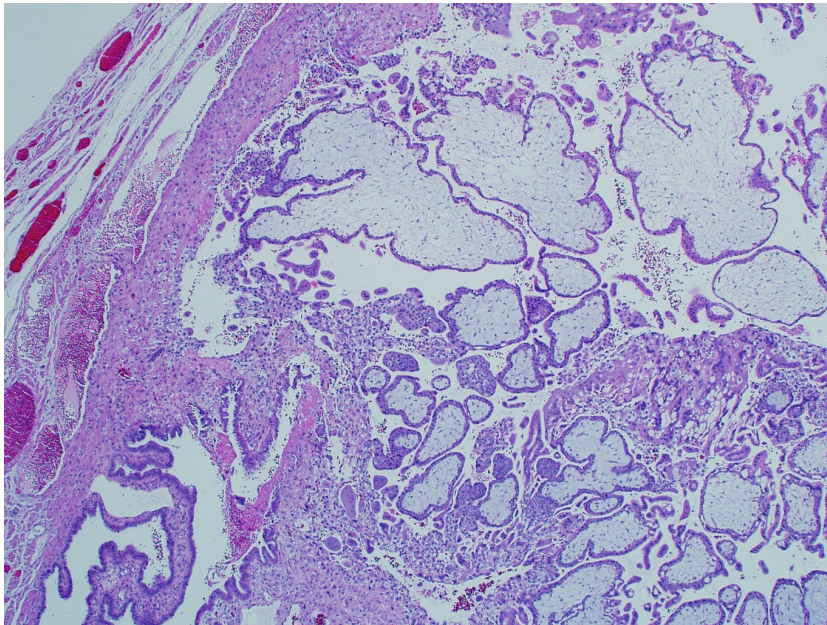




38-year-old woman presenting with ectopic pregnancy
received salpingectomy



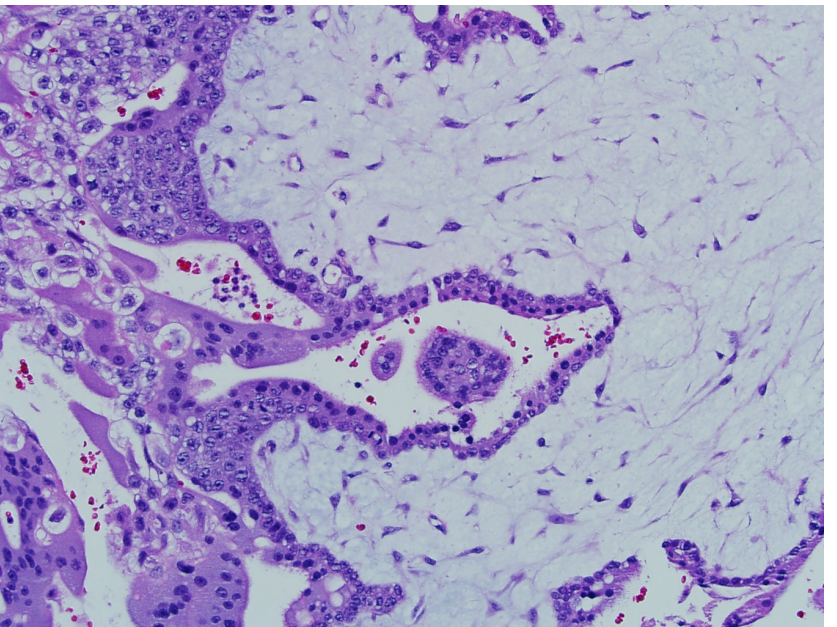
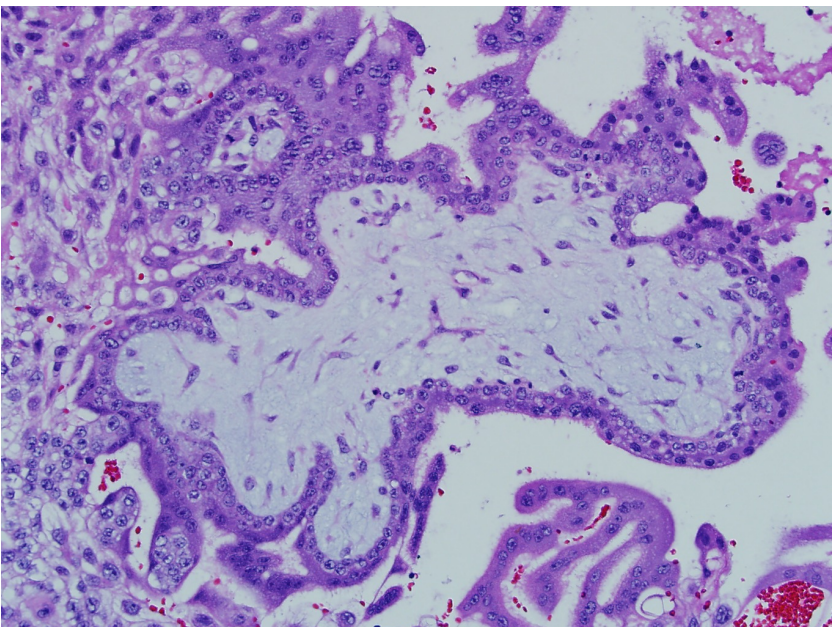
