មជ្ឈមណ្ឌលជាតិគាំពារមាតា និងទារក
National Maternal and Child Health Center

ធិទាសល្យសាស្ត្រ សម្ភព និងរោគស្ត្រី លើកទី៤

ប្រធានបទ៖ «រួមគ្នាបង្កើនគុណភាពសេវាព្យាបាល ថែទាំ និងសង្គ្រោះមាតា និងទារក »

Molar Pregnancy Management in NMCHC 2025

007295

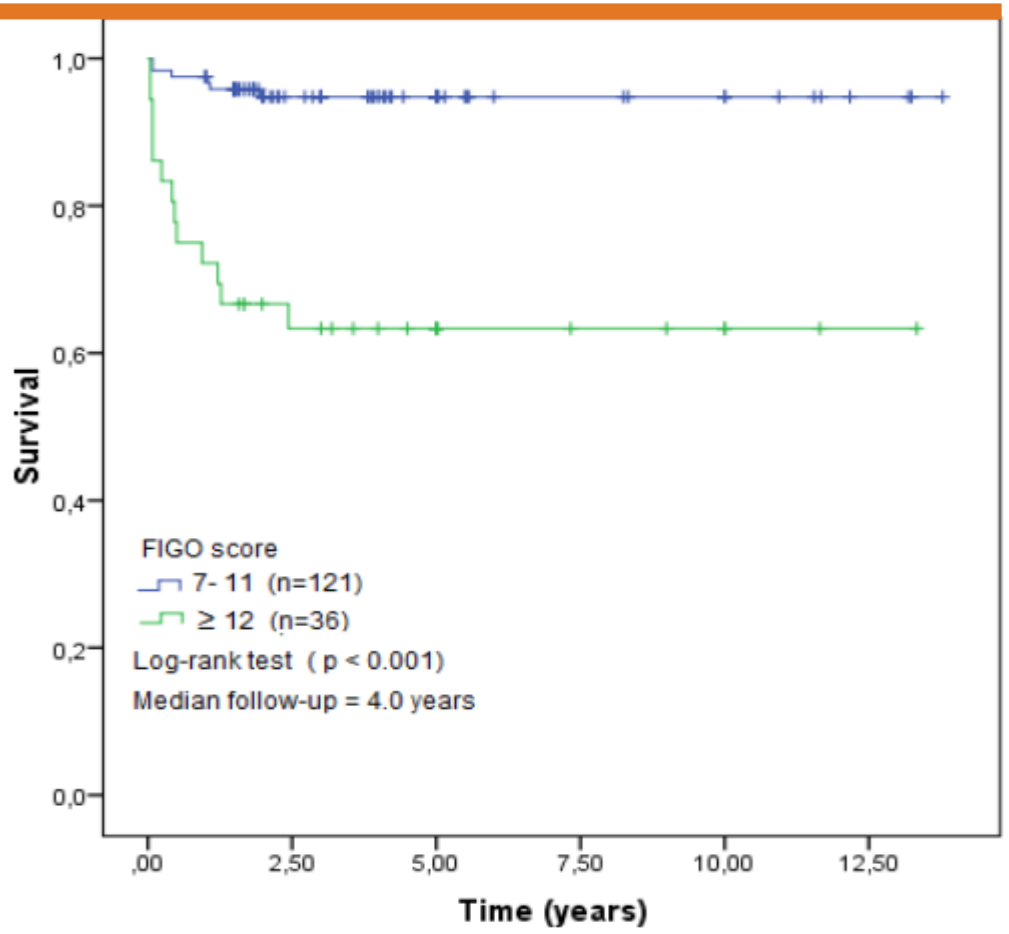
Presented by Dr. PICHNISSAY TIM

ថ្ងៃទី២-៣ ខែកញ្ញា ឆ្នាំ២០២៦
មជ្ឈមណ្ឌលជាតិគាំពារមាតា និងទារក

1. Classification histologically of GTD
2. Why FIGO scare risk factor in GTN is importance?
3. Management in Molar pregnancy
4. Our experiences and the importance of semi-logarithmic graph.
5. Home Message

