

MOLAR PREGNANCY

(Hydatidiform Mole)

Prepared by:

Dr. Mohannad Shalaldeh

Dr. Yazan Zatari

Supervisor :

Dr. Anan Amro

Hebron Governmental Hospital

Outline

- Gestational trophoblastic disease.
- Molar pregnancy.
 - Classification.
 - Pathogenesis.
 - Risk factors.
 - Presentation.
 - Treatment .
 - Follow up.

GTD

- Gestational trophoblastic disease (GTD) is a diverse group of interrelated diseases resulting in the **abnormal proliferation of trophoblastic (placental) tissue**.
- These tumors results from **abnormal fetal tissue rather than maternal tissue**.
- **Produce human chorionic gonadotropin (hCG)**.
- **Extremely sensitive to chemotherapy**.
- **The most curable gynecologic malignancy**.

GTD classification;

GTD	
<u><i>Benign GTD (molar pregnancy)</i></u> <u>80%</u>	<u><i>Malignant GTD</i></u> <u>20%</u>
Complete (classical) mole 90%	Choriocarcenoma
Incomplete (partial) mole 10%	Placental site trophoblastic tumors
	Persistent/invasive mole

Molar pregnancy

- The incidence of molar pregnancy is about **1 in 1,000 pregnancies**
- **highest among Asian women occur in 1 in 500 pregnancies.**

Molar Pregnancy

● Complete mole

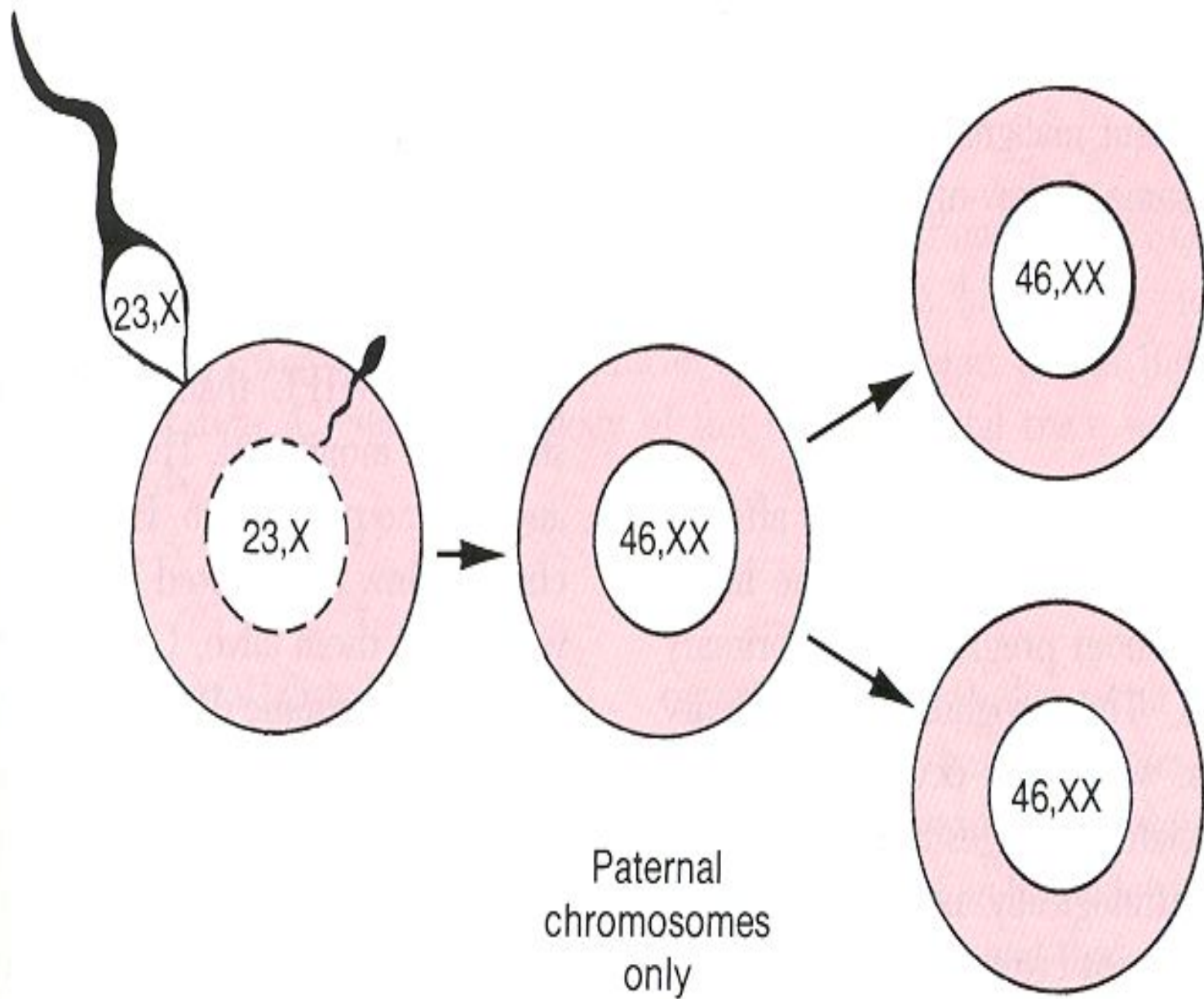
- Fertilization an empty egg by one sperm.
- All placental villa swollen.
- Fetus, cord, amniotic membrane are absent.
- Paternal chromosomes only. 46 XX.
- diploidy

