

# GESTATIONAL TROPHOBLASTIC DISEASE (GTD)

(Hydatidiform Mole; Molar Pregnancy)



## BASIC INFORMATION

### DESCRIPTION

GTD is a disorder that includes hydatidiform mole, chorioadenoma destruens (invasive mole), and choriocarcinoma. The disorder is fairly rare in the USA, but it is common in Asia and other parts of the world. Hydatidiform mole, the most common GTD, is a tumor of the placenta that is usually benign. It develops from placental tissue during an early pregnancy in which fertilization has not occurred normally. The tumor consists of many small vesicles (sacs) and resembles a large cluster of grapes. The other types of GTD are more rare. A mole that undergoes malignant changes is called a choriocarcinoma. Although choriocarcinoma is extremely rare, 20% of patients with hydatidiform mole will develop the malignancy.

### FREQUENT SIGNS AND SYMPTOMS

- In early pregnancy, there may be no unusual symptoms.
- Vaginal bleeding.
- Morning sickness that is frequently excessive.
- Passage of vesicle (small sac).
- Abnormally large uterus (given known conception date).

### CAUSES

Exact cause is unknown. Genetic factors may be involved.

### RISK INCREASES WITH

- Asian race.
- Mother over age 40 or under age 20.
- Diet lacking in protein, folic acid, and possibly, carotene.
- History of previous hydatidiform mole or other gestational trophoblastic disease (GTD).

### PREVENTIVE MEASURES

No specific preventive measures.

### EXPECTED OUTCOME

- With early diagnosis and treatment of an uncomplicated hydatidiform, the outlook is excellent.
- Feelings of loss and grief for the terminated pregnancy are common. Feelings of guilt may also be present.
- Reproductive function is generally not affected. A normal subsequent pregnancy is usual, and complications are similar to those in the general population.

### POSSIBLE COMPLICATIONS

- Excessive bleeding and/or pulmonary problems following the uterine evacuation procedure (more likely to occur with an extra large uterus).
- The small risk that a malignant tumor may later develop (choriocarcinoma). Follow-up testing is usually necessary for a year to monitor for this possibility. If a tumor does occur, treatment with chemotherapy (anticancer drugs) is uniformly successful.
- The risk of having a recurrent hydatidiform mole with a future pregnancy is slightly increased.



## TREATMENT

### GENERAL MEASURES

- Diagnostic tests should include ultrasound to assess uterine contents; laboratory studies of blood and/or urine levels of beta-human chorionic gonadotropin ( $\beta$ -hCG), a hormone produced by the placenta; and chest x-ray.
- Treatment normally involves suction curettage to evacuate the contents of the uterus. Blood loss is usually moderate and transfusion is rarely necessary.
- Hysterectomy is a treatment option for women not desirous of future pregnancy or for older women (who might be more likely to develop a malignancy).
- Regardless of method of treatment, follow-up care is essential to monitor blood levels for the hormone  $\beta$ -hCG that can indicate a malignancy. These tests will be done weekly at first, then monthly for at least a year.
- It is recommended that women delay a subsequent pregnancy for a minimum of 1 year, possibly longer, if the blood tests indicate the hormone levels are still not within normal range. Effective contraceptive methods should be implemented and maintained throughout this time period.
- Psychological and emotional support are important following diagnosis, during treatment and the follow-up time period of the disorder.

### MEDICATION

- Medicines as needed for the selected treatment plan.
- Oral contraceptives are usually the chosen method for contraception purposes.
- In some patients who may be more at risk for a malignancy, chemotherapy may be recommended as a form of preventive therapy.

### ACTIVITY

Any restrictions will be determined by the treatment method.

### DIET

No special diet.



## NOTIFY OUR OFFICE IF

- You or a family member has symptoms of hydatidiform mole or other GTD.
- You are pregnant and any unusual symptoms occur.
- After treatment, you have excessive vaginal bleeding.