PIPADOR REVISION

MRCOG Part 1 Revision Notes

Partial Mole

PATHOLOGY • LECTURE 323

VISUAL EXAMINATION REVISION NOTES

2026 Edition

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MRCOG PART 1 REVISION NOTES | PATHOLOGY

Partial Mole

Genetics, pathology, differential diagnosis and management of partial hydatidiform mole

Triploid	Diandric	p57 +	≈ 0.5–1%
69,XXY / XXX / XYY	1 egg + 2 sperm	Maternal genome present	Risk of GTN

■ KEY FACTS: Learning objectives

- Describe the genetics and pathology of partial hydatidiform mole.
- Distinguish partial from complete mole and from hydropic miscarriage.
- Describe presentation and management including hCG follow-up.

323.1 Genetics and pathology

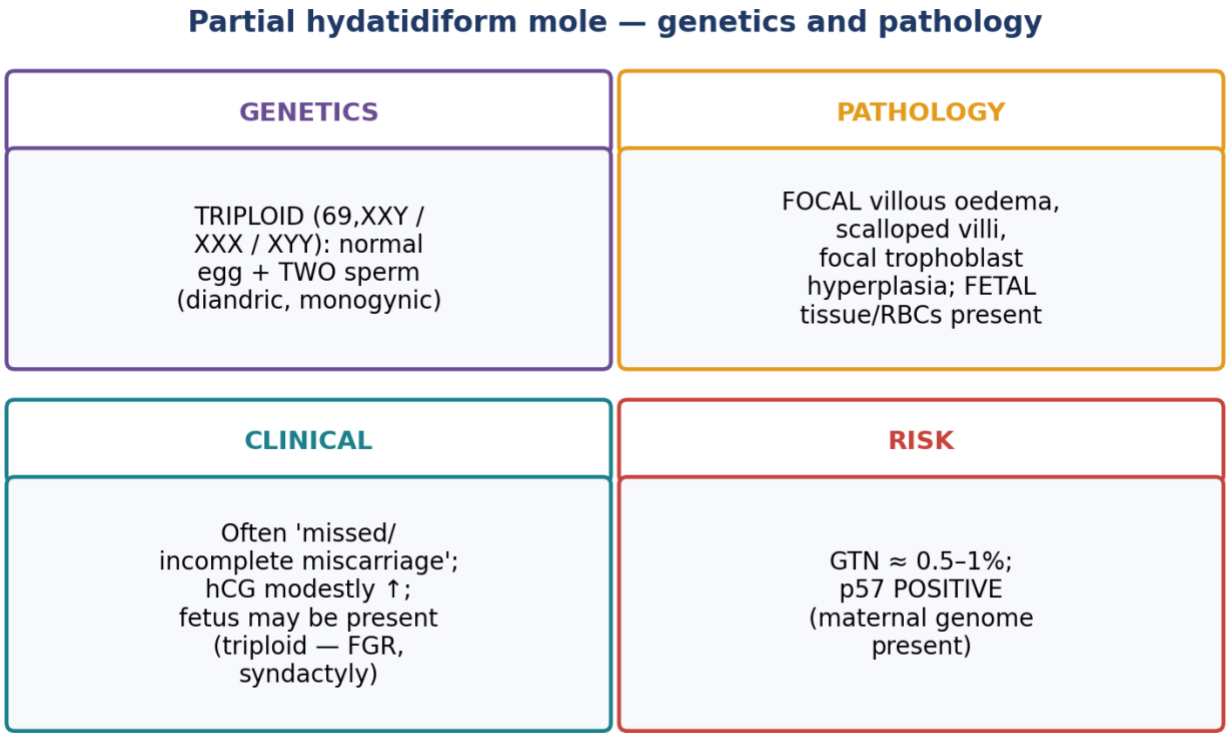


Figure 323.1 — Partial mole

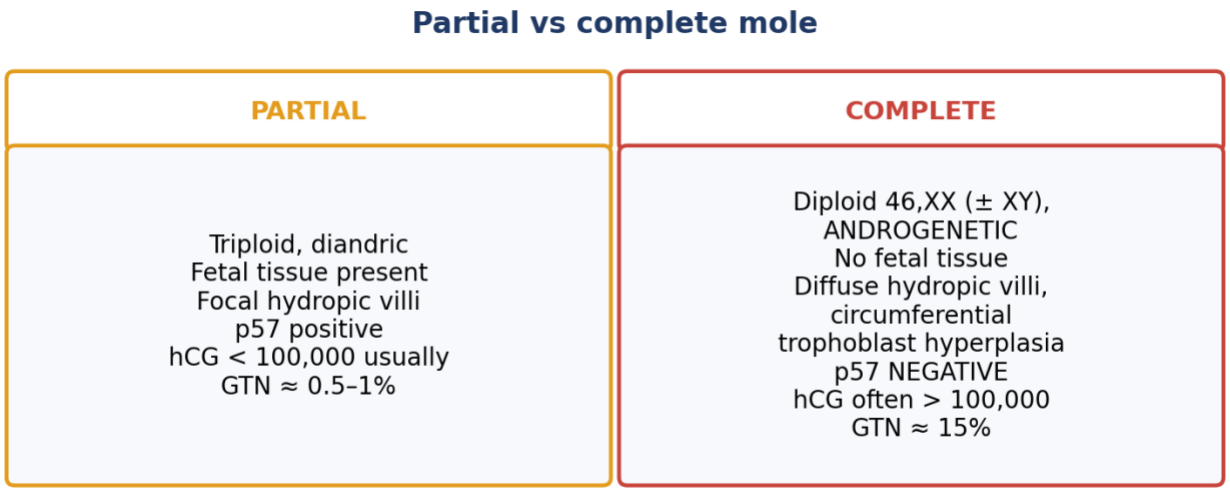


Figure 323.2 — Partial vs complete mole

- Diagnosis is often made only on histology of tissue from a 'missed' or 'incomplete' miscarriage.
- Ancillary tests: **p57** (positive — maternal genome), flow cytometry/ploidy (triploid), short tandem repeat genotyping (diandric, monogynic).
- Differential: **hydropic non-molar miscarriage** (diploid, no trophoblast hyperplasia) and **digynic triploidy** (extra maternal set — not molar, small placenta).

323.2 Management

Step	Details
Evacuation	• Suction evacuation (fetal parts may need medical management first) • Histology
Registration	UK GTD screening centre
hCG follow-up	Until normal, then one confirmatory sample 4 weeks later — follow-up ends if normal
Chemotherapy	Only if criteria for GTN met (rare — ≈ 0.5–1%)
Future pregnancy	• Recurrence ≈ 1–2% • HCG 6–8 weeks after each future pregnancy • Send placenta for histology

323.3 Must-know summary

■ EXAM TIP

- Triploid, diandric (one egg + two sperm); fetal tissue present; focal villous oedema.
- p57 positive (vs negative in complete mole).
- GTN risk ≈ 0.5–1%; short hCG follow-up (normal + 4 weeks).
- Differentiate from hydropic miscarriage and digynic triploidy.

■ MNEMONIC / MEMORY AID

'Partial = Plus a fetus, Paternal ×2, p57 Positive'.