



Molar Pregnancy

What is a Molar Pregnancy?

A molar pregnancy- also known as hydatidiform mole- happens when tissue that normally becomes a fetus instead becomes an abnormal growth in your uterus. Even though it isn't an embryo, this growth triggers symptoms of pregnancy. Molar pregnancy is thought to be caused by a problem with the genetic information of an egg or sperm.

There are two types of molar pregnancy:

- Complete molar pregnancy: An egg with no genetic information is fertilized by a sperm. The sperm grows on its own, but it can only become a growth of tissue. It cannot become a fetus. As this tissue grows, it looks a bit like a cluster of grapes. This cluster of tissue can fill the uterus.
- Partial molar pregnancy: An egg is fertilized by two sperm. The placenta becomes the molar growth. Any fetal tissue that forms is likely to have severe defects.

How is a molar pregnancy diagnosed?

If your doctor suspects a molar pregnancy, he or she may order a blood test to measure the level of human chorionic gonadotropin (HCG), which is the pregnancy hormone in your blood. He or she will also likely do an ultrasound.

How is a molar pregnancy treated?

A molar pregnancy can't continue as a normal viable pregnancy. To prevent complications, the molar tissue must be removed. To treat a molar pregnancy, your doctor will remove the molar tissue from your uterus with a procedure called dilation and curettage (D&C). A D&C is usually done as an outpatient procedure in a hospital. After the molar tissue is removed, your doctor will again measure your HCG level. If you continue to have HCG in your blood, you may need additional treatment. Once treatment for the molar pregnancy is complete, your health care provider will continue to monitor your HCG levels weekly until the level reaches zero and then for 6 to 12 months to make sure there's no remaining molar tissue. It is important that you avoid getting pregnant again until your doctor says it is okay to do so.

If molar tissue remains and continues to grow this is called persistent gestational trophoblastic disease (GTD). One sign of persistent GTD is an elevated level of human chorionic gonadotropin (HCG) in your blood. Persistent GTD can nearly always be successfully treated, most often with chemotherapy. Another treatment option is removal of the uterus (hysterectomy). With GTD, there's a small chance that it will turn into cancer. But your doctor will likely find it early so it can be cured with chemotherapy. You will need to use birth control for the next 6 to 12 months so you don't get pregnant. It is very important to see your doctor for all follow-up visits.

What about future pregnancies?

You will need to wait until your doctor says it is safe for you to attempt getting pregnant again. If you have had a molar pregnancy, you are at increased risk of this happening in the future. It is important to call your doctor right away after finding out you are pregnant.