

Understanding Hydatidiform Mole

Your scan has shown that you might have a molar pregnancy. This is a highly treatable but potentially serious condition that requires careful follow up.

What is a Hydatidiform Mole?

A molar pregnancy or, as it is known medically a hydatidiform mole, is a pregnancy where the placenta forms a mass of fluid filled sacs that resemble clusters of grapes. It grows in an uncontrollable fashion to fill the womb and occurs in 1:1200 pregnancies. Sadly a molar pregnancy is a sure form of pregnancy loss. This means that there is no possibility that the 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 the egg that does not carry any genetic material. When the fertilised eggs grows, no embryo is present only placenta.

Partial Mole

These are much more common and usually mimic the appearance of a miscarriage with an embryo present. 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 not survive.

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 called an invasive mole. Very rarely a hydatidiform mole can develop into choriocarcinoma which is a form of cancer but has a cure rate of almost 100%. This is the reason why molar pregnancies are followed up so closely.

Symptoms

The overgrown placenta tends to produce excessive amounts of the pregnancy hormone HCG (human chorionic gonadotrophin). Most of the symptoms are caused by these high hormone levels.

A molar pregnancy will probably bleed and the womb will seem bigger than it should. Sometimes it can cause high blood pressure and thyroid problems. There may be increased nausea. However, in some patients there may be no symptoms at all and the diagnosis is made by ultrasound scan.

Diagnosis

Is made by;

- Very high levels of HCG in the blood.
- An ultrasound showing the particular appearance of a molar pregnancy.
- The definitive diagnosis is examination of the tissue by the pathologist.
- Some patients are diagnosed from the histology taken at an ERPC for a missed miscarriage.

Treatment

Following the presumed diagnosis from the scan and the HCG level we will advise you to come in for a surgical evacuation. This is a small operation called an ERPC (evacuation of retained products of conception) where we empty the womb, performed vaginally under general anaesthetic. It is usually done as a day case in a our day surgery unit.

Following definitive diagnosis from the histology, you will be registered at our follow up centre at Charing Cross hospital in London. You do not have to travel to London, a kit will be sent to you with a letter for your GP and bottles for urine and blood samples so follow the instructions given. The results of these will be sent to your GP and gynaecologist.

If the blood tests return to normal within 8 weeks then the period of follow up is 6 months. If you need further treatment then the follow up is until the HCG levels are back to normal.

We advise you not to become pregnant during this time as it will be difficult to know if your rising hormone levels are due to the pregnancy or re-growth of the molar tissue.

Contraception

It is important that you avoid pregnancy until the follow up period. It is not advisable to use the oral contraceptive pill until the HCG levels are back to normal as the use of the pill may prolong the life of any remaining molar tissue. The coil is also best avoided until levels are back to normal. Condoms or caps may be used.

Future pregnancies

The chances of having a further molar pregnancy are low (1:55). In the long term a molar pregnancy should not affect your fertility. It is important to tell Charing Cross follow up centre when you become pregnant again so they can check all is well following the future pregnancy.

Support

This can be a very distressing and worrying experience for you and your family. It is entirely normal to feel helpless, isolated and angry. Depression, guilt and self-blame are common emotions after the loss of a baby. As time passes you may be able to deal with your loss more positively. Your partner may find it difficult to express his feelings. He may well feel that he should be strong and protect you from any more distress. Sharing each others feelings can be very helpful. If your emotional symptoms continue it is worth remembering that counselling is available for you now and at any time in the future.

Further support can be obtained through miscarriage support at Bedford hospital;

Gynaecology Outpatients/ Early Pregnancy Unit 01234 792007
Orchard Gynaecology Ward 01234 792219

Local miscarriage support call Janet 01763 249243 janet.sspl@ntlworld.com

