

About Persistent Trophoblastic Disease and Choriocarcinoma - A Quick Guide



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This is a brief summary of the information on 'About persistent trophoblastic disease and choriocarcinoma' from CancerHelp UK. You will find more detailed information on the website.

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Explaining persistent trophoblastic disease and choriocarcinoma

Persistent trophoblastic disease

This is a disease in women who've had treatment to remove a molar pregnancy, but still have some molar tissue left behind. Even a very small amount of molar tissue anywhere in the body can grow and cause further problems. The treatment for persistent trophoblastic disease is usually

chemotherapy. Persistent trophoblastic disease can spread to other parts of the body like a cancer but has a cure rate of nearly 100%.

Choriocarcinoma

A choriocarcinoma is a cancer, but it is very rare and is usually curable. It happens if cells that have been part of a normal pregnancy or a molar pregnancy become cancerous and spread to other parts of the body. This includes pregnancies that have reached full term and delivered a normal baby, miscarriages, ectopic pregnancies or those that have been ended by a termination. Although choriocarcinoma can happen after any type of pregnancy, it is more likely to happen after a molar pregnancy. Choriocarcinoma can spread to other parts of the body.

You can develop a choriocarcinoma months or even years after you were pregnant and this can make it difficult to diagnose because it is so unexpected. Choriocarcinomas usually grow quickly and cause symptoms within a short period of time.



Risks and causes of persistent trophoblastic disease and choriocarcinoma

These conditions belong to a group of tumours known as gestational trophoblastic tumours (GTTs).

Gestational trophoblastic tumours as a group are rare. Choriocarcinomas are extremely rare with about 10 cases per year in the UK.

We don't yet know what causes choriocarcinoma, but we do know of some risk factors. Choriocarcinomas are extremely rare, with about 10 cases per year in the UK.

The risk of choriocarcinoma is slightly higher in women under 18 and much higher in women over 45.

Women from Asian countries have a higher risk of GTT, with about 1 for every 380 babies born, compared to around 1 for every 750 babies born in the UK. (There is only one choriocarcinoma for every 50,000 to 100,000 births in the UK.)

If you have had a complete molar pregnancy, you have about a 1 in 6 chance (15%) of developing either persistent trophoblastic disease or a choriocarcinoma. For women who have a partial molar pregnancy the risk is only 1 in 200 (0.5%).

Screening for persistent trophoblastic disease and choriocarcinoma

These conditions belong to a group of tumours known as gestational trophoblastic tumours (GTTs). Screening means testing for early stages of a disease before there are any symptoms.

Checking for GTT

The best way to pick up a molar pregnancy or GTT early is to have the routine antenatal care provided by your doctor and midwife during pregnancy. They will keep a close eye on you and do various tests to make sure your baby is developing normally. Early in your pregnancy you will have an ultrasound scan to look for any abnormalities. Ultrasound scanning can pick up GTTs very early. Your doctor will also do tests if you have any abnormal symptoms that might indicate a GTT. If you have a miscarriage or abortion, doctors also check the placenta for any abnormalities.

If you have had a molar pregnancy, you will be under the care of a specialist centre. They will monitor you closely for signs of persistent disease or choriocarcinoma.

Symptoms of persistent trophoblastic disease and choriocarcinoma

Vaginal bleeding

This is the most common symptom of persistent trophoblastic disease. If you continue to bleed for longer than normal after a normal pregnancy or a molar pregnancy, it may be a symptom of this disease.

Abdominal swelling

You may have some swelling of your abdomen (tummy). In rare cases, ovarian cysts may develop, which can make the abdomen even larger.

Anaemia

Anaemia means that you have a low number of red blood cells. If you are losing blood because of vaginal bleeding your red



blood cell count may drop. Being anaemic can make you feel tired and short of breath.

Symptoms of choriocarcinoma that has spread

Choriocarcinoma most commonly spreads to the lungs, but other parts of the body can also be involved. If the tumour is affecting your lungs you might have a cough, difficulty breathing and sometimes chest pain. If it has spread to your vagina then you may have excessive bleeding, and your doctor might be able to feel a lump, or nodules on your vagina. Pain can be a symptom if the cancer has spread into your abdomen. And spread to the brain might cause headaches, dizziness and fits (seizures). Spread to the brain sounds very frightening, but choriocarcinoma is nearly always cured, even if it has spread away from the womb.

What to ask for your doctor about persistent trophoblastic disease and choriocarcinoma

- How will I know if I have gestational trophoblastic tumour (GTT)?
- What type of tumour have I got?
- Should my sister be screened for it?
- What are the causes of these tumours?
- Where will I be treated?
- What are my chances of having another GTT in the future?

More information

For more information about gestational trophoblastic tumours, visit our website

<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

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