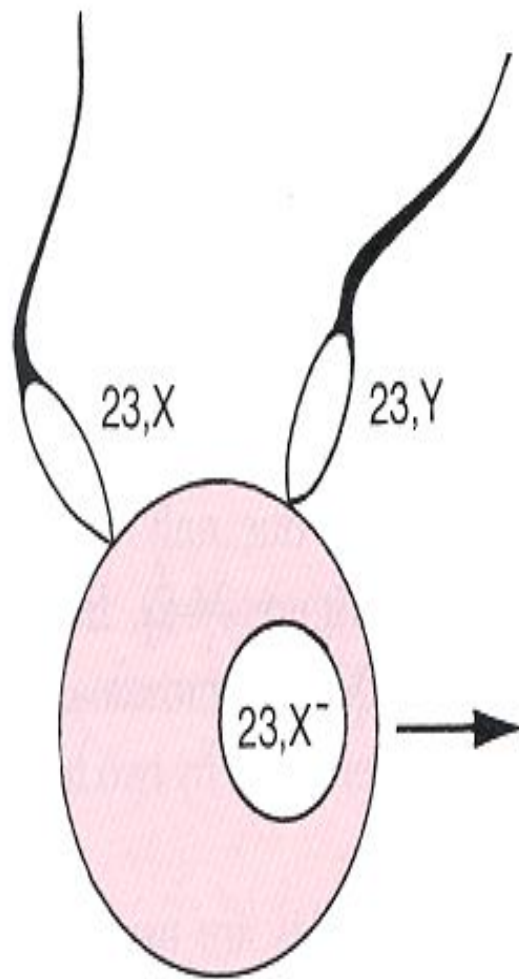
● Incomplete mole

- fertilization of an egg by two sperms
- some placental villa swollen
- Fetus, cord, amniotic membrane are present
- Paternal and maternal

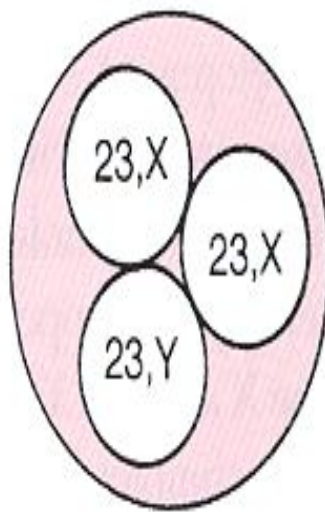
69XXY

-Triploid





Dispermy
 $23, X$
 $23, Y$



Diandry



Triploid $69, XXY$
cells with paternal
extra set



Age (extremes of reproductive years)