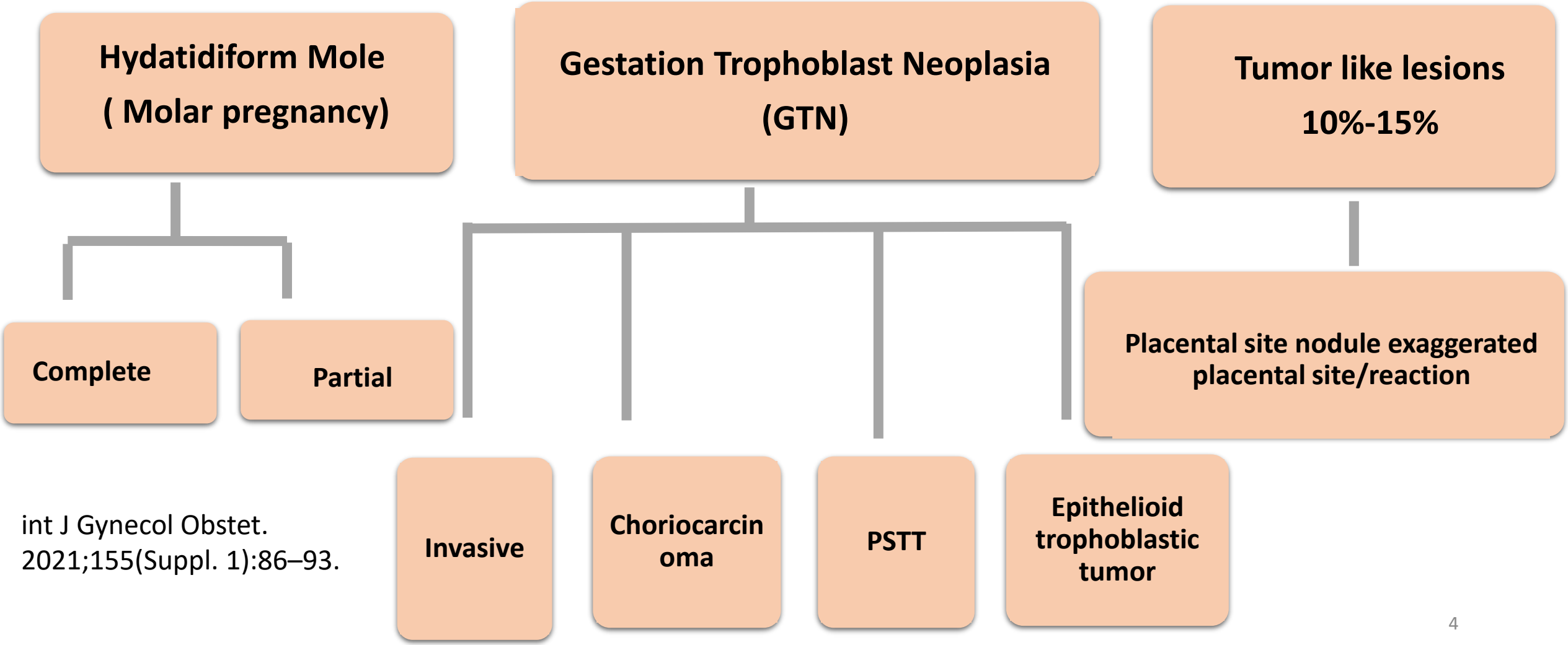
Introduction of GTN

- Rare tumors
- Post-molar pregnancy ++
- FIGO is really important
- Low risk = 80%-90% (FIGO 5-6 = 12%)
- Excellent prognostic
  - 98-100% survive in 5 ys.



Maestá I, et al. Int J Gynecol Cancer 2020;30:1366–1371. doi:10.1136/ijgc-2020-001237

Classification histologically of GTD

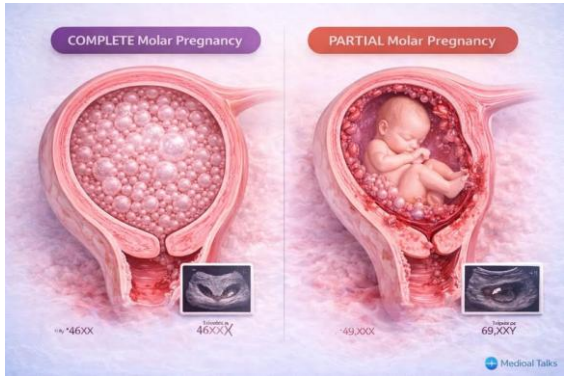


int J Gynecol Obstet. 2021;155(Suppl. 1):86–93.

Hydatidiform Mole
(Molar pregnancy)

Complete

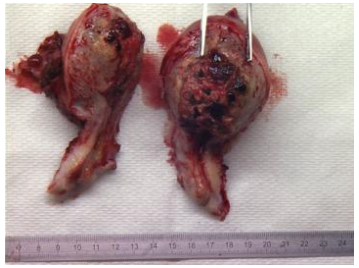
15%



Partial

1-3%

Gestation Trophoblast Neoplasia



Invasive

Choriocarcinoma

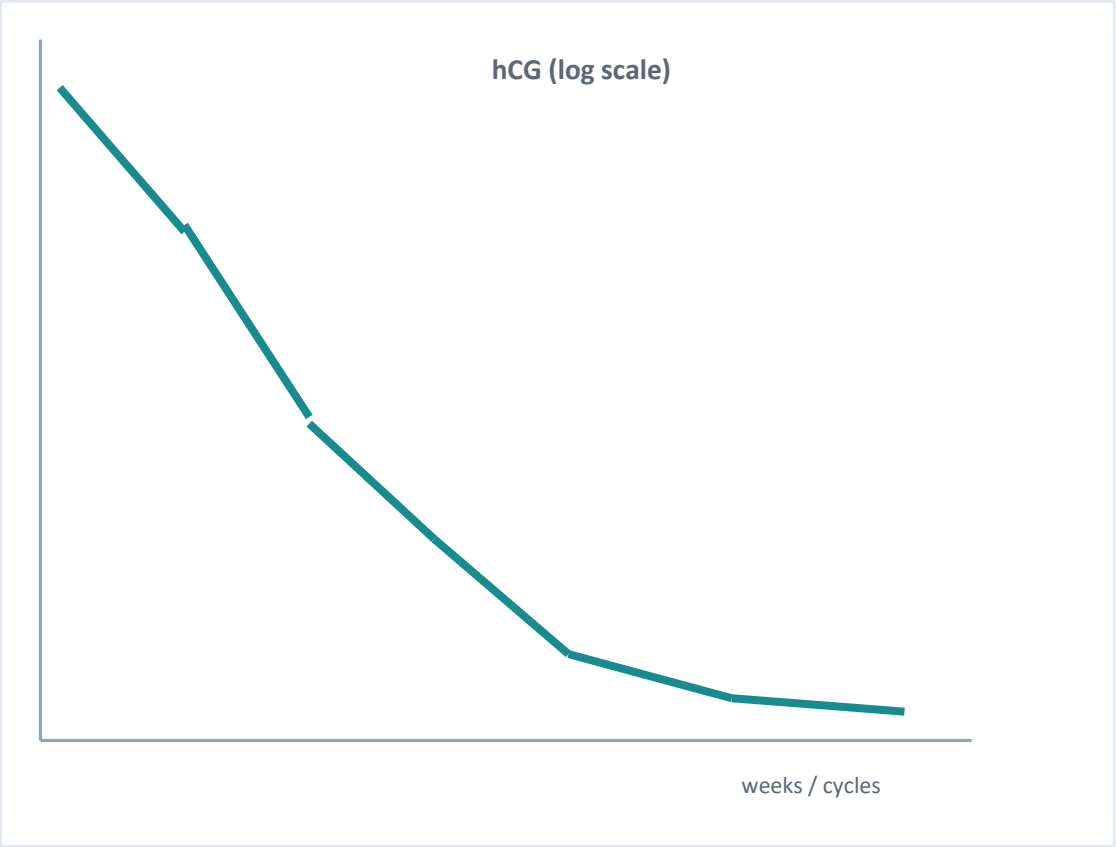
PSTT

Epithelioid trophoblastic tumor

When to diagnose post-molar GTN

hCG	**hCG Rise**	**3dosages consecutive (J1/J7/J14/21)**
	hCG Plateau	2 dosages J1/J7/J14
	hCG persistence	> 6months
Histology		Choriocarcinoma
Metastatic Disease		

Monitoring: hCG is the treatment compass



Sources: hCG monitoring and follow-up recommendations from uploaded FIGO 2021 update; hCG kinetics review.