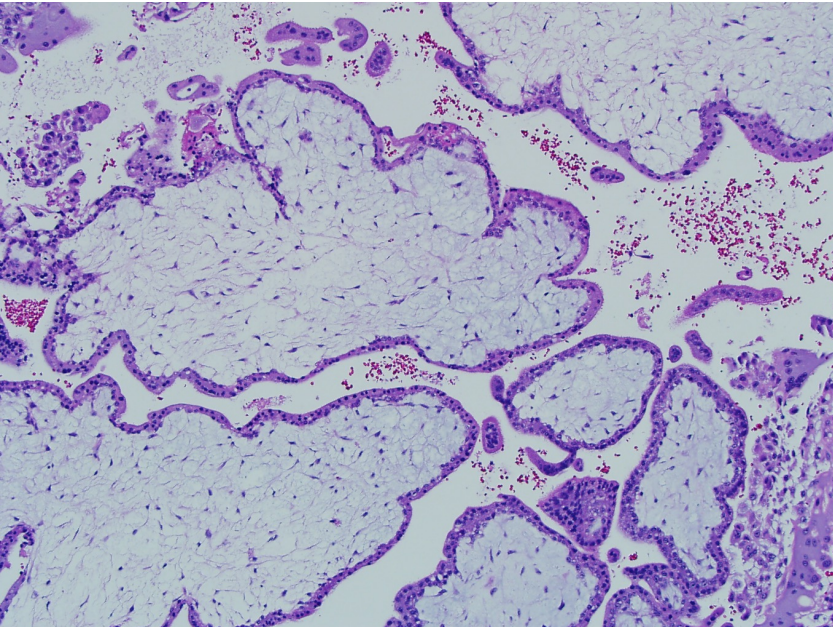
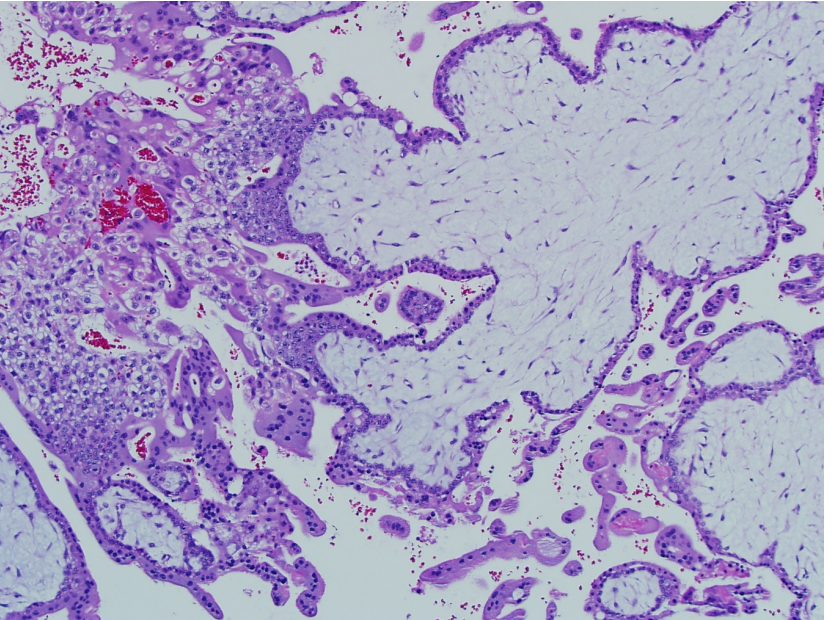
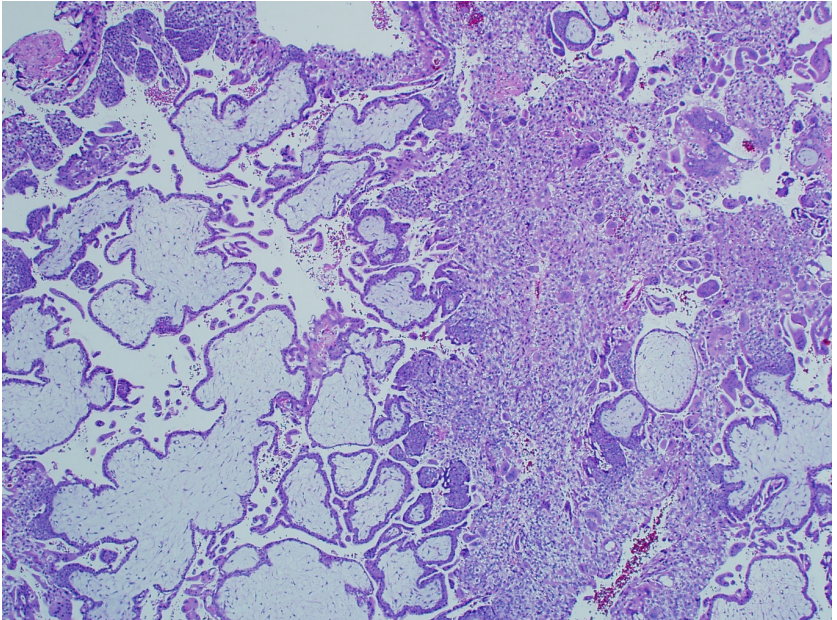
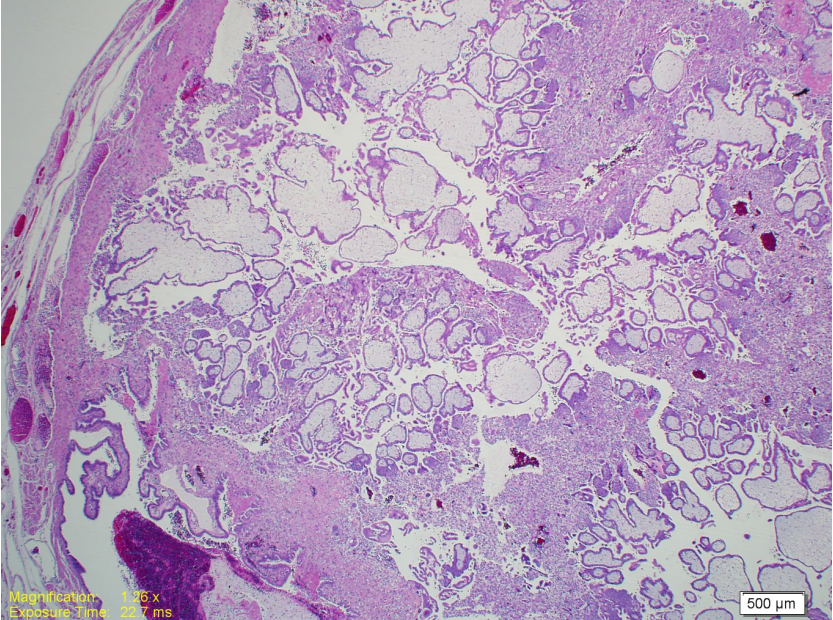
Diagnostic Options