<15

Clinical risk factors for molar pregnancy

>40

Reproductive history

prior hydatidiform mole

prior spontaneous abortion

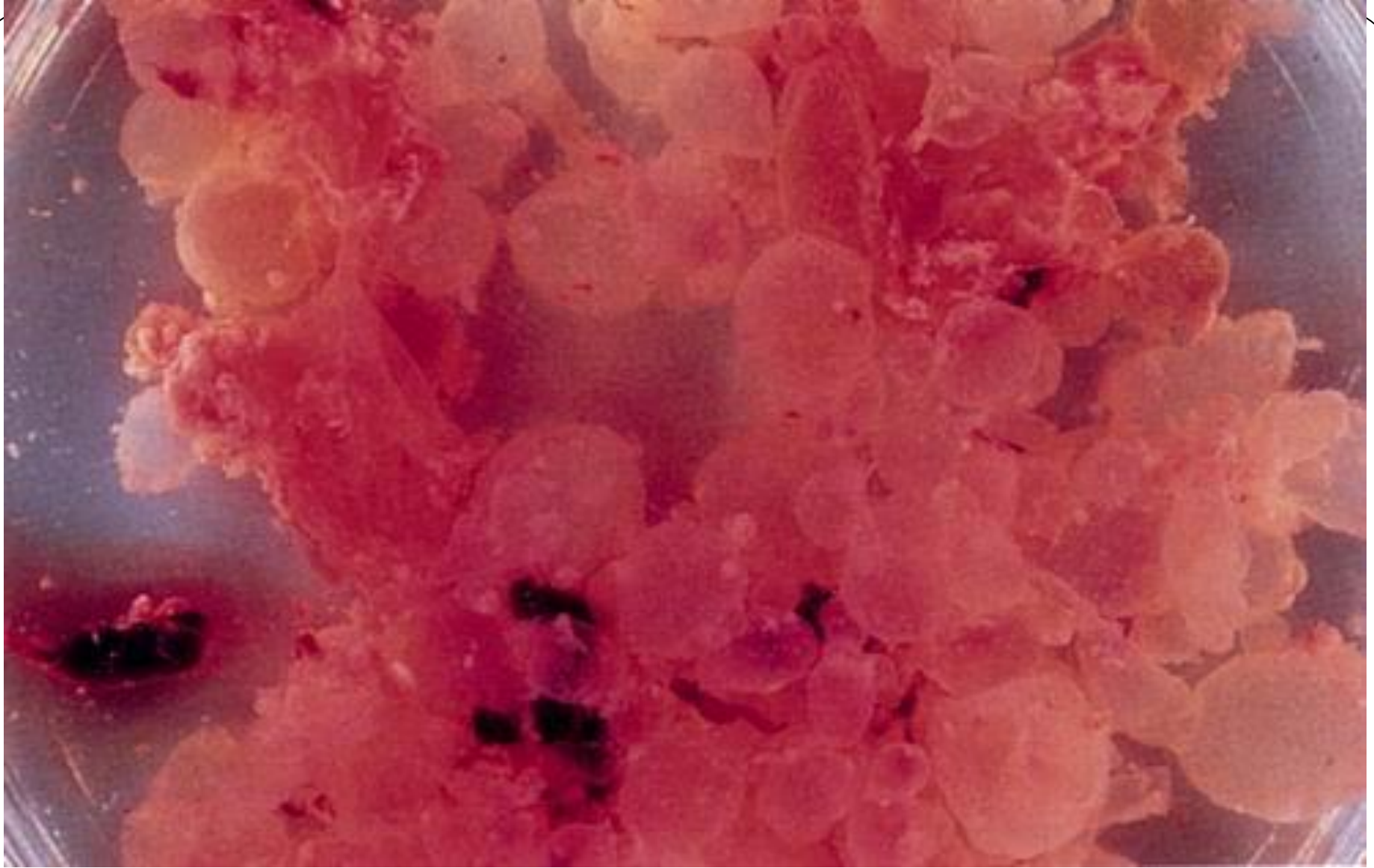
Nullparity (70%)

