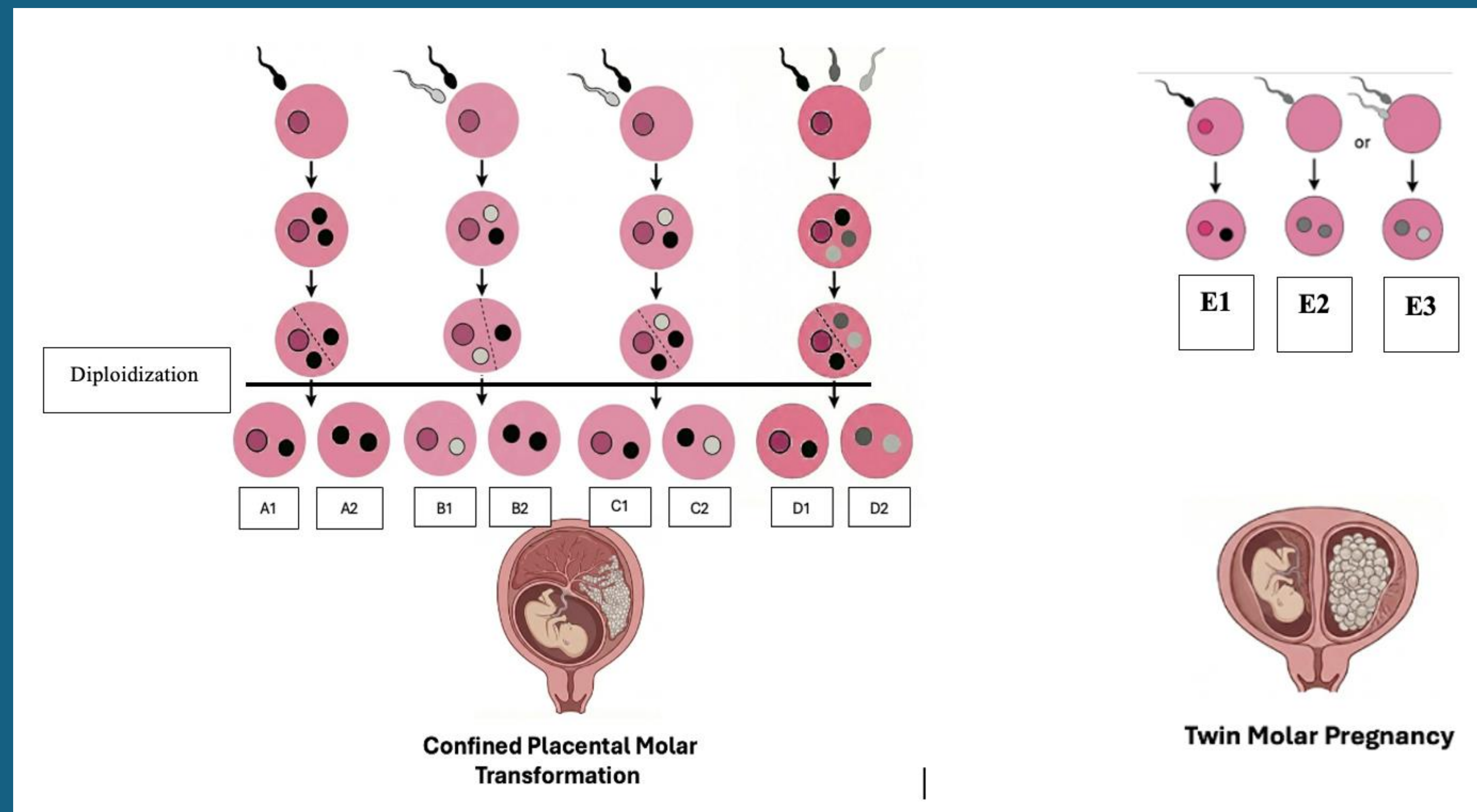


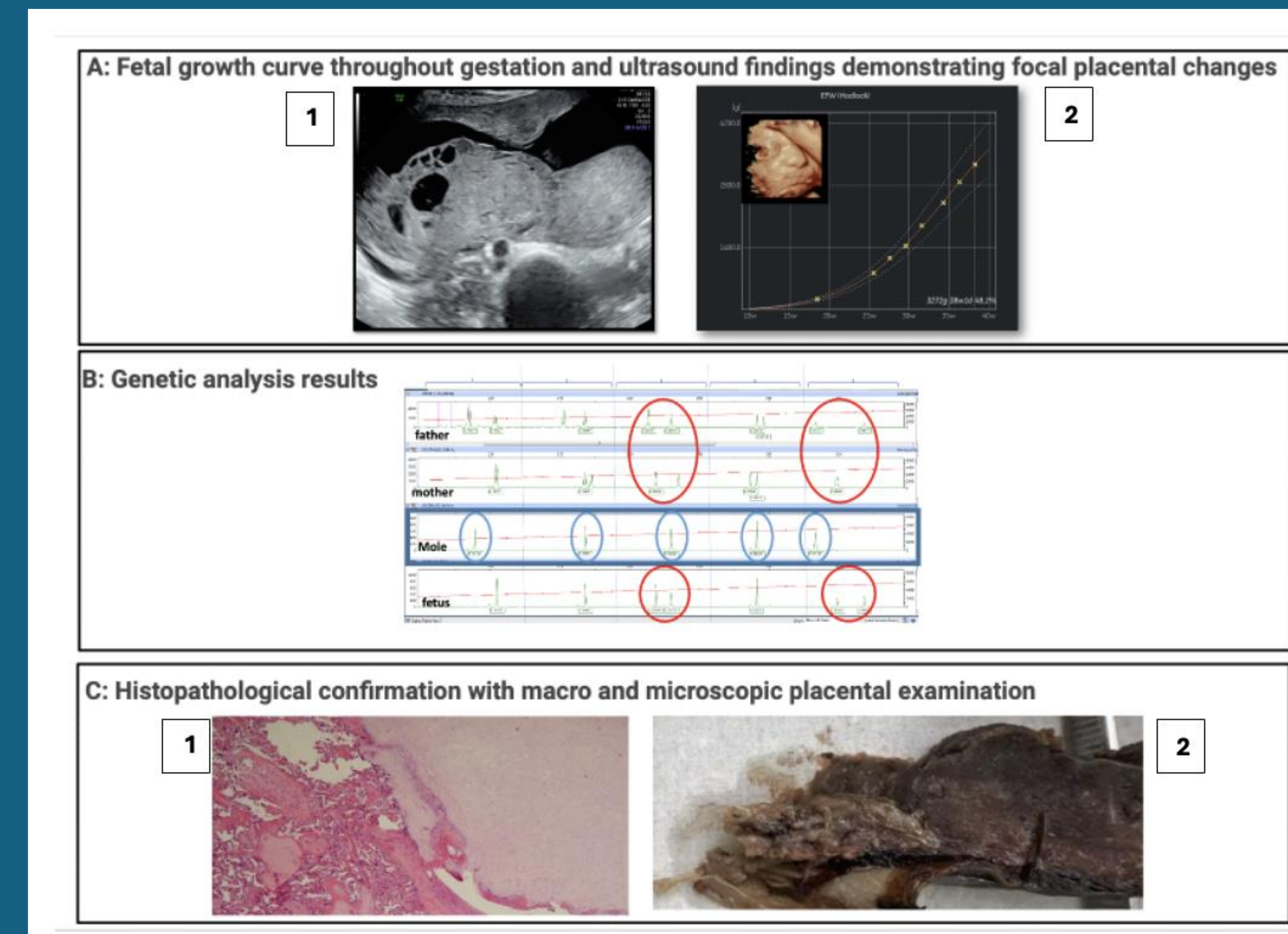
Complete Hydatidiform Mole with Co-existing Normal Fetus (CHM-CNF): Distinguishing Two Clinical Entities with Fundamentally Different Prognoses Based on Placental Topology

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Proposed Embryological Mechanisms for CHM-CNF



Proposed Classification: Distinguishing Two Clinical Entities of CHM with Co-existing Fetus



Objective

To separate Confined Placental Molar Transformation (molar tissue + normal fetus within a *single* placenta) from classic twin molar pregnancy (*separate* placentas), whose pooling under one label drives unnecessary terminations.

Methods

Retrospective multi-modal cohort: 6 single-placenta cases + 1 classic comparator.
High-resolution ultrasound of placental topology, STR/CMA-SNP genotyping, p57 immunohistochemistry, longitudinal sFlt-1/PlGF, and clinical outcomes.

Results

All 6 showed a single disc, no separating membrane, and vessels crossing into the molar zone. Growth and Dopplers were normal; sFlt-1/PlGF remained low-risk (1.2–30). No preeclampsia, hyperthyroidism, or maternal-indication termination. Live birth 80% (4/5) at 36–38 weeks, all AGA; β -hCG regressed to zero with no GTN. Dual-negative p57 confirmed complete molar transformation; genotyping showed diverse mosaic/chimeric origins. The classic case (β -hCG 652,000, massive theca lutein cysts, severe anemia) required termination at 13 weeks and 7 months to β -hCG normalization.

Conclusion

Placental topology, not the presence of molar tissue, determines prognosis. A single integrated placenta with stable angiogenic profiles supports expectant management with mandatory postpartum hCG surveillance.