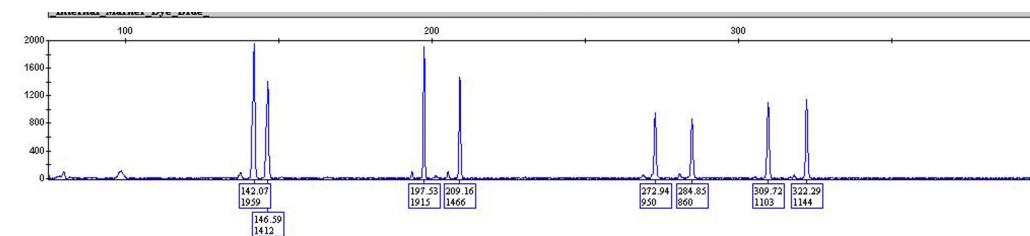
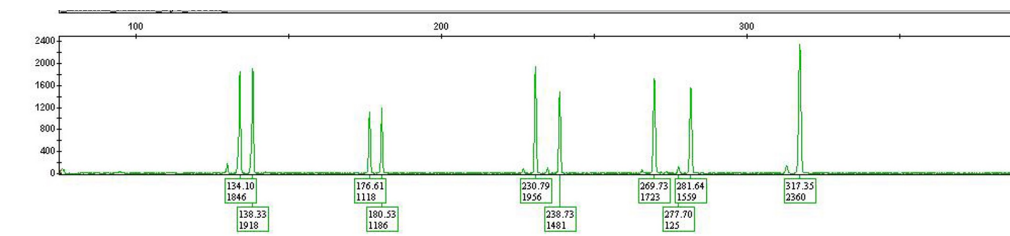
A: Non-molar tubal pregnancy