Diet

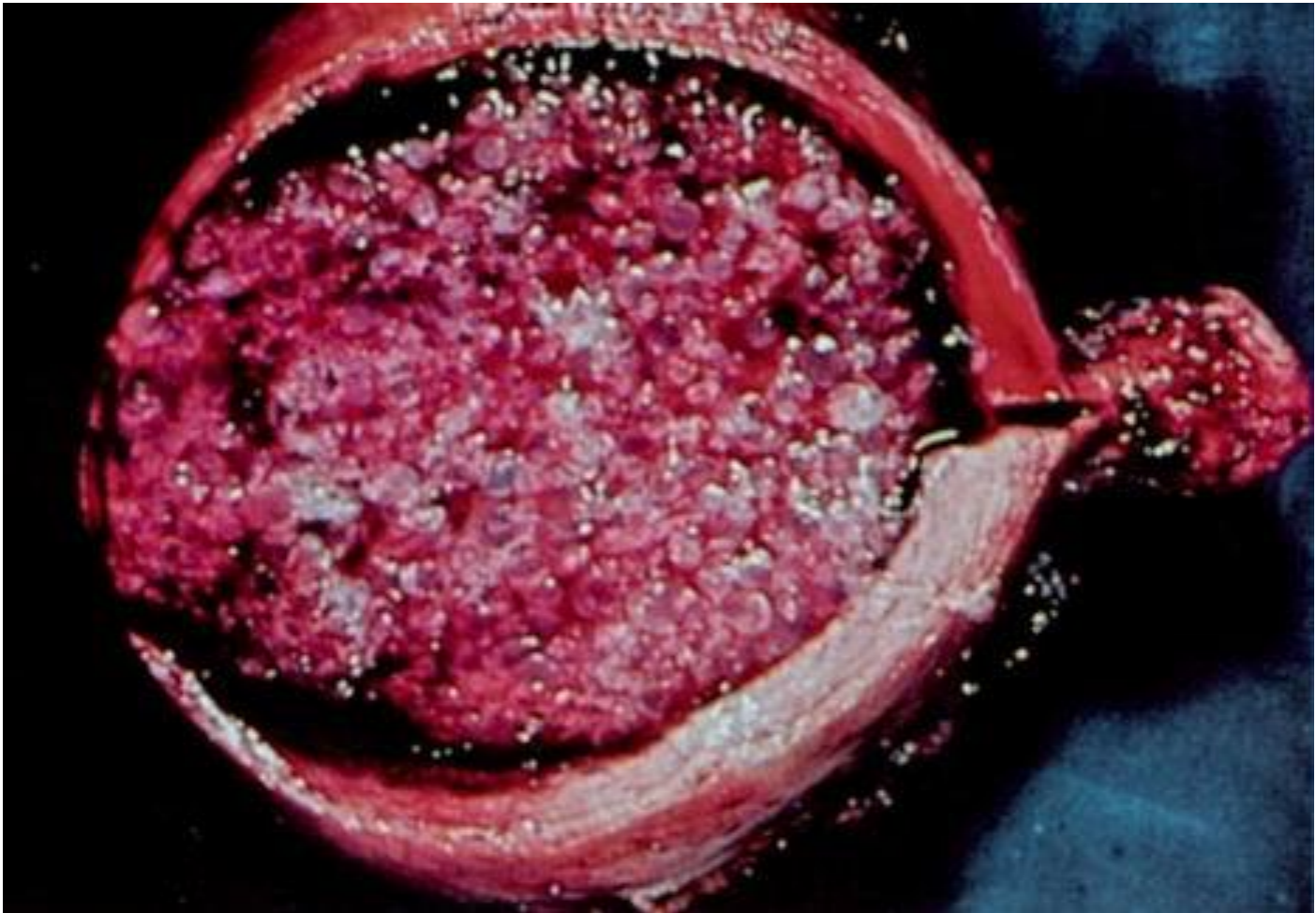
Vitamin A deficiency

Birthplace

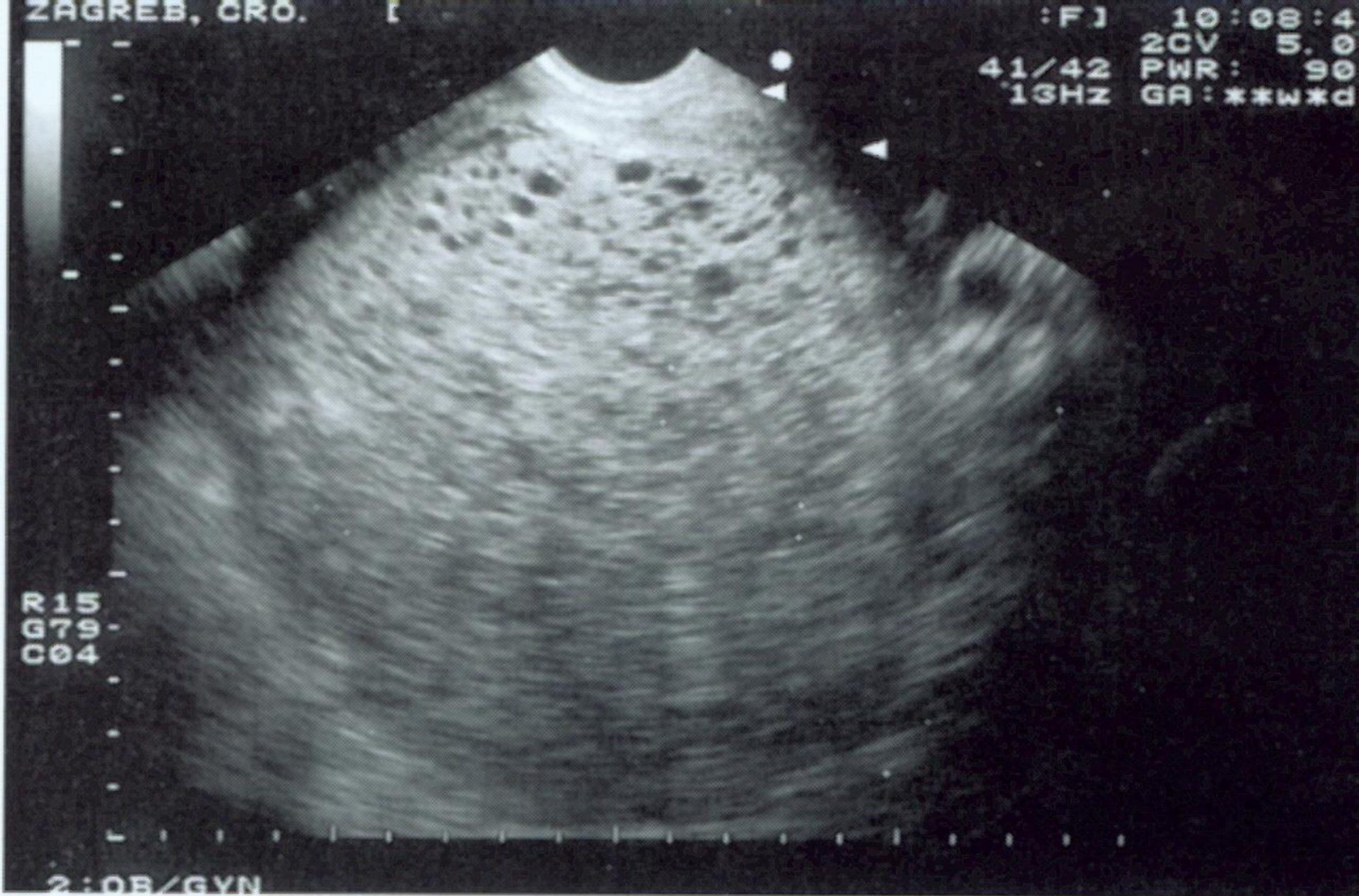
Outside North America(occasionally has
this disease)



Complete hydatidiform mole demonstrating enlarged villi of various size



A large amount of villi in the uterus.



Transvaginal sonogram demonstrating the “snow storm” appearance.

Molar Pregnancy

TABLE 31-3 Symptoms Associated with Molar Pregnancy

Symptoms	Percent
Vaginal bleeding	90 to 97
Passage of molar vesicles	80
Anemia	50
Uterine size greater than dates	30 to 50
Bilateral theca lutein cysts	25
Hyperemesis gravidarum	10 to 25
Pre-eclampsia before 20 weeks' gestation	10 to 15
Hyperthyroidism	10
Trophoblastic pulmonary embolic	2

Molar Pregnancy

● **Diagnosis:**

- Ultrasound shows snowstorm-like appearance, no fetus, theca lutein cyst
- Beta hCG** in normal pregnancy the level is at it peak at around 14 weeks (100,000 mIU/ml)

Management

- Baseline hCG level.
- Rh(D) status.
- Suction curettage (D&C).
- (RhoGAM) should be given to all Rhnegative
- Women
- hysterectomy

Follow up

- **95% to 100% cure rates after suction curettage**
- **Persistent disease will**
- **develop in 15% to 25% of patients with complete moles and in 4% of patients with partial moles**
- **Levels should be measured within 48 hours of uterine evacuation and then weekly until negative for 3**
- **consecutive weeks**
- **followed monthly for 6 months**
- **A plateau or rise in hCG levels during**
- **monitoring or the presence of hCG greater than 6 months after the D&C is indicative of persistent/invasive disease.**
- **prevent pregnancy**
- **The risk of developing recurrent GTD**
- **is approximately 1% to 2% after one molar pregnancy (compared to 0.1% in the general**

