



-Quantitative  $\beta$ hCG >100,000  
-Vaginal bleeding  
-Hyperemesis  
-Cystic enlargement of ovaries

Suspect Molar Pregnancy: no intrauterine embryo or ultrasound suspicious for Molar Pregnancy.

Administer Rhogam if Rh negative

Testing:  
CBC, CMP, PT/PTT, Blood type, and Rh factor, Quantitative hCG, pelvic ultrasound, chest X-ray. Consider TSH, free T4 if signs/symptoms of hyperthyroidism.

Signs or symptoms of medical complications, hyperthyroid, severe anemia, coagulopathy, PIH

Stabilize, consult with ANMC OB/GYN service, and transfer to ANMC via medevac.

#### Definitions

**GTN** – gestational trophoblastic neoplasm  
**Complete Mole** – a form of aberrant fertilization with proliferation of trophoblastic tissue with a normal karyotype, no fetus, diffuse villous edema, and diffuse proliferation.  
**Partial Mole** – a form of aberrant fertilization with proliferation of trophoblastic tissue with triploid karyotype, a fetus may be present, focal villous edema, and focal proliferation.  
**Choriocarcinoma** – a malignant neoplasm arising from cytotrophoblast.  
**Placental site trophoblastic tumor** – a malignant neoplasm arising from intermediate trophoblast.  
**Post Molar GTN** – persistent hCG detection after the treatment of a complete or partial molar pregnancy.  
**Invasive Mole** – detection of tumors within the uterus on imaging.  
**Malignant GTN** – post molar gestational trophoblastic neoplasm.  
**Metastatic GTN** – post molar GTN with imaging evidence of distant metastasis. The most common sites are vagina, lung, and brain.

Suction D&C.  
Consider transfer if uterus is >16 week size due to increased risk of complications.

Confirm pathology: molar pregnancy, complete or partial

Quantitative  $\beta$ hCG 48 hours after D&C and weekly

Plateau  $\pm$  10% over three weeks rise  $\geq$  10% over two weeks. Quantitative HCG + at six months.

**Post molar GTN:**  
-CT chest, CBC, PT/PTT, CMP. Consult GYN ONC in Anchorage.

Weekly Quantitative  $\beta$ hCG until negative x3 (<5)

Monthly Quantitative  $\beta$ hCG for 6 months

Contraception:  
Encourage Depo Provera, Nexplanon, IUD

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner. Approved by MSEC 7/12/17. If comments about this guideline, please contact Ellen\_Hodges@ykhc.org.