FIGO score prognostic factors modified as FIGO score 2000	0	1	2	4
Age		>40	-	
ATCD pregnancy	Mole	Abortion	Term	
Interval from index pregnancy, months	<4	4-6	7-12	>12
Pretreatment hCG mIU/ml	$<10^3$	$>10^3$ -10^4	$>10^4$ -10^5	$>10^5$
Largest tumor size including uterus, cm	-	3-4	>= 5	-
Site of metastases including uterus	Lung	Spleen, kidney	Gastroint estinal tract	Brain, liver
Number of metastases identified	-	1-4	5-8	>8
Previous failed chemotherapy	-	-	Single drug	Two or more drugs

Low risk GTN : =<6, Hight risk GTN >=7

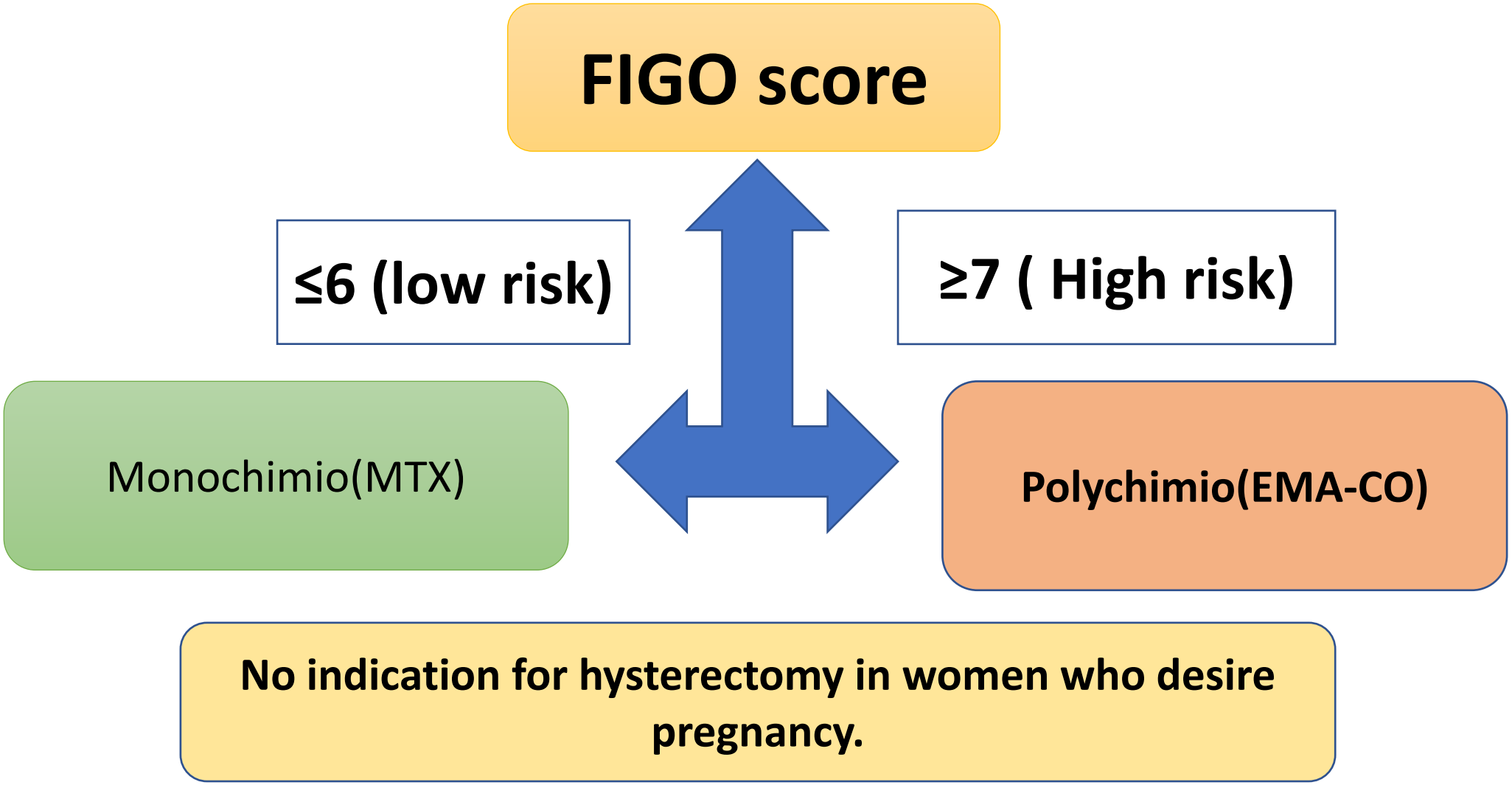
Int J Gynecol Obstet. 2021;155(Suppl. 1):86–93.

