

# About Molar Pregnancy - A Quick Guide



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This is a brief summary of the information on 'About molar pregnancy' from CancerHelp UK. You will find more detailed information on the website.

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## About gestational trophoblastic tumours

Although gestational trophoblastic tumours (GTTs) usually start in the womb, they are very different from a cancer of the womb. Womb cancer develops from the cells that make up the womb, whereas a GTT grows from the tissue that forms in your womb when you are pregnant. GTT can be non-cancerous (benign) or cancerous (malignant).

Gestation just means pregnancy.

Trophoblastic describes cells that are part of the normal development of a baby.

Usually, after a sperm fertilises an egg, new cells grow. These cells form an embryo.

As the embryo grows, its cells start to specialise. Some cells start to form the baby (foetus) and others form the placenta. The first layer of cells that develops into the placenta is called the trophoblast.

If you have a GTT, some trophoblastic cells grow abnormally and develop into a tumour. In a molar pregnancy, the foetus either doesn't develop at all, or is abnormal and not able to grow normally. These tumours can spread outside your womb, though this is rare.

Terms used to describe GTT are trophoblastic disease, persistent trophoblastic disease, gestational trophoblastic neoplasia and gestational trophoblastic disease.

Added to this, there are different types of GTTs, including molar pregnancy (hydatidiform mole), invasive mole, placental site trophoblastic tumour and choriocarcinoma. On CancerHelp UK we have information about molar pregnancy and about persistent trophoblastic disease and choriocarcinoma. Treatment is available for all types of GTT. Nearly all of them are curable.



## What is a molar pregnancy?

Molar pregnancy is a type of gestational trophoblastic tumour (GTT). It happens when the normal fertilisation of an egg goes wrong. This leads to the growth of clusters of fluid filled sacs inside the womb. Most molar pregnancies are not cancerous (they are benign). Even though they can spread beyond the womb, they are curable. In the UK, about 1 in 1000 women who become pregnant (0.1%) will develop a molar pregnancy.

## Complete and partial moles

If you have a 'complete mole' no parts of a baby (foetal tissue) form. Some women who have a complete molar pregnancy will need to have chemotherapy. A small number of women with a complete mole go on to develop a cancerous gestational tumour (choriocarcinoma).

If you have a partial mole there may be some foetal tissue in the womb, alongside the molar tissue. It is important to understand that the foetal tissue cannot develop into a baby. It is very unusual that women with a partial mole will go on to need chemotherapy or develop a cancerous gestational tumour.

Very rarely a twin pregnancy will show a developing baby and a molar pregnancy. This is a very difficult situation. You will need to talk to your doctor about the risks and the choices available to you.

**Persistent trophoblastic disease** is when you have had treatment to remove a molar pregnancy but still have some disease left.

## Risks and causes of molar pregnancy

A risk factor is anything that can increase your chance of developing a disease or condition. We don't yet know what causes molar pregnancy or gestational trophoblastic tumours (GTT) in general, but we do know of some risk factors.

Complete molar pregnancies are much more common in teenage mothers and mothers over the age of 40. Age plays less of a risk in partial molar pregnancies.

Molar pregnancies are much more common in women from Asian countries than in those from other ethnic groups. In Asia the incidence is about 1 molar pregnancy for every 380 babies born, compared to around 1 for every 750 babies born in the UK.

If you have already had one molar pregnancy, you have about a 1 in 100 chance (1%) of having another one. If you have had two or more molar pregnancies your risk of having another is about 1 in 10 (10%).

## Screening for molar pregnancy

Screening means testing for early stages of a disease before there are any symptoms.

## Checking for molar pregnancy

The best way to pick up a molar pregnancy early is to have the routine antenatal care provided by your doctor and midwife during pregnancy. They will closely follow 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 means



that most molar pregnancies are now picked up at a very early stage. Ultrasound is a good way of diagnosing a complete molar pregnancy, but is not so good at picking up partial molar pregnancies (although these are still likely to be picked up by other routine tests).

Your doctor will do tests for molar pregnancy if you have any abnormal symptoms. If you have a miscarriage or abortion, doctors also check the placenta for any abnormalities.

### Symptoms of molar pregnancy

We have listed the symptoms that can happen with molar pregnancy. All of these symptoms can be caused by other things as well.

- Vaginal bleeding is the most common symptom of a molar pregnancy. This usually begins between week 6 and week 12 of pregnancy. Always tell your doctor or midwife if you have bleeding during pregnancy.

The following symptoms are much less common now. This is because most molar pregnancies are picked up during the routine ultrasound scan that is carried out in early pregnancy.

- Abdominal swelling - with a molar pregnancy, the abdomen may swell more quickly than usual.
- Feeling and being sick can be a normal part of pregnancy. With molar pregnancy it can be more severe and happen more often.
- 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.

- Pre eclampsia is a complication that can happen in the last 3 months of pregnancy. Rarely with a molar pregnancy you get pre eclampsia much earlier on.
- Overactive thyroid is a rare symptom of molar pregnancy.

### What to ask your doctor about molar pregnancy

- How will I know if I have a molar pregnancy?
- How will I know if it is a different type of trophoblastic tumour?
- 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?

### Notes



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## 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 cancer 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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