



Patient & Family Guide
2021

Molar Pregnancy



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Molar Pregnancy

Your doctor has referred you to the Nova Scotia Gestational Trophoblastic Disease Clinic because you have a molar pregnancy.

The Nova Scotia Gestational Trophoblastic Disease Clinic is part of the Division of Gynaecologic Oncology, Department of Obstetrics and Gynaecology at the QEII Health Sciences Centre in Halifax.

This pamphlet will explain what a molar pregnancy is and how it is treated.

What is a molar pregnancy?

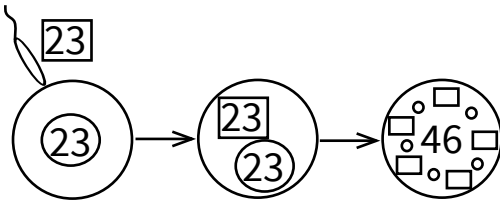
- A molar pregnancy is a rare condition that can happen during pregnancy. It is part of a number of conditions that together are called gestational trophoblastic disease (GTD).
- **Gestation** is another word for pregnancy. **Trophoblasts** are the cells that form the placenta, the organ that attaches to the lining of your **uterus** (womb) to give oxygen and food to the baby. The placenta is made up of millions of trophoblasts.

- In GTD, part or all of the placenta grows too many cells. This extra growth happens in about 1 in 400 pregnancies.
- A molar pregnancy is usually harmless. It is not cancer, but it can act in a similar way. If a molar pregnancy is not treated, it could grow into your uterus. It could also spread to other parts of your body, like your lung(s), liver, or brain. Treatment should keep most of these things from happening.

What causes a molar pregnancy?

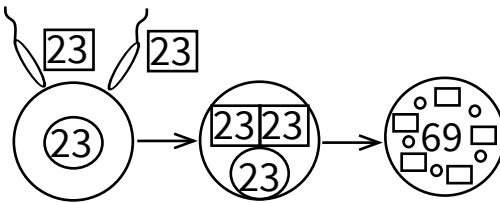
- **A molar pregnancy happens because of abnormal fertilization of an egg.**
- In a **normal conception** (see diagram on next page) each parent contributes 23 chromosomes, to make 46 in total.
- In a **partial mole**, 2 sperm fertilize a single egg and there are then 69 chromosomes.
- In a **complete mole**, there is a normal number of chromosomes (46), but they all come from the father.

Normal conception



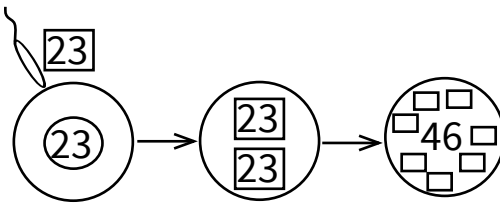
One sperm with 23 chromosomes fertilizes one egg with 23 chromosomes (46).

Partial mole



Two sperm fertilize one egg. This results in a “triploid conceptus”* with 69 chromosomes.

Complete mole



This results in a conceptus with 46 chromosomes, all from the father.

The mother's chromosomes are lost **and** the father's chromosomes double up.

*A conceptus is a fertilized egg, embryo, or fetus.

What are the different types of GTD?

- **Hydatidiform mole:** this is the most common type of trophoblastic disease. The extra cells are not cancer, but can spread to other parts of the body if not treated. There are 2 types of hydatidiform mole:
 - › **Partial mole:** part of the placenta grows normally and part grows abnormally. There may be a developing baby there, but the baby will not grow properly.
 - › **Complete mole:** the whole placenta is abnormal; the extra cells usually grow very quickly. There is no developing baby.
- **Persistent trophoblastic disease or gestational trophoblastic neoplasia (GTN):** this is when part of the mole is left behind, even after treatment. If a small amount of the mole is left, it can grow quickly and cause problems. Monitoring your condition is very important. Your doctor will monitor your condition.
- **Choriocarcinoma:** this is a very rare form of cancer in the placenta. This can happen after a molar pregnancy or after a normal pregnancy. The cancer can spread to other parts of the body.
- **Placental site trophoblastic tumour:** this is a very rare form of cancer associated with the most recent pregnancy.

Who can get GTD?

GTD only affects women. It can happen at any time from when you start having your period until you go through menopause.

How is a molar pregnancy diagnosed?

- A molar pregnancy may be suspected during the early months of a pregnancy if:
 - › you have abnormal bleeding.
 - › your womb is bigger than it should be.
 - › you have more nausea (feeling sick to your stomach) than normal.
- An ultrasound test can show a complete mole.
- The diagnosis is made when a pathologist (doctor who specializes in diseases in tissues or body fluids) looks at the tissue under a microscope.

What is the treatment?

If a mole is suspected, a gynecologist (doctor who specializes in women's reproductive health) will take the tissue out of the uterus. This is called an evacuation or D&C (dilatation and curettage). The surgery is done under general anesthesia (you will be asleep during surgery).

What happens next?

- If the pathologist finds that you do have a molar pregnancy, you will be monitored to check that the mole has been completely taken out. This is done by measuring the pregnancy hormone called human chorionic gonadotropin (hCG).
- This hormone is made during pregnancy to support the placenta, the baby, and the mother. If there is an overgrowth of the placenta, as happens with GTD, the body makes more hCG.
- When there is no molar tissue in the body, the amount of hCG in the blood is normal. After a molar pregnancy, the amount of hCG goes down over time.
- Monitoring your hCG level is helpful in diagnosing GTD and after treatment.
- Your hCG level will be measured with a blood test. Your blood will be tested every week until your hCG level goes back to normal. The GTD Clinic and your doctor will check your test results.
- If your hCG level does not return to normal, drug treatment is needed. This happens in about 20% of cases.

How will I get my test results?

You can call the GTD Clinic at 902-473-7434 to get your results. The results will also be sent to your family doctor or nurse practitioner (NP).

When can I get pregnant again?

- Getting pregnant too soon after a molar pregnancy may increase your risk of having another molar pregnancy or reactivating the mole. You should use a reliable form of birth control while you are being monitored.
- In uncomplicated cases, we recommend:
 - › **For a partial mole:** do not get pregnant until weekly hCG blood tests are normal for 3 weeks in a row **AND** a repeat hCG blood test one month later is normal.
 - › **For a complete mole:** do not get pregnant **for 6 months** after weekly hCG blood tests are normal for 3 weeks in a row.

What kind of birth control should I use?

You may use any form of birth control that you wish. Please ask Clinic staff if you are not sure what kind of birth control to use, or ask your family doctor or NP.

Am I at risk for another molar pregnancy?

It is rare to have a second molar pregnancy. Most women have a normal pregnancy after a molar pregnancy.

Is there anything I should do in the next pregnancy?

If you get pregnant again, we recommend having an early ultrasound. You should also have an hCG blood test 6 to 8 weeks after the end of the pregnancy (including if there is a miscarriage).

Who can I contact for support?

NS Gestational Trophoblastic Disease Clinic
Division of Gynaecologic Oncology
QEII Health Sciences Centre
Dickson Building
5820 University Avenue
Halifax, NS B2H 2Y9
Phone: 902-473-7434

Please call the Clinic if you have any questions.

For more information:

Canadian Cancer Society

- › www.cancer.ca/en/cancer-information/cancer-type/gestational-trophoblastic-disease/supportive-care/?region=ns

What are your questions?

Please ask. We are here to help you.