Selecting single-agent therapy

Assessing post chemotherapy resistance,

And predicting recurrence and mortality

Standard Management of Gestation Trophoblast Neoplasia



OUR Experiences in GTN 2025

What we do in NMCHC for GTN

Criteria for GTN	
hCG	Rise 2 dosage (W1/W2/W3)
	Plateau 2 dosage (W1/W2/W3)
	Persistence 2ys.
Histology	Choriocanoma

Balance Extension

Clinic/ US/ X-ray/ hCG

FIGO Score

≤6 (low risk)

≥6 (High risk)

MTX	**MTX-FA 8days regimen (50mg MTX IV on days 1,3,5,7 with folic acid 10mg oral 24h after MTX on days 2,4,6,8); repeat every 10Ds.** **-US / hCG before repeated Mtx.**

Oncology department

Origin

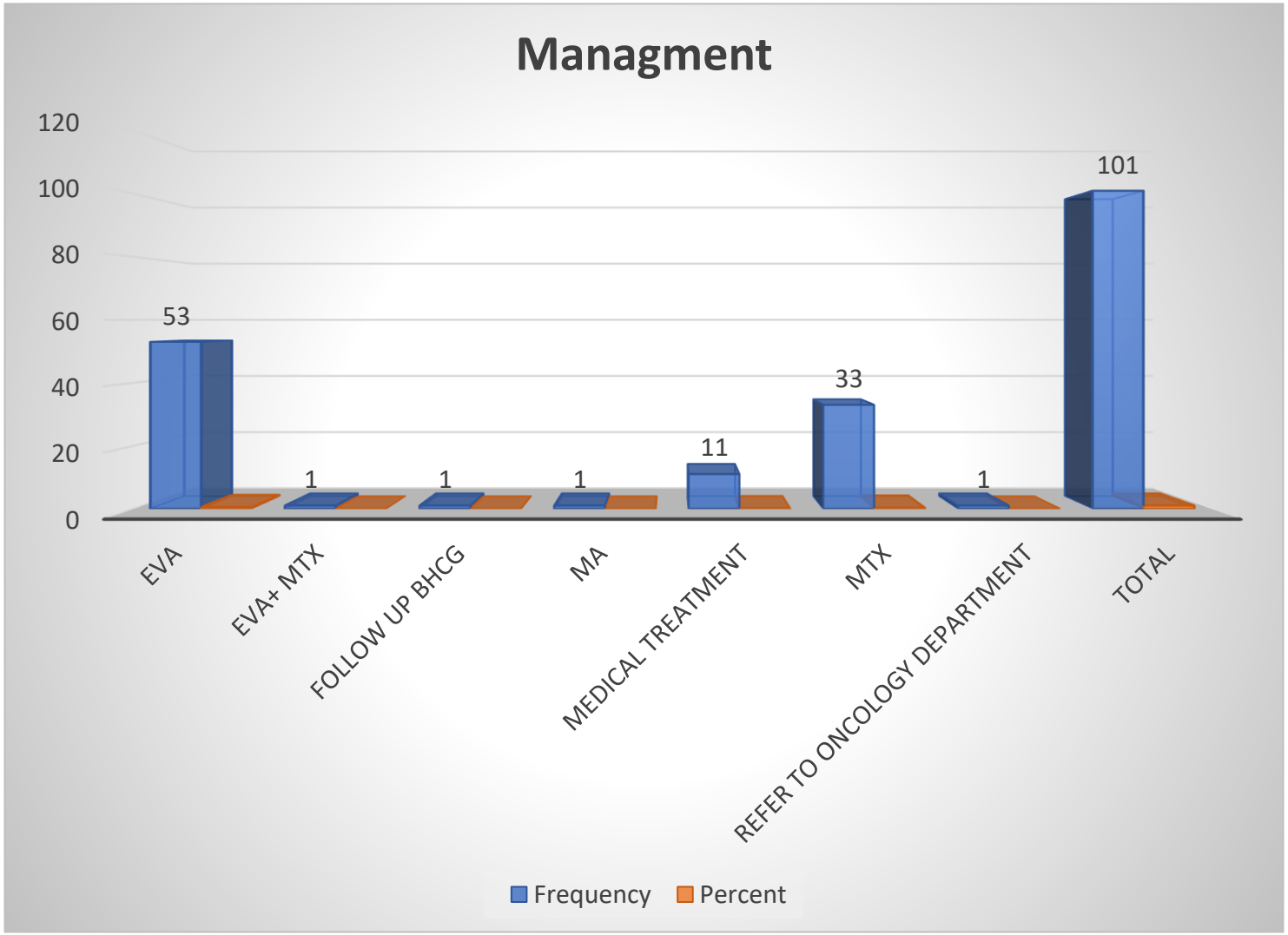
City_Province	Frequency	Percent	Cum. Percent	Exact 95% LCL	Exact 95% UCL	
កណ្តាល	16	15.84%	15.84%	9.33%	24.45%	
កោះកុង	4	3.96%	19.80%	1.09%	9.83%	
ក្រចេះ	2	1.98%	21.78%	0.24%	6.97%	
កំពង់ចាម	7	6.93%	28.71%	2.83%	13.76%	
កំពង់ឆ្នាំង	4	3.96%	32.67%	1.09%	9.83%	
កំពង់ធំ	7	6.93%	39.60%	2.83%	13.76%	
កំពង់ស្ពឺ	10	9.90%	49.50%	4.85%	17.46%	
តាកែវ	4	3.96%	53.47%	1.09%	9.83%	
ត្បូងឃ្មុំ	3	2.97%	56.44%	0.62%	8.44%	
បាត់ដំបង	2	1.98%	58.42%	0.24%	6.97%	
ពោធិ៍សាត់	5	4.95%	63.37%	1.63%	11.18%	
ព្រៃវែង	14	13.86%	77.23%	7.79%	22.16%	
ព្រះសីហនុ	4	3.96%	81.19%	1.09%	9.83%	
មណ្ឌលគិរី	2	1.98%	83.17%	0.24%	6.97%	
រតនគិរី	2	1.98%	85.15%	0.24%	6.97%	
រាជធានីភ្នំពេញ	8	7.92%	93.07%	3.48%	15.01%	
ស្វាយរៀង	7	6.93%	100.00%	2.83%	13.76%	
TOTAL	**101**	**100.00%**	**100.00%**			

Age

Age group (years)	Frequency, n	Percentage	Mean age within group
15–<25	11	16.70%	20.7
25–<35	23	34.80%	29.1
35–<45	26	39.40%	38.8
45–55	6	9.10%	50
Total	66	100%	33.5 years overall

