**Educational Topic 50: Gestational Trophoblastic Neoplasia (GTN)**

**Rationale:** Early recognition and proper management of molar pregnancy can reduce morbidity and mortality associated with gestational trophoblastic neoplasia.

**Intended Learning Outcomes:**
A student should be able to:

- Describe the symptoms and physical examination findings of a patient with GTN including molar pregnancy
- Describe the diagnostic methods, treatment options and follow-up for GTN including molar pregnancy
- Recognize the difference between molar pregnancy and malignant GTN

**TEACHING CASE**

CASE: A 15-year-old primigravida presents for routine prenatal care. She is 14 weeks pregnant by last menstrual period. She has some nausea but otherwise feels well. The pregnancy to date has been unremarkable. She has support from her parents and the father of the baby.

The uterus is enlarged, measuring 20 cm from the pubic symphysis. Fetal heart tones are not auscultated by Doppler. She denies vaginal bleeding or passage of tissue from the vagina. Vaginal exam is unremarkable.

Routine prenatal labs were unremarkable. She is Rh-positive. Quantitative beta hCG levels were markedly elevated at 112,320 mIU/ml. TSH was low and further thyroid testing revealed the patient to be mildly hyperthyroid.

Ultrasound showed the uterus to be enlarged, with multiple internal echoes and a “snow storm” appearance. No fetus is noted. Ultrasound also showed enlarged multi-loculated ovarian cysts bilaterally.

**COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:**
Competencies addressed:
- Patient Care
- Medical Knowledge
- Systems Based Practice
1. What is the differential diagnosis prior to receiving your ultrasound result?

2. What aspects of the ultrasound guide the diagnosis?

3. What evaluation do you need to make a final diagnosis?

4. What is the epidemiology and clinical course of this condition?

5. What is your management plan?
REFERENCES


ACOG Practice Bulletin 53, Diagnosis and Treatment of Gestational Trophoblastic Disease, June 2004 (reaffirmed 2012).