Partial molar Pregnancy

By: Noor Alkhawaja
Origin & karyotype

• It’s a normal ovum fertilized by 2 sperms.
• The resulting karyotype 69xxy (m.c), 69xxx, 69xyy triploid 99% tetra 1%.
• Often present with a coexistent fetus.
• Many spontaneous abortions may represent undiagnosed partial mole.
Incidience & Risk Factors

- less incidince than complete molar 10%
- 1/1000 pregnancies in USA.
- 1/125 pregnancies in asia.
- The risk of recurrence is 1-2%.

R.F:

- History of previous molar pregnancy.
- Age factor (extreme of ages).
- Dietary factor low intake of vitamin A and animal fat.
- Smoking.
Pathology

• **Gross morphology**
  
  • Hydatidiform changes are only focal not generalised
  
  • A fetus or amionitic sac can be identified
  
  • Fetus is usually non viable and exhibit the stigmata of triploid including growth restriction and many congenital anomalies

• **Histology**
  
  • Only focal hydropic vili, other vili are essentially normal
  
  • Only focal trophoblast proliferation
  
  • Presence of fetal tissue and vessels
Clinical picture

Are usually diagnosed later than are complete mole
Usually present with signs and symptoms of incomplete or missed abortion
Including vaginal bleeding and absence of heart sound

May be diagnosed at routine ultrasound for pregnancy (not aborted yet).

- Severe nausea and vomiting
- Pre-eclampsia
- Hyperthyroidism

Exam is typically unremarkable (the only thing you can see is small uterus for dates).
Diagnostic investigation

1. **U/s** is the gold standard
   
   You will find:

   - Empty gestational sac one containing amorphous echo represent fetal part.
   - Fetal demise/ anomalies or growth restriction.
   - Oligohydramnion.
   - Larger placenta relative to the size of uterus with Swiss cheese appearance.

2. Serum beta hCG as normal pregnancy.
**FOLLOW UP:**

- Obtain quantitative hCG titer 48hrs P/O.
- Serum hCGG levels are obtained weekly until levels are within reference range for 3-4 weeks.
- After hCG levels normalized, serial hCG monthly for 6 months.

**TREATMENT (as complete mole):**

- Immediate D&C under general anesthesia.
- Pre-op tests: CBC, PT, PTT, TFT no need.
- Cross match should be available.
-Normal levels are usually reached within 8-12 weeks after evacuation of the hydatidiform mole.
<table>
<thead>
<tr>
<th></th>
<th>Complete Mole</th>
<th>Partial Mole</th>
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<tbody>
<tr>
<td><strong>Karyotype</strong></td>
<td>46,XX (46,XY)</td>
<td>69,XXY</td>
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<tr>
<td><strong>hCG</strong></td>
<td>↑↑↑↑↑</td>
<td>↑</td>
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<tr>
<td><strong>Uterine Size</strong></td>
<td>↑</td>
<td>–</td>
</tr>
<tr>
<td><strong>Convert to Choriocarcinoma</strong></td>
<td>2%</td>
<td>Rare</td>
</tr>
<tr>
<td><strong>Fetal Parts</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Components</strong></td>
<td>2 sperm + empty egg</td>
<td>2 sperm + 1 egg</td>
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<tr>
<td><strong>Risk of Complications</strong></td>
<td>15-20% malignant trophoblastic disease</td>
<td>Low risk of malignancy (&lt;5%)</td>
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