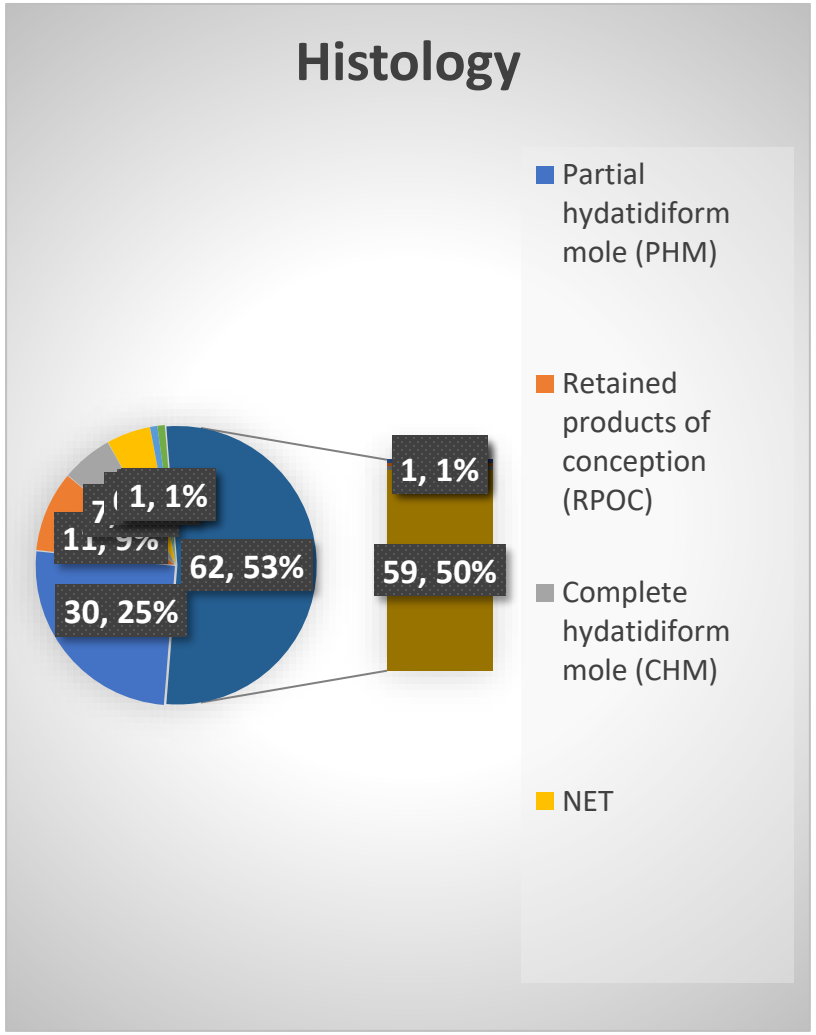
Occupation

Patient_Occupation	Frequency	Percent	Cum. Percent	Exact 95% LCL	Exact 95% UCL	
កម្មករ	1	0.99%	0.99%	0.03%	5.39%	
កម្មការនីរោងចក្រ	25	24.75%	25.74%	16.70%	34.33%	
កម្មការិនី	1	0.99%	26.73%	0.03%	5.39%	
កម្មការិនីរោងចក្រ	1	0.99%	27.72%	0.03%	5.39%	
កសិករ	34	33.66%	61.39%	24.56%	43.75%	
បុគ្គលិក	1	0.99%	62.38%	0.03%	5.39%	
បុគ្គលិកកាសុីណូ	2	1.98%	64.36%	0.24%	6.97%	
បុគ្គលិកក្រុមហ៊ុន	1	0.99%	65.35%	0.03%	5.39%	
បុគ្គលិកណាហ្គាវើលដ៍	1	0.99%	66.34%	0.03%	5.39%	
បុគ្គលិកហាង (បេប៊ី)	1	0.99%	67.33%	0.03%	5.39%	
មេផ្ទះ	27	26.73%	94.06%	18.41%	36.46%	
លក់ដូរ	5	4.95%	99.01%	1.63%	11.18%	
សំណង់	1	0.99%	100.00%	0.03%	5.39%	
TOTAL	**101**	**100.00%**	**100.00%**			


Managment
120
100
80
60
40
20
0
53
1
1
1
11
33
1
101
EVA
EVA+ MTX
FOLLOW UP BHCG
MA
MEDICAL TREATMENT
MTX
REFER TO ONCOLOGY DEPARTMENT
TOTAL
Frequency
Percent

Histology

Histology	Number (n)	Rate
Partial hydatidiform mole (PHM)	30	50.8%
Retained products of conception (RPOC)	11	18.6%
Complete hydatidiform mole (CHM)	7	11.9%
NET	6	10.2%
Choriocarcinoma of uterus	1	1.7%
Hematoma / necrotic debris / decidualized endometrial tissue	1	1.7%
Atypical trophoblastic proliferation	1	1.7%
Invasive PHM	1	1.7%
NID	1	1.7%
Total	59	100%



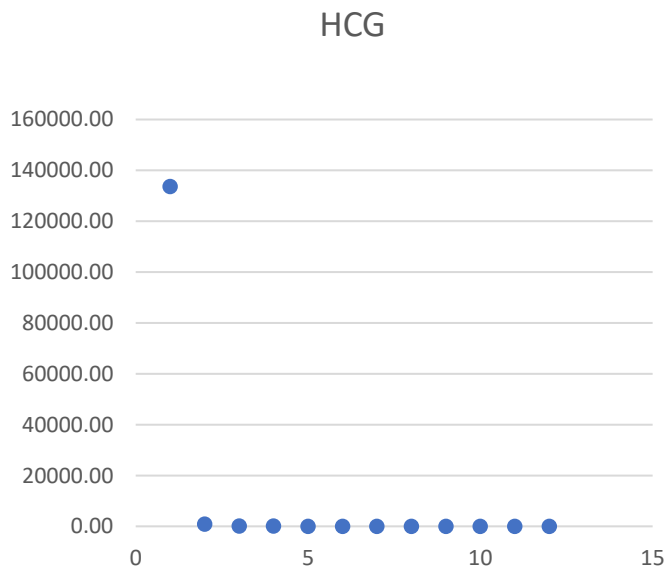
There are **101 admission records**, representing **66 unique patients**. Histology was documented in **59 admission records**, corresponding to **41 unique patients**.