B: Tubal partial mole

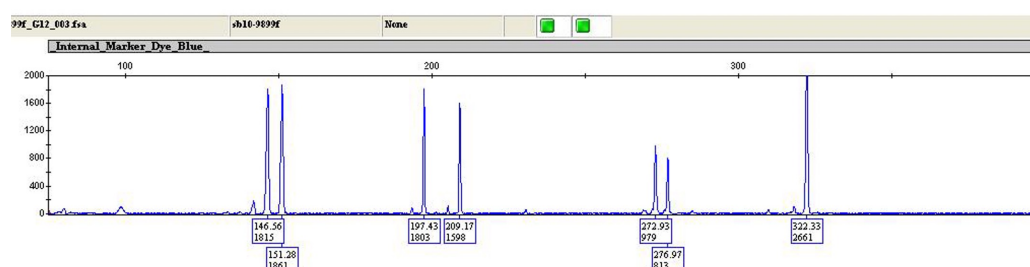
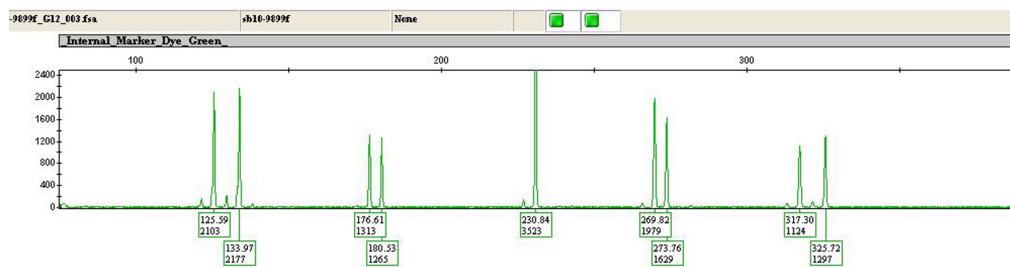
C: Tubal complete mole

