North West Anglia
NHS Foundation Trust

Information about Hydatidiform Mole (Molar Pregnancy)

Introduction

Normally during conception, a single sperm with 23 chromosomes fertilizes an egg with 23 chromosomes, making 46 in total.

What is a Partial mole?

A partial mole is where two sperm (each with 23 chromosomes) fertilize the egg making 46 paternal chromosomes and 23 maternal ones. There is too much genetic material for the baby to be able to develop.

What is a Complete mole?

A complete mole is where one or two sperm chromosomes fertilize an egg which has lost all or some of its female chromosomes. There is not enough of the right genetic material meaning that the placental tissue will grow very quickly, but abnormally. It often has a cystic appearance. If untreated, a complete molar pregnancy would normally miscarry by 16-18 weeks.

Why did this happen?

There are some studies that suggest diet or genetic factors are a reason, but the real cause is unknown. There appears to be more risk if you are at the start or end of the reproductive age group, for instance, under 15 or over 45 years

What are the signs and symptoms?

They can be very like the usual symptoms of pregnancy although the levels of the pregnancy hormone (hCG) is usually very high causing a lot of nausea and vomiting. There may be irregular bleeding from the vagina and the womb may contain little fluid-filled cysts. When your tummy is examined the uterus may be larger than expected from your dates and the high levels of hCG hormone can cause your ovaries to be enlarged.

How is a molar pregnancy diagnosed?

It can be suspected through blood tests (which measure your hormone levels) or an ultrasound scan. However we can normally only be sure if we send a sample of the tissue to the laboratory for testing.

If molar pregnancy is confirmed by the laboratory, we will ask you to come back to the hospital to discuss what this means, answer any questions you may have and to register you into a follow-up programme

Do I <u>need</u> to have this follow-up?

Molar pregnancies carry a risk of developing into something called ‘persistent trophoblastic disease’ which may need further treatment with chemotherapy. Around 15% of women with a complete molar pregnancy and around 1% of women with a partial molar pregnancy, will need additional treatment. The two main reasons women would need treatment is because their hCG levels are rising, or they have heavy vaginal bleeding

There is no way of predicting who will need further treatment, so it is the policy in the UK that all women enter the follow up programme.

Who carries out this follow-up?
Your follow-up tests will be carried out by Charing Cross Hospital, one of the three centres in the UK who specialise in molar pregnancy. But it is unlikely you will have to go there yourself.

You will be sent a kit with bottles asking for blood and urine for testing (the kit will tell you when to take these samples). These samples are then posted back to Charing Cross hospital who will analyse them and then call you with the results. This is repeated every couple of weeks, and it could be 6 months or a year before the monitoring is complete (depending on which type of molar pregnancy you have).

If the level of hCG hormone in your blood is reducing then no treatment is needed. If the level is static or rising then this would suggest that the number of abnormal cells is increasing. You may then need additional treatment.

Is there anything else I can do to help myself?

- Please complete your follow-up and send samples on the dates requested.
- Avoid getting pregnant during this time. Pregnancy produces hCG so it will be difficult to know whether the increasing hormone levels are from the new pregnancy or from the molar tissue growing again.
- If you move home, please let Charing Cross hospital know your new address.
- If your blood hormones don't reduce, and you need further treatment from Charing Cross, you will need to enter the follow-up programme again, whether you have a child or not.

Can I use contraception?
You should avoid pregnancy (see section above) and it is okay to use contraception - with the exception of the contraceptive coil - whilst you are being monitored. Please ask us or your GP if you would like contraception.

Will this happen again?
There is a slight increase of developing another molar pregnancy, however the risk is low at around 1 in 100. We will offer you an ultrasound scan back in our hospital during your next pregnancy when you are around 7-8 weeks, so call us to make this appointment.

Who can support me?
Charing Cross hospital has a counsellor available to patients (and their families) registered with them, and we may be able to offer you counselling here – ask us for more information.

Do I have cancer?
If you have had a molar pregnancy, the majority of the time the problem will disappear on its own and no further treatment is needed. A molar pregnancy on its own is not a form of cancer.

For the approximately 15% of patients who have had a complete molar pregnancy and the 1% of partial mole patients who go on to further treatment, the situation is different. Whilst we generally do not do a further biopsy to prove it, once the hCG level is rising and the decision to start treatment is made, we would regard these patients as having a very rare form of cancer. We refer to these patients as having 'persistent trophoblastic disease/choriocarcinoma'. There is also a condition called Placental site trophoblastic tumour, which is very rare, with less than 5 women per year diagnosed. This condition is generally diagnosed months or years after a pregnancy.

However the reassuring news is that this type of cancer is completely different from the normal types of cancer and that the cure-rate for patients developing this after a molar pregnancy is over 99%. Any samples/tissue removed during surgery will be sent to the laboratory for checking.

What happens to my pregnancy tissue?
The laboratory will take a small sample of tissue, place it on a slide, and look under a microscope to complete their tests. They will keep this sample for up to 30 years.

All remaining foetal tissue will be included in a shared cremation at the local crematorium. Shared cremation normally happens about 4 weeks after your surgery, so please let us know if don't want this to happen, and would prefer to take the pregnancy tissue home. Please ask us if you would like more information on our protocols.

Contact Details:

The Early Pregnancy Unit (EPU) Treatment Centre, **Hinchingbrooke Hospital,** Huntingdon, PE29 6NT Opening days may vary	The Emergency Gynaecology Assessment Unit (EGAU) Women's Health Outpatients, Bretton Gate, Peterborough (City Hospital), PE3 9GZ Open: Weekdays 0800-1800 Weekends/Bank Holidays 0800-1200
Central triage line for EPU and EGAU: 01733 673758 (voicemail will cut in when the line is engaged – please leave a message for a call back). www.womenshealthpeterborough.co.uk	
For emergencies only, out of these hours, please attend the Emergency Department.	

Charing Cross Trophoblastic Screening and Treatment Centre
Department of Medical Oncology
Fulham Palace Road, London W6 8RF
Monday-Friday 0930-1230 and 1400-1700
Telephone: 0208 846 1409
www.hmole-chorio.org.uk