National Gestational Trophoblastic Disease Registry, Monitoring & Advisory Centre
Initial Management of Partial Hydatidiform Mole (PHM)

The following is a suggested guide to the management of Partial Hydatidiform Mole (PHM).

PHM will rarely be suspected clinically prior to Evacuation of the Retained Products of Conception (ERPC) for miscarriage so the diagnosis will only become apparent in the histopathology report after the patient has been discharged. Therefore the patient will need to be contacted by a member of the responsible team and registered with the National Gestational Trophoblastic Disease (GTD) Registry, Monitoring & Advisory Centre for appropriate follow up. The registration form is available on the GTD website (website address to follow when confirmed). Following registration the patient will be contacted by the GTD nurse specialist to counsel her further and arrange for a follow up human chorionic gonadotropin (hCG) bloodtest .

When making initial contact with the patient regarding this unforeseen diagnosis of PHM it is important to explain why follow up is required. A suggested way to explain the diagnosis and need for follow up may be:

"Following you recent miscarriage we sent the pregnancy tissue to the laboratory for analysis. In some cases the laboratory finds evidence of a mild abnormality in the sample which can help to explain why the miscarriage occurred. In this case the diagnosis was a PHM which is a form of GTD. In these cases some of the tissue cells can remain behind in the womb following the miscarriage and we want to ensure that all of these mildly abnormal cells disappear. The best way to do this is to monitor the pregnancy hormone hCG regularly by a blood test until it comes down to normal. In Ireland we have a specialist National Team with expertise in looking after patients with these particular pregnancy changes. We will be informing this team about you and their Clinical Nurse Specialist (CNS) will make contact with you to further explain the laboratory report and the plan for follow up. It is important that we can start your follow up with the hCG blood test as soon as possible. This can be performed by your GP or her at the hospital, whichever suits you. For the vast majority of patients the hCG levels return to normal within a few weeks of your D&C and your follow up will be completed very quickly. It is also important that you do not become pregnant during your follow up until you are discharged by the specialist team. We will see you in our clinic shortly to explain in more detail and take your hCG blood test".

We have developed a detailed patient leaflet which is available on the GTD website which should be helpful to the patient.

Of course not all of the above explanation may be necessary but I think it is a reasonable way to counsel the patient about the importance of returning to the clinic for follow up. When seen at a clinic for consultation and the initial hCG sample, the patient can co-sign the registration form and the patient can then be registered with our national office.

Registration is voluntary but the HSE advises that all cases of GTD be registered with National Gestational Trophoblastic Disease Registry, Monitoring & Advisory Centre.

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John Coulter