

Evaluation of Care for Patients with Molar Pregnancy at Frimley Park Hospital

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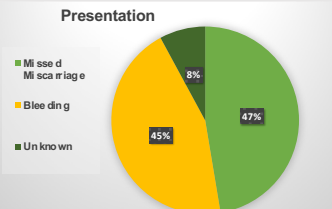
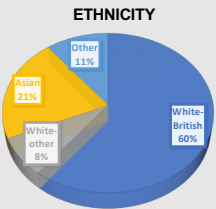
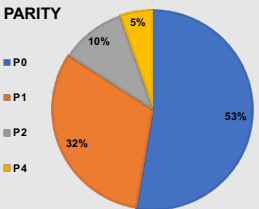
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Introduction/Background

- Molar pregnancy (complete and partial) is a premalignant trophoblastic disease.
- The most common presentation is irregular vaginal bleeding with positive pregnancy test and supporting ultrasonographic evidence.
- Diagnosis: 58% of complete moles and 17% of partial moles suspected on ultrasound(FHFT) however definitive diagnosis of a molar pregnancy is made by histological examination
- Suction evacuation is recommended management for molar pregnancies.
- Incidence: partial mole 3 in 1,000 live births and complete mole 1 in 1,000 live births
- Risks with extreme of reproductive age: Teenager(1.3 fold), Aged 40 or over(10 fold)
- Effective registration and treatment program for GTN in UK has a cure rate of 98-100%
- Risk of requiring chemotherapy: Partial mole(0.5-1%), Complete mole(13-16%)

Results and Analysis

- A total of 38 patients were diagnosed with molar pregnancy by histology, 22 with partial moles and 16 with complete moles
- All confirmed cases were referred and registered to Charing Cross Hospital
- 16/38(~42%) patients had scan suggestive of molar pregnancy
- Only 2 of the histology for suspected molar pregnancy were requested as urgent
- Age range of patients was 16-51 years



Objectives/Aims

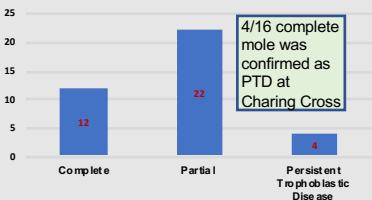
This service evaluation aimed to:

- ❖ Assess the care provided to patients with molar pregnancy at Frimley Park Hospital.
- ❖ Ensure adherence to local and Royal College of Obstetricians and Gynaecologists (RCOG) guidelines for management of molar pregnancy.
- ❖ Identify areas for service improvement.

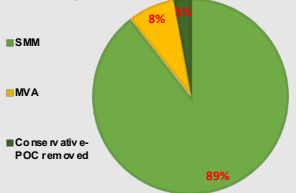
Methods

- Retrospective study of our service over 35 months period.
- All patients with histologically confirmed molar pregnancies (complete or partial) from October 2021 to September 2024 were included.
- Patient data were obtained from electronic medical records and cross-checked with the Gestational Trophoblastic Tumour(GTT) referral list from Charing Cross Hospital.
- Key parameters reviewed include age, ethnicity, parity, presenting symptoms, type of mole, management, blood loss, need for transfusion, priority of histology request, referral to Charing Cross, follow-up care, chemotherapy (if applicable), and counselling on contraception and future pregnancies.

TYPES

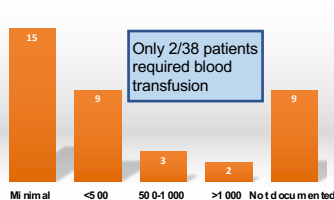


MANAGEMENT

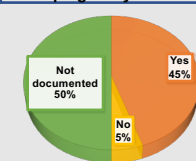


- 1/38 patient presented with bleeding
- POC noted on speculum examination was removed
- Confirmed as complete molar pregnancy

BLOOD LOSS



Advice on contraceptive and future pregnancy



Conclusions

- ❖ The evaluation shows that the management of molar pregnancies at Frimley Park Hospital is generally in line with local and RCOG guidelines.
- ❖ All of the suspected(scan suggestive) molar pregnancy was managed by suction and curettage.
- ❖ Only 2/16 histology for suspected molar pregnancy was requested as urgent which delayed the diagnosis
- ❖ All those with confirmed histological diagnosis of molar pregnancy were registered with Charing Cross Hospital for further follow up, advice and support.
- ❖ Areas for improvement:
 - Particularly in the documentation of 1) counselling post diagnosis, 2) blood loss
 - Request histology as urgent for suspected molar pregnancy

References

1. RCOG guideline for management of GTD
2. Local guideline (FHFT) for management of molar pregnancy
3. Molar pregnancy clinic guide for clinician- Charing Cross <https://www.imperial.nhs.uk/~media/website/services/cancer-services/gestational-trophoblastic-disease/gtd-clinic-guide-for-clinicians.pdf?la=en>

Acknowledgement

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