



- Quantitative 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, gestational HTN?

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, possibly a fetus, 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 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 hCG until negative x3 (<5).

Monthly Quantitative 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 Clinical Guideline Committee 1/11/23.
 Click [here](#) to see the supplemental resources for this guideline.
 If comments about this guideline, please contact David_Compton@ykhc.org.