

## HYDATIDIFORM MOLE

You have been diagnosed as having a molar pregnancy, although highly treatable this is still extremely serious and requires careful follow-up. This leaflet will explain fully what molar pregnancy is and why it is important for you to have follow-up.

A molar pregnancy, or as it is known medically, a hydatidiform mole, is a pregnancy in which the placenta develops into a mass of fluid-filled sacs that resemble clusters of grapes. It grows in an uncontrolled fashion to fill the womb. It occurs in about 1 in 1200 pregnancies. Sadly a molar pregnancy is a sure form of early pregnancy loss. This means there is no possibility that your pregnancy can survive. There are two types of molar pregnancy: a complete and a partial hydatidiform mole.

- **Complete Mole**

This condition results when the sperm fuses with an egg that does not carry any genetic material. These complete moles are derived entirely from the cells of the father. When this fertilised egg grows, no embryo is present in the pregnancy sac, only the placenta.

- **Partial Mole**

These are much more common and usually mimic the appearance of an incomplete miscarriage. In this condition the egg allows two sperms to fertilise it. The embryo has three sets of chromosomes instead of the usual two so the baby would be abnormal and could never survive. Very rarely a partial mole may develop into an invasive mole, but seldom develops into a cancer.

### ***Why are molar pregnancies followed up?***

Occasionally the molar tissue may persist and grow deeper into the wall of the uterus and spread; this is an invasive mole. Very rarely a hydatidiform mole can develop into a choriocarcinoma which is a form of cancer and the cure rate is almost 100%. This is the reason why molar pregnancies are followed up.

### ***Symptoms***

A molar pregnancy will probably bleed and the womb will seem bigger than it should be. Sometimes it can cause high blood pressure and thyroid problems. There may be increased nausea. The over grown placenta tends to produce excessive amounts of the pregnancy hormone BHCG (human Chorionic Gonadotrophin). Most of the symptoms of a molar pregnancy are caused by the high hormone levels.

### ***Diagnosis***

1. Very high levels of BHCG in the blood
2. An ultrasound scan showing the particular appearance of a molar pregnancy
3. Examination of the tissue by the pathologist

### ***Treatment***

You will be admitted to hospital to have a D&C (Dilatation and Curettage) - under general anaesthetic.

### ***Follow-up***

Blood levels of the pregnancy hormone BHCG are measured weekly following a molar pregnancy. The normal level of the pregnancy hormone BHCG in the blood is less than 5IU/l. The minimum period for follow-up of complete and partial moles is 6 months. If you need treatment then you are followed up until your BHCG values remain normal.

### ***Your feelings***

You may well feel upset after losing the pregnancy. Also you may be worried about the molar pregnancy settling down. As time passes more often than not you learn to cope with your loss.

### ***Future pregnancy***

Do not get pregnant whilst you are being followed up. It will become difficult to know if your BHCG levels are rising due to pregnancy or re- growth of the mole. You will have to wait 6 months after the BHCG levels have returned to normal. It is very important to tell us if you become pregnant.

### ***Contraception***

You will need to discuss contraception with your GP/Consultant. It is not advisable to use the contraceptive pill because if your BHCG levels are still above normal use of the pill may prolong the life of any remaining molar tissue. However the contraceptive pill can be used safely after the BHCG levels have returned to normal. The coil is also best avoided until your BHCG levels are normal. Condoms or caps may be used.

### ***Chances of another Hydatidiform Mole***

Chances of having a perfectly normal pregnancy are very good. The risk of a further molar pregnancy is low (1:55).