



# Gestational trophoblastic Disease

## ■ Molar pregnancy

- Complete hydatidiform mole
- Incomplete hydatidiform mole

## ■ Choriocarcinoma

## ■ Placental-site trophoblastic tumor

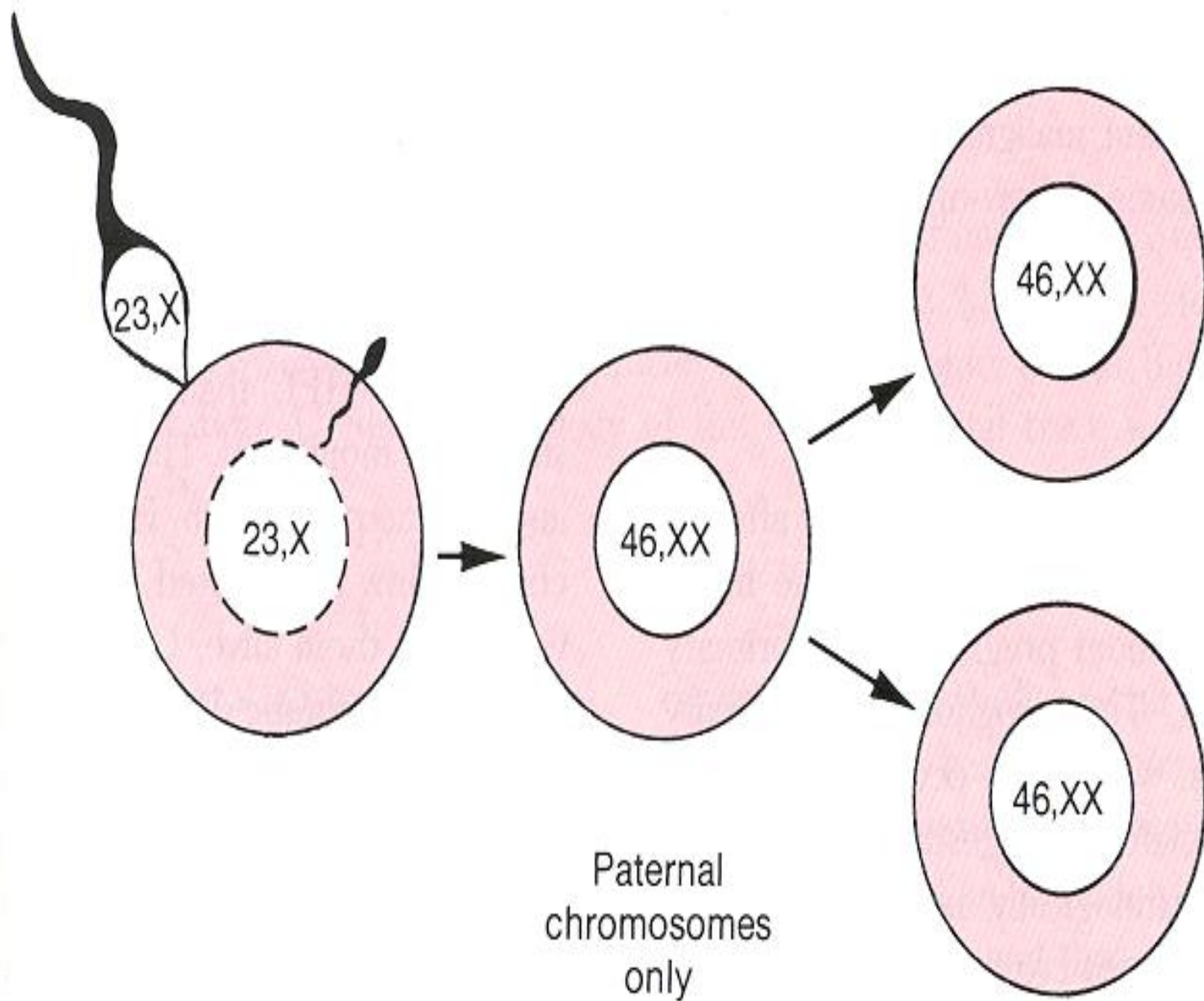
# Molar Pregnancy

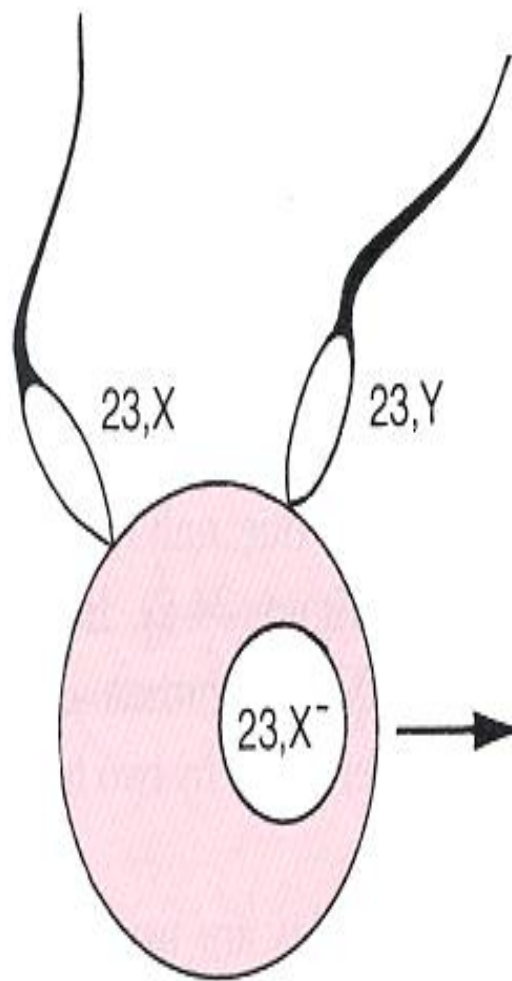
## ■ Complete mole

- Fertilization an empty egg by one sperm.
- All placental villa swollen.
- Fetus, cord, amniotic membrane are absent.
- Paternal chromosomes only. 46 XX.
- diploidy

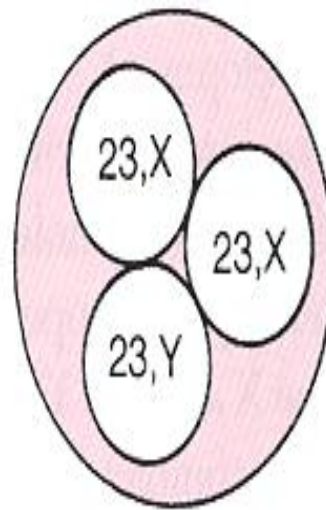
## ■ Incomplete mole

- fertilization of an egg by two sperms
- some placental villa swollen
- Fetus, cord, amniotic membrane are present
- Paternal and maternal 69XXY
- Triploid

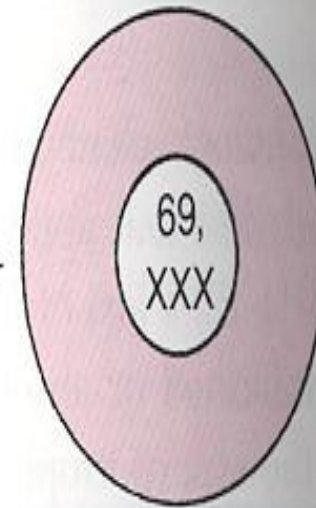




Dispermy  
 $23, X$   
 $23, Y$



Diandry



Triploid  $69, XXY$   
cells with paternal  
extra set



# Molar Pregnancy

## ■ Risk factors for molar pregnancy:

- Extreme of age
- Lower socioeconomic status
- Race and ethnic origin
- Blacks have lower incidence