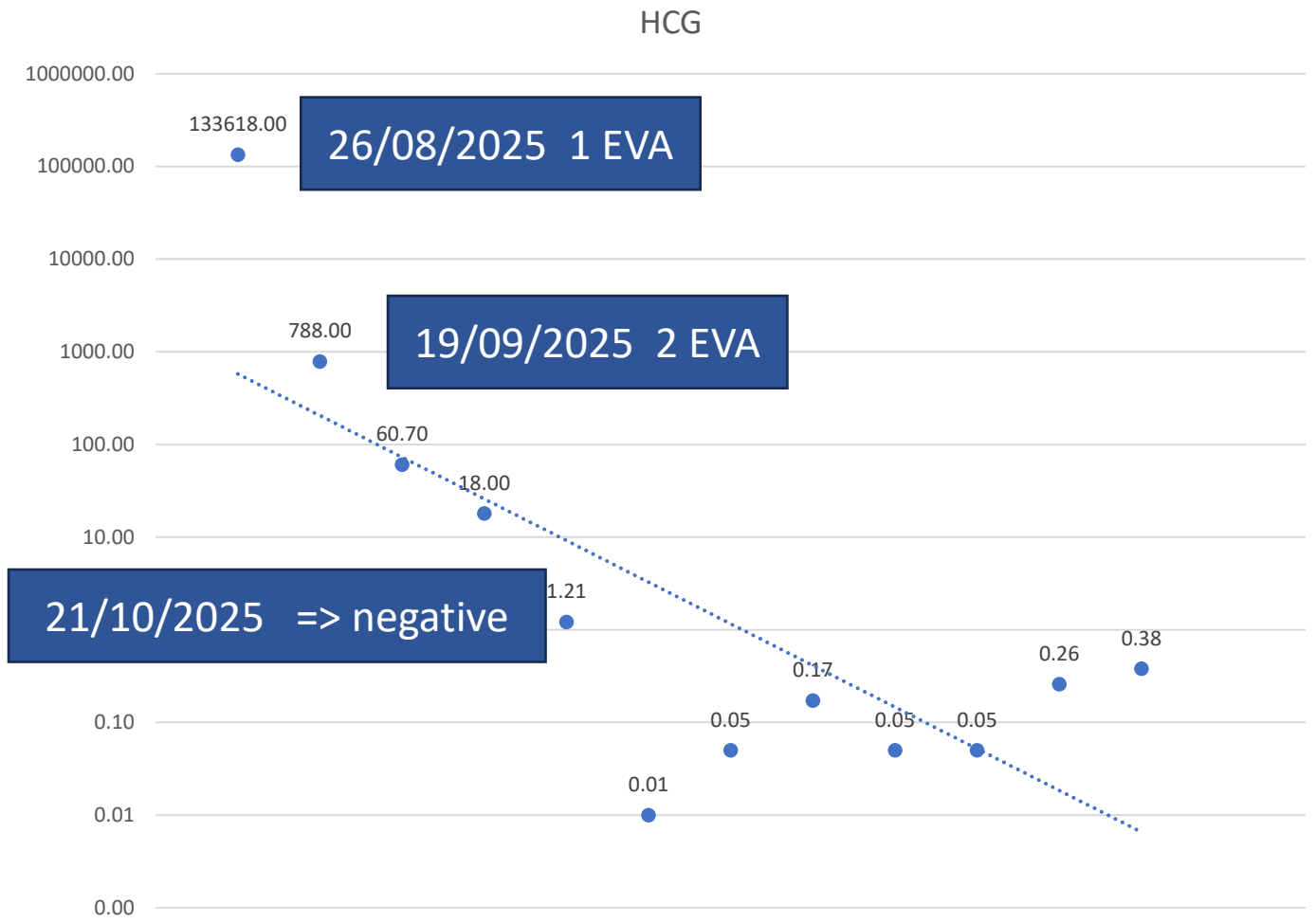
Histology distribution

Using all **59 recorded histology results** as the denominator:

25-19256 CHM

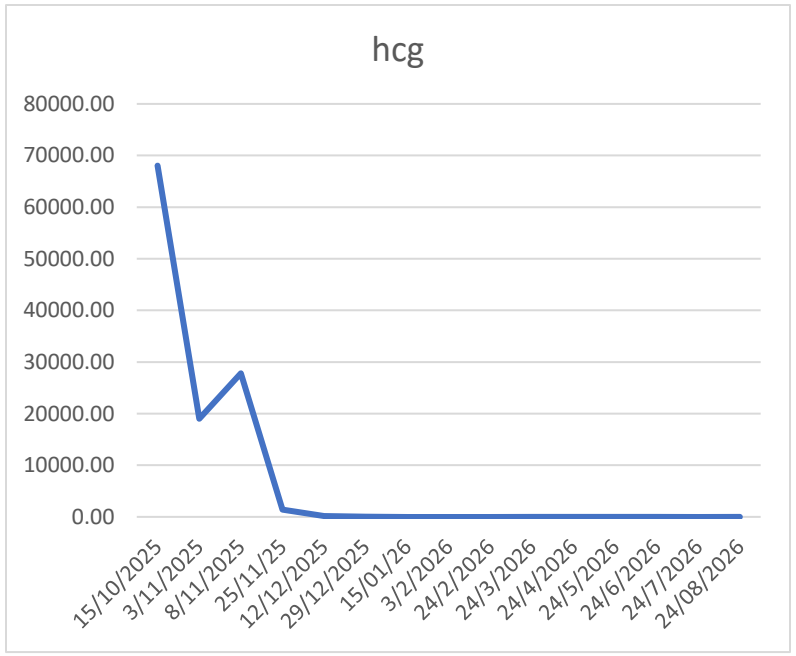
Date	HCG	Action
26/08/2025	133618	1st-MVA
19/9/2025	788	2nd-MVA
23/09/2025	60.7	
7/10/2025	18	
21/10/2025	1.21	
8/11/2025	0.01	
22/11/2025	0.05	
22/12/2025	0.173	
20/11/2026	0.05	
20/04/2026	0.05	
19/07/2026	0.26	
20/08/2026	0.38	