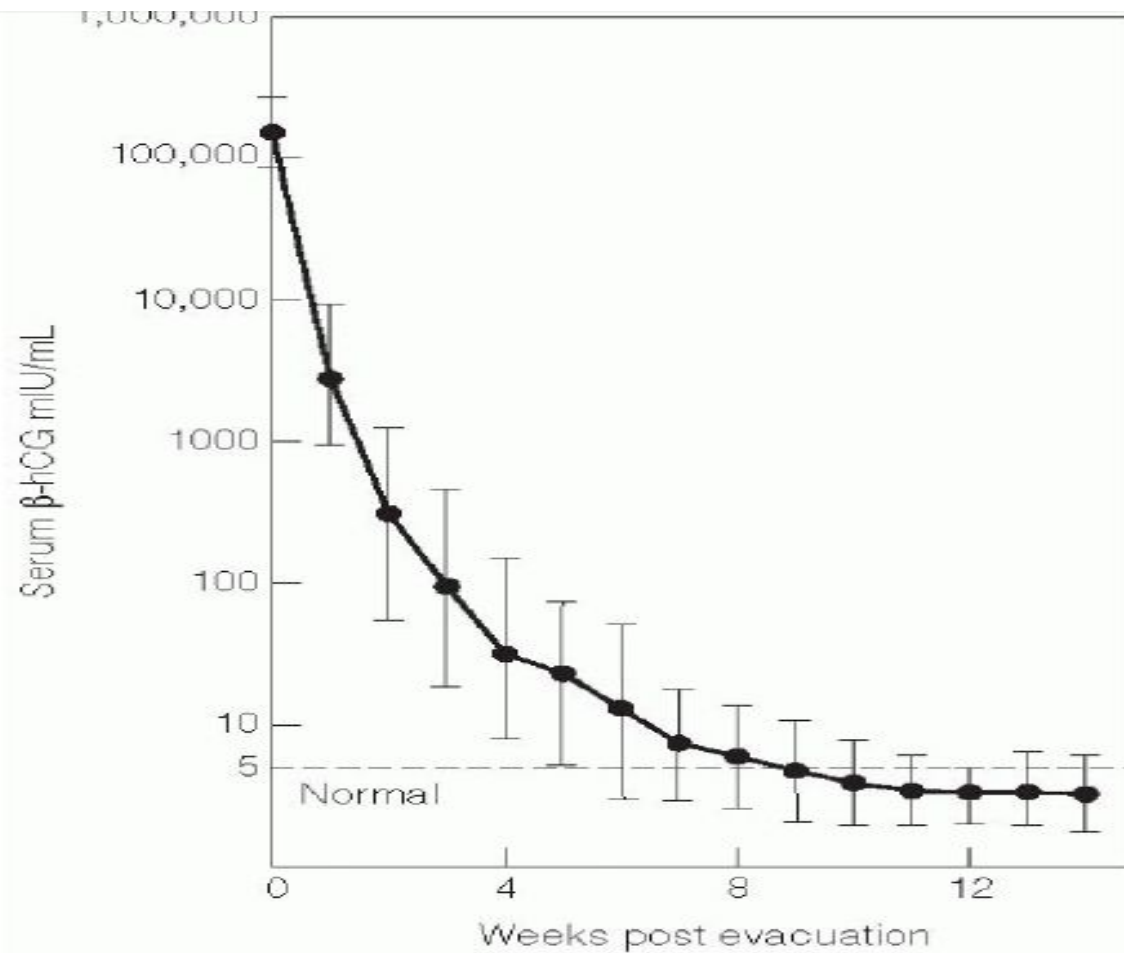


Figure 31-4 • Normal regression of β -hCG levels after molar evacuation of the uterus. The average time to normalization of levels is 8 to 14 weeks.

Follow up

- HCG weekly until normal for two values then monthly for one year.
- Repeat x- ray if HCG rises or plateau.
- Contraception for one year.
- Pelvic examination every 3 weeks for 3 months.

Follow up

- **Initiate chemotherapy if:**

- HCG level is increasing or plateaus
- Metastasis disease is present
- HCG level is still elevated after 6 months of evacuation
- HCG starts to rise after being undetectable