**Initial Management of Partial Hydatidiform Mole (PHM)**

PHM will rarely be suspected clinically prior to ERPC for miscarriage so the diagnosis will only become apparent in the histopathology report after the patient has been discharged. Therefore, the patient will need to be contacted by the responsible team and advised that she should register with the National Gestational Trophoblastic Disease, Registry Monitoring and Advisory Centre for the appropriate follow up. The registration form is available in OPD and on the website for the National Gestational Trophoblastic Disease (GTD), Registry Monitoring and Advisory Centre. Following registration, the patient will be contacted by the GTD nurse specialist to counsel her further and arrange follow up hCG’s.

**Making initial contact with the patient regarding this unforeseen diagnosis of Partial Hydatiform Mole (PHM)**

When making initial contact with the patient regarding the unforeseen diagnosis of PHM it is important to explain why follow up is required. An easy way to explain the diagnosis and need for follow up would be:

“Following your recent miscarriage we sent the pregnancy tissue to the laboratory for analysis. In some cases the laboratory finds evidence of a mild abnormality in the sample which can help to explain why the miscarriage occurred. We feel that in your case that this may be what is called a partial hydatiform mole. If this is confirmed by the laboratory sometimes tissue cells can remain behind in the womb following the miscarriage and we want to ensure that all of these mildly abnormal cells disappear. The best way to do this is to monitor the pregnancy hormone (called hCG) regularly by a blood test until it comes down to normal.

If confirmed as a partial hydatiform mole, there is a specialist team in Cork University Maternity Hospital who have expertise in looking after patients with these particular pregnancy events. We will be informing this team about you and their specialist nurse will make contact with you to further explain the laboratory report and the plan for follow up. It is important that we can start your follow up with the hCG blood test as soon as possible. This can be performed by your GP, Cork University Maternity Hospital or your local hospital, whichever suits you. For the vast majority of patients, the hCG levels return to normal within a few weeks of your D&C and your follow up will be completed very quickly. It is also important that you do not become pregnant during your follow up until you are discharged by the specialist team. We will see you in our clinic shortly to explain in more detail and take your hCG blood test if you are choosing to have this blood test in the hospital.”

Of course not all of the above explanation may be necessary but I think it is a reasonable way to counsel the patient about needing to return for follow up. Please note that the National Guidelines for the diagnosis, staging and Treatment of GTD are available at Please note that the National Guidelines for the diagnosis, staging and Treatment of GTD are available at https://www.hse.ie/eng/services/list/5/cancer/profinfo/guidelines/gtd/national-clinical-guideline-gtd-2022-.pdf

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