

Patient Information Fact Sheet

GESTATIONAL TROPHOBLASTIC DISEASE (GTD) MOLAR PREGNANCY

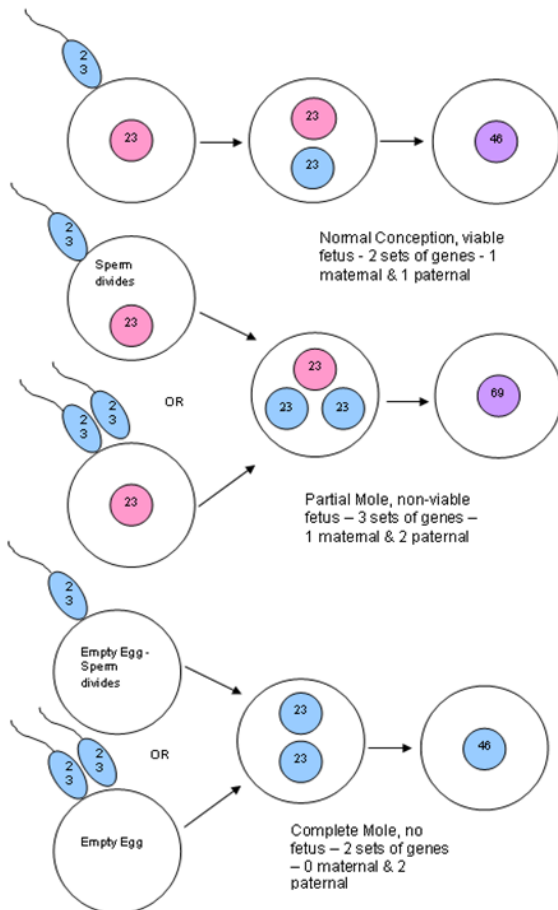
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The information given here is intended as a guide only. If you have any questions please talk with the treating team or your General Practitioner that is providing your care.

What is GTD?

GTD is a rare complication of pregnancy that occurs in about 1 out of every 1000 pregnancies. It is also called a 'Molar Pregnancy'. The placenta that usually feeds the baby during pregnancy grows abnormally and the baby either does not develop at all or develops abnormally and cannot survive. The overgrowing placenta produces high levels of pregnancy hormones so the woman 'feels' pregnant and has symptoms of pregnancy. If GTD is not treated over time it can behave like a cancer.

Genetic status in normal conception and molar pregnancy



There are different types of GTD

Hydatidiform mole is the most common type; it is not like a mole on your skin. In this situation the overgrowth of the placenta is not cancerous but it can spread to other parts of the body if not treated.

Partial mole (see diagram). A baby may start to develop but it is always abnormal and cannot survive (triploidy).

Complete mole (see diagram). All of the placenta is abnormal and overgrows very quickly. A baby never develops in this case.

Who is affected?

Anyone who falls pregnant can be affected by GTD but it is more common in women who are from an Asian background.

How is GTD diagnosed?

The most common ways that women are diagnosed are listed below

- Vaginal bleeding like a miscarriage
- On ultrasound scan
- Excessive morning sickness needing hospital admission (this is because the placenta is growing at a rate faster than normal that makes more pregnancy hormones)

How is it treated and monitored?

The treatment is to remove the abnormal pregnancy from the womb. This is called a curette (D&C), which is performed under a general anaesthetic (you will be asleep). The cells from the D&C are tested in the

laboratory for GTD. After the diagnosis of a molar pregnancy / GTD it is important to have follow up and monitoring to ensure that the treatment has been successful. This means having blood tests on a weekly basis to check that the pregnancy hormone levels return to normal and stay that way over time.

Will I need further treatment?

Depending on the type of molar pregnancy between 4-15% of women will develop persistent disease that needs more treatment. This means that abnormal cells have developed despite the first treatment. The abnormal cells can travel to other parts of the body, therefore your doctor will arrange for you to have scans. The treatment of women with persistent disease is usually several courses of chemotherapy in hospital (once a fortnight) until blood tests return to normal.

Can I have another baby?

Yes, definitely if you wish, but it is advisable to wait until you are given the OK from your treating team. When you fall pregnant, you will need an early ultrasound scan (6-8 weeks), to confirm everything is okay. You will need a blood test 6 weeks after the pregnancy has ended (live birth, miscarriage, ectopic).

Can the disease come back after treatment?

In a small number of cases the disease can recur so your hormone levels will be monitored on a regular basis for 6-12 months, depending on your specific diagnosis.

Where can I get more information?

Your treating team will be able to answer most of your questions. More information is also available at the references listed below.

For questions or queries contact the Clinical Nurse QTC on 07 3646 4401.

Publications

Update on the diagnosis and management of gestational trophoblastic disease. *International J Obstet Gynaecol Oct 2015*. Hextan Y.S. Ngana, Michael J. Secklb, Ross S. Berkowitzc, Yang Xiangd, François Golfiere, P.K. Sekharanf, John R. Luraing

Persistence and malignant sequelae of gestational Trophoblastic disease: Clinical presentation, diagnosis, treatment and outcome. *Aust NZ J Obstet Gynaecol Feb 2010*, Soo-Keat Khoo, Mukhtiar Sidu, David Baartz, Wai-Lum Yip and Lee Tripcony

Analysis of risk factors for persistent gestational Trophoblastic disease. *Aust NZ J Obstet Gynaecol Dec 2009*, Soo-Keat Khoo, Mukhtiar Sidu, David Baartz, Wai-Lum Yip and Lee Tripcony

Information

- <http://canceraustralia.gov.au/affected-cancer/cancer-types/gynaecological-cancers/gestational-trophoblastic-disease>
- www.hmole-chorio.org.uk



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