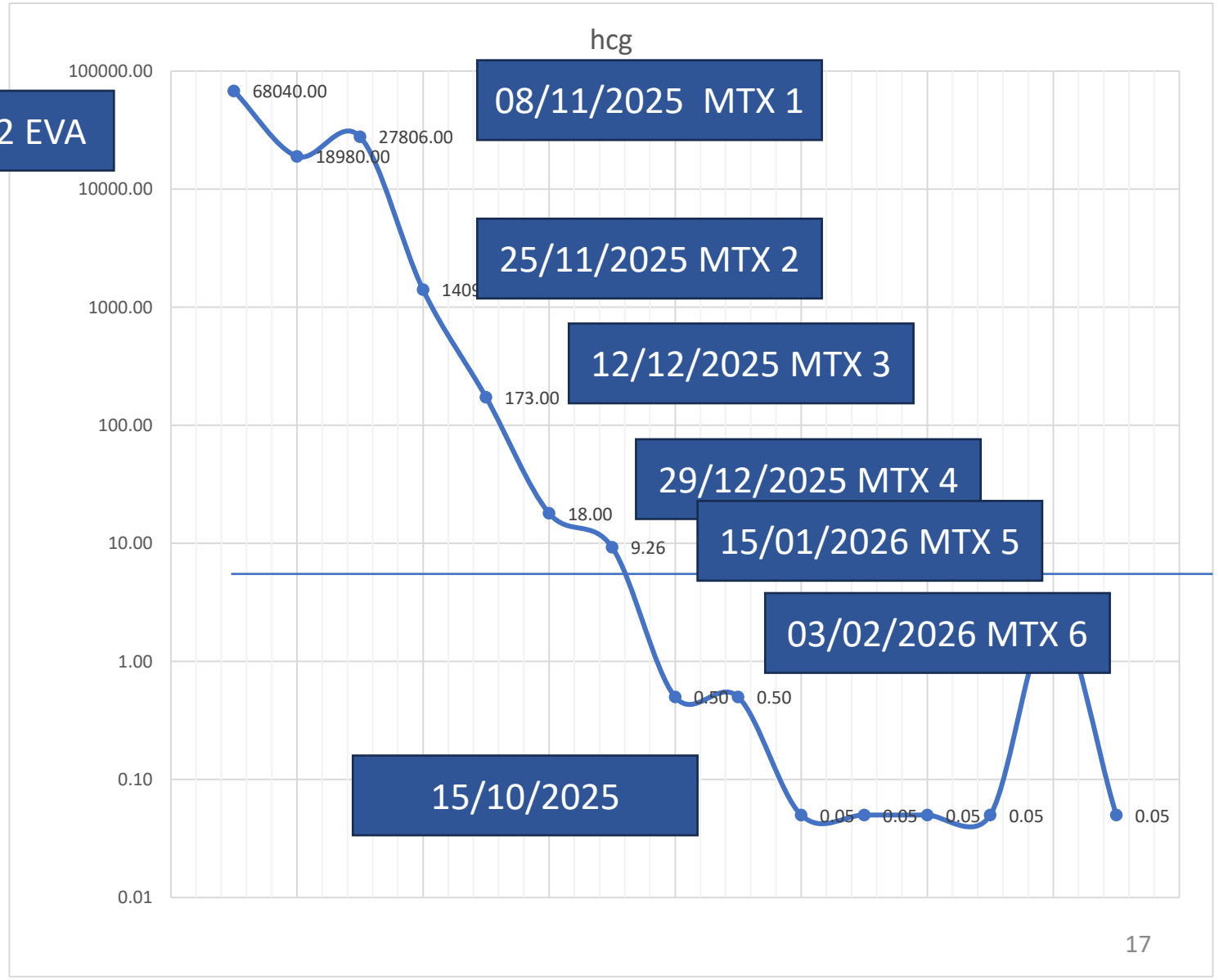
25-23402 CHM => GTN

date	hcg
15/10/2025	68040.00
3/11/2025	18980.00
8/11/2025	27806.00
25/11/25	1409.00
12/12/2025	173.00
29/12/2025	18.00
15/01/26	9.26
3/2/2026	0.50
24/2/2026	0.50
24/3/2026	0.05
24/4/2026	0.05
24/5/2026	0.05
24/6/2026	0.05
24/7/2026	2.50
24/08/2026	0.05