D: Tubal intramolar choriocarcinoma

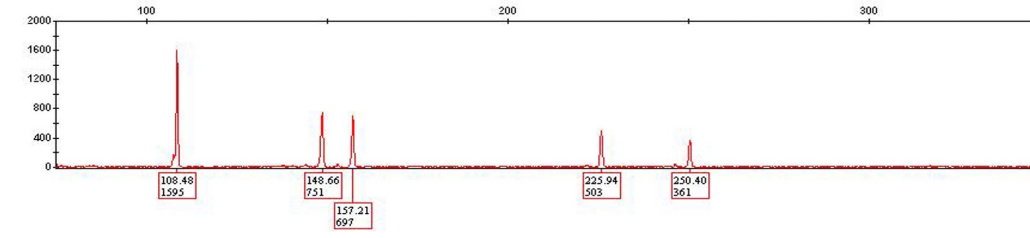
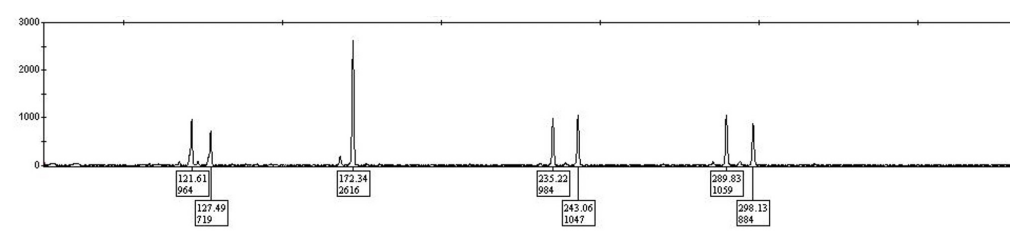




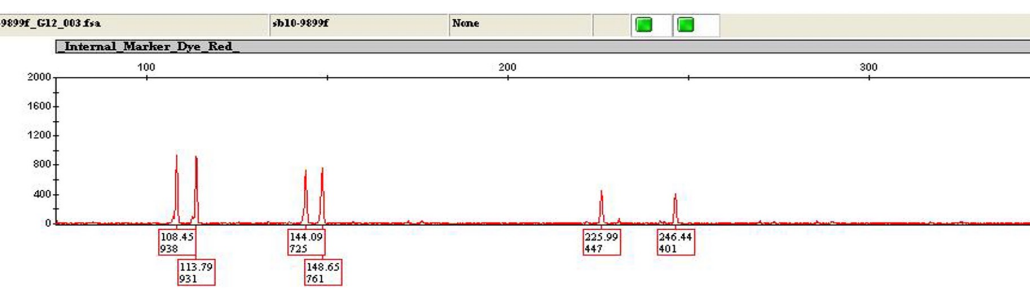
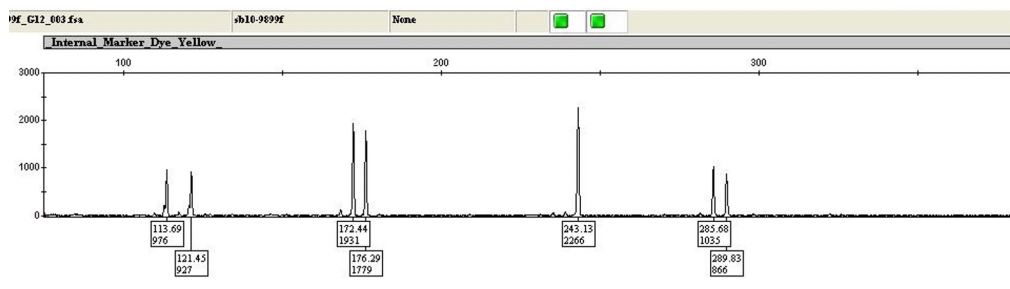
Endometrium



Villi



Endometrium



Villi

Full genotyping panel: STR allelic pattern of the chorionic villi shows a normal balanced biparental profile at all STR loci (Note at each informative STR locus, there is a balanced allelic PCR amplification with one of the two alleles of the villi matches to one of the two alleles of the endometrium).

Discussion

Tubal pregnancies are often terminated at a very early gestational stage (early villous stage), chorionic villi may show irregular configurations, hydropic change, primitive appearance with stromal hypercellularity and myxoid matrix, and prominent villous trophoblastic hyperplasia at intervillous spaces and at the implantation site, histologically simulating a hydatidiform mole (complete or partial) or even an intra-molar choriocarcinoma. When in doubt, immunohistochemistry of p57 and STR genotyping are important to accurately interpret the histological findings. A balanced, biparental STR genetic profile of the chorionic villi confirms a non-molar gestation as shown in this case. However, it should be noted that molar gestations (complete or partial) can arise in an ectopic gestation.

Final Diagnosis: Non-molar tubal pregnancy