Molar Pregnancy

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Molar Pregnancy
(Gestational Trophoblastic Disease)
GTD

Introduction

This information is for women diagnosed with a molar pregnancy. This condition is also called Gestational Trophoblastic Disease (GTD) or Hydatidiform Mole.

Molar pregnancy is very uncommon affecting around 1 in 1200 pregnancies. It is usually found in early pregnancy.

A molar pregnancy is sometimes detected when you have an early pregnancy ultrasound. It may also be diagnosed after a miscarriage, when tissue that is collected or passed from the uterus is examined. As the condition is unusual and not well known in the community, it can come as a shock, especially if you are still pregnant and coming to terms with the fact that the pregnancy is ending.

What is a Molar Pregnancy?

In a Molar Pregnancy there is rapid or unusual growth of all or part of the placenta. The placenta becomes larger than normal and contains many cysts (sacs of fluid).

There are two types of Molar Pregnancy: a Complete Molar Pregnancy or a Partial Molar Pregnancy. In Partial Molar Pregnancy, the mother's egg is fertilized by two sperms from the father, or one sperm replicates itself. The baby has three sets of genes instead of two. The baby may start to develop but it is always abnormal and cannot survive.

In Complete Molar Pregnancy, the mother's egg is empty and is fertilized by two sperm from the father. There is no baby and the placenta grows abnormally. Sometimes the molar tissue persists and may start to grow and spread; this is a very rare complication of molar pregnancies. In a Molar Pregnancy, you will have all the usual signs of pregnancy (like morning sickness or sore breasts) because the placenta continues to produce the pregnancy hormone – Human chorionic gonadotropin - βhCG. In fact the placenta often makes higher amounts of this hormone which can make these symptoms more pronounced.

Most of the time, a Molar Pregnancy is diagnosed in the first three months of pregnancy, often because it ends in miscarriage

How is Molar Pregnancy diagnosed?

The most common ways that women are diagnosed with a Molar Pregnancy are:

- Vaginal bleeding like a miscarriage (most common)
- On ultrasound scan
- Excessive morning sickness needing hospital admission (this is because of the high amount of pregnancy hormone being produced)
- On examination – the uterus may be larger than expected for the duration of the pregnancy
- Symptoms of a Molar Pregnancy

Symptoms usually appear in the second or third month of pregnancy. They may include bleeding or cramps and the passage of tissue. There may be severe vomiting due to high hormone levels.

Treatment

The treatment for a Molar Pregnancy is to remove the tissue from the uterus by a procedure called a

Molar Pregnancy

Dilation and Curettage (D&C). In this procedure the cervix is gently opened and the contents of the uterus removed by suction.

Follow Up/Monitoring

When you have a diagnosis of Complete or Partial Molar Pregnancy the following monitoring is required to ensure patient safety.

You will need to have a blood test each week to check until there are no more pregnancy hormones found in your blood. There is a very small risk that molar cells may stay in your body after the pregnancy has ended. Blood tests are the only way to check that the molar cells have gone.

- You will be given a pathology request form for your pregnancy hormone blood test.
- You need to go to the same pathology service each time you have your blood test.
- You will receive a phone call from your health professional with your blood test results who will also discuss what happens next
- When your pregnancy hormone level is negative, your health professional will tell you how long to wait before you need to have your next blood test.

Routine monitoring

Partial mole – after three consecutive normal levels no further testing required

Complete mole – monthly for six months

- from time of D&C if βhCG negative within 8 weeks
- or from time βhCG negative if it takes more than 8 weeks to become negative

Counselling

- Fertility rate is not affected
- There is a risk of repeat Molar Pregnancy therefore an early ultrasound is recommended for next pregnancy
- βhCG level 6 weeks following the completion of any future pregnancies (regardless of outcome of that pregnancy

A Molar Pregnancy always requires treatment and in most cases involves the removal of the molar tissue from the uterus only.

In a small (approximately 10%) number of cases molar cells can remain (persistent trophoblastic disease) and very rarely can cause a form of cancer called choriocarcinoma. Follow up after a Molar Pregnancy is aimed at detecting any leftover molar tissue. By monitoring the βhCG levels in your blood we can detect if there are any remaining molar cells in your body.

When can I get pregnant again?

It is important for you to avoid getting pregnant again until all monitoring is complete. The reason for this is that a new pregnancy will also raise your βhCG levels and it will not be clear whether this is due to a recurrence of the Molar Pregnancy or the start of a new pregnancy. Once you are told your follow up is complete, it is safe for you to attempt to fall pregnant.

What are the chances of a molar pregnancy in the future?

There is approximately 1% chance of developing another Molar Pregnancy. When you think you are pregnant, let your doctor know so an early ultrasound can be arranged.

Resources

www.health.qld.gov.au/rbwh/services/gtd-unit.asp
www.hmole-chorio.org.uk

References

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3. Sebire NJ, Foskett M, Short D, Savage P, Stewart W, Thomson M, et al. Shortened duration of human chorionic gonadotrophin surveillance following complete or partial hydatidiform mole: evidence for revised protocol of a UK regional trophoblastic disease unit. BJOG 2007; 114;760-762.