# Molar Pregnancy

## ■ Symptoms and signs of molar pregnancy

- Abnormal bleeding in early pregnancy
- Lower abdominal pain
- Toxemia before 24 weeks of gestation
- hyperemesis gravidarum

# Molar Pregnancy

- Uterus large for dates
- No fetal heart rate
- Enlargement of the ovaries
- Hyperthyroidism
- Expulsion of swollen villi

# Molar Pregnancy

## ■ Diagnosis:

- Ultrasound** shows snowstorm-like appearance, no fetus, theca lutein cyst
- Beta hCG** in normal pregnancy the level is at it peak at around 14 weeks (100,000 mIU/ml)

H.U.P. RM30

CIVT 5

SPTAd 9.3 MI 0.5

50DB C6 E4

HD!



11:49 PM  
CINELOOP (R) REVIEW



4  
5  
6  
7

SAG UT



# Management

- Once the diagnosis is made **evacuation** of the uterus should be done but prior to that:

hCG preevacuation.

Chest x-ray.

Correct: anemia, toxemia, hyperthyroidism, pulmonary compromise.

# Follow up

- HCG weekly until normal for two values then monthly for one year.
- Repeat x- ray if HCG rises or plateau.
- Contraception for one year.
- Pelvic examination every 3 weeks for 3 months.