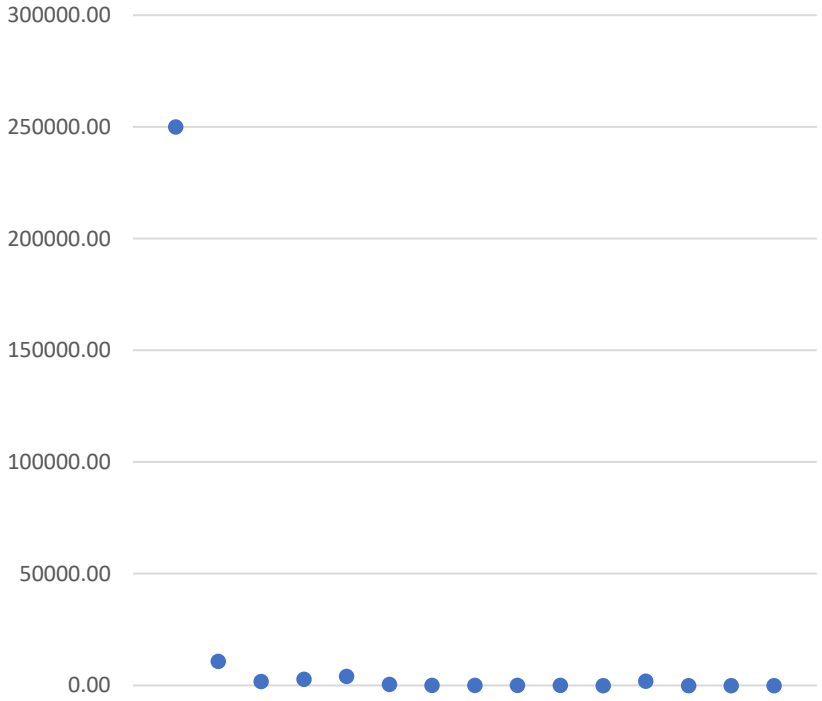
15/10/2025 1 EVA

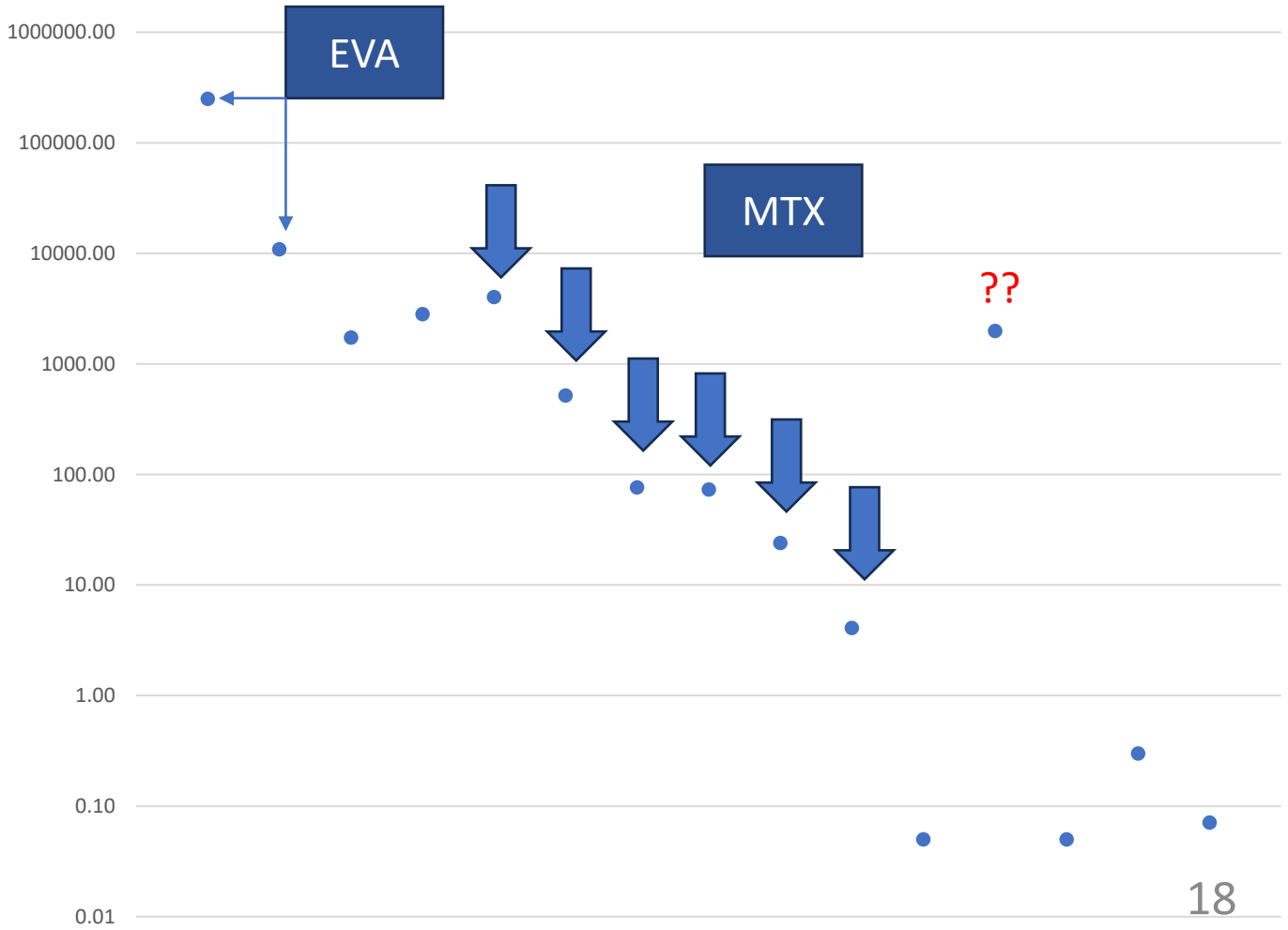
03/11/2025 2 EVA



25-27437 CHM=> GTN

25-27437	hcg	action
30/11/2025	250000.00	1 MVA
15/12/2025	10886.00	2 MVA
30/12/2025	1737.00	
30/01/2026	2830.00	
15/02/2026	4028.00	1st-MTX
5/3/2026	520.00	2nd-MTX
22/3/2026	76.50	3rd-MTX
8/4/2026	73.40	4th-MTX
25/04/2026	24.00	5th-MTX
12/5/2026	4.09	6th-MTX
29/05/2026	0.05	
14/06/2026	1987.00	
26/06/26	0.05	
28/07/2026	0.30	
28/08/2026	0.07	





What are our results?

- Partial molar pregnancy is more frequent than complete molar pregnancy.
- EVA is the 1st choix in molar pregnancy.
- Semi logarithmic graph is the best wat to analyze the evolution GTN in post molar pregnancy.
- All SOP should be analyze every year to improve the quality.
- The MTX is the 1st line treatment in low risk GTN.

Home Message

1. Molar pregnancy should be followed up correctly with semilogarithmic cure in order to early diagnose the GTN .
2. All GTN sound be refer to Reference Hospital.
3. FIGO prognostic factor must be calculated before use Methotrexate in GTN.
4. Methotrexate is the fist line treatment in low risk GTN.
5. Hight risk of GTN should be refer to oncologist department.

Thank You