PARTIAL MOLAR PREGNANCY

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NORMAL FERTILIZATION
Gestational Trophoblastic Disease (GTD)

- Benign...75%
  Complete molar pregnancy ...90%
  Partial molar pregnancy ...10% rare
- Malignant...25%
  Persistent/invasive mole
  Choriocarcinoma
  Placental site trophoblastic tumor

**Why to differentiate?**
QUICK RECAP:

*Getational trophoblastic disease* the presence of abnormal tissue derived from fetal cells

- AKA "molar pregnancy" or "hydatidiform moles"
- Incidence in the US is about 1/1000 pregnancies
- **RISK FACTORS?**
  - Hx of previous molar preg (most important it goes up to 1%), extremes of age, smoking, hx of OCP use
Partial molar pregnancy

- Arise from dispermatic fertilization of a normal egg
- Genome is triploidic: 69 XXX, XXY, XYy
- Characterized by focal hydropic villi and proliferation of cytотrophoblast*** (don’t produce hcg... so no clinical symptoms no hyperthyroidism / n&v )
- There is often a fetus (can be even alive or demise early), though many abnormalities will usually be apparent e.g. IUGR, hydrocephaly
- Oligohydromnios (uterus is small for dates)
- Lower malignant potential compared to complete molar pregnancies (v.v. few less than 5% will become invasive / choriocarcinoma)
• KEY POINTS TO DIFFERENTIATE COMPLETE VS PARTIAL, WHY?
  • Completely spermatic/genetic material /molar/hCG levels /no fetal parts
  • Partial (incomplete)
As the cytotrophoblast does NOT produce hCG, levels in partial mole will be **NORMAL** (or slightly elevated)

**Clinical presentation**

- 75% present as bleeding
- Usually presents as a spontaneous abortion around the late first to early second trimester
- May be diagnosed at routine ultrasound for pregnancy (not aborted yet)
- Exam is **typically unremarkable** (the only thing you can see is small uterus for dates)

(So typically those women think they are pregnant then they demise and only diagnosed by the US or by genetic analysis?)
WORK UP

Quantitative hCG: normal for pregnancy

**Pelvic US** (this is how you're gonna diagnose partial mole): may reveal fetus with abnormalities, or simply a gestational sac

Low aminotic fluid

Enlarged placenta with "**swiss cheese**" appearance

'FROM?' (hydropic chorionic villi)
Difference from the complete molar pregnancy
• **TREATMENT** (as complete mole)
  • Immediate D&C under general anesthesia
  • Pre-op tests: CBC, PT, PTT, TFT no need
  • Cross match should be available

• **FOLLOW UP:**
  • Obtain quantitative hCG titer 48hrs P/O
  • Serial hCG weekly until levels are normal for 3 consecutive weeks
  • After hCG levels normalized, serial hCG monthly for 6 months
  • contraception should be used until hCg normalizes **WHY?**
  (to make sure that any rise in the hcg is from an invasive dz not from pregnancy)
• **Time of normalization**
  - Normal preg. Loss...4wks
  - Partial molar D&C... 8wks
  - Complete molar D&c ...14wks *(bcoz it started eith high levles)*
•ANY QUESTIONS ????
THANK YOU