MOLAR PREGNANCY

Type	Formation	Malignant potential	presentation	U/S	Diagnosis	Management
Complete	Results of 2 sperms fertilizing an empty ovum. Thus the genotype: 46XX , 46XY	Higher 6-32%	- Vaginal bleeding - Abnormally higher - B-HCG - Large uterus for gestational age -Hyperemesis gravidarum - No fetal heart tons - Large cystic ovaries	- Snowstorm pattern is characteristic - presence of cystic ovaries is supportive	- by ultrasound and B-HCG levels. - make sure to check: - Thyroid function TSH - other labs including CBC,RFT,LFT Coags..etc. - exclude malignancy by CXR, CT...etc.	- suction dilation S/D and curettage - hysterectomy Follow B HCG * make sure to use reliable contraception. - 46 h post evacuation - then, every 1-2 weeks until negative - then, monthly for 6 months
Partial	Results when an ovum is fertilized by 2 sperms. Thus genotype is 69XXX, 69XXY 69XYY	Rarely <5%	- Symptoms of partial mole is quite similar to miscarriage: • Vaginal bleeding • No fetal heart tones	- fetus usually present		

GTN: may occur following molar or normal pregnancy		
Type	**Original cells**	**Management**
Invasive mole	- chionic villi (edematous) - trophoblastic proliferation invading the myometrium	- Methotrexate - normalize thyroid function tests if abnormal - Oncologist should evaluate the patient for possible Mets. CT and CXR. If conformed muti-chemotherapy agents and possible radiation should be considered
Choriocarcinoma	- neoplastic syncytiotrophoblast - cytotrophoblast - No villi .	
Placenta site trophoblastic tumor	- intermediate trophoblast - no villi	