PIPADOR REVISION

MRCOG Part 1 Revision Notes

Invasive Mole

PATHOLOGY • LECTURE 325

VISUAL EXAMINATION REVISION NOTES

2026 Edition

MRCOG PART 1 REVISION NOTES | PATHOLOGY

325 Invasive Mole

Pathology of invasive mole, GTD spectrum, indications for chemotherapy and treatment of low-risk GTN

Molar villi	Rarely biopsied	Methotrexate	≈ 100%
Invade myometrium	Diagnosis by hCG	Low-risk GTN	Cure rate (low risk)

■ KEY FACTS: Learning objectives

- Describe the pathology of invasive mole within the GTD spectrum.
- Describe the indications for chemotherapy after a molar pregnancy.
- Describe staging, scoring and treatment of low-risk GTN.

325.1 Pathology

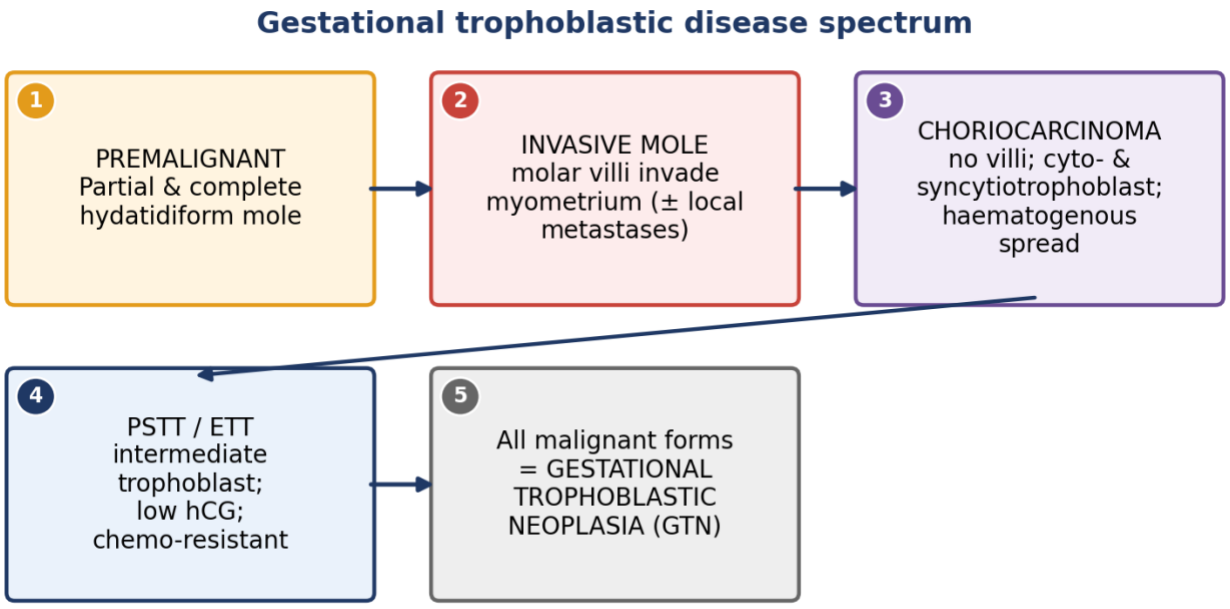


Figure 325.1 — Spectrum of gestational trophoblastic disease

- **Invasive mole** (chorioadenoma destruens): **molar villi with trophoblast invading the myometrium** and/or blood vessels
  - May spread locally (vagina, parametrium) or to lungs (villi embolise) — but unlike choriocarcinoma, **villi are present**.
- Usually follows a complete mole; presents as persistent bleeding, rising/plateauing hCG, uterine perforation or haemorrhage.
- Histology is rarely available (hysterectomy or perforation) — **GTN is diagnosed biochemically** (hCG) and imaging
  - Biopsy of vascular lesions is avoided (haemorrhage).

325.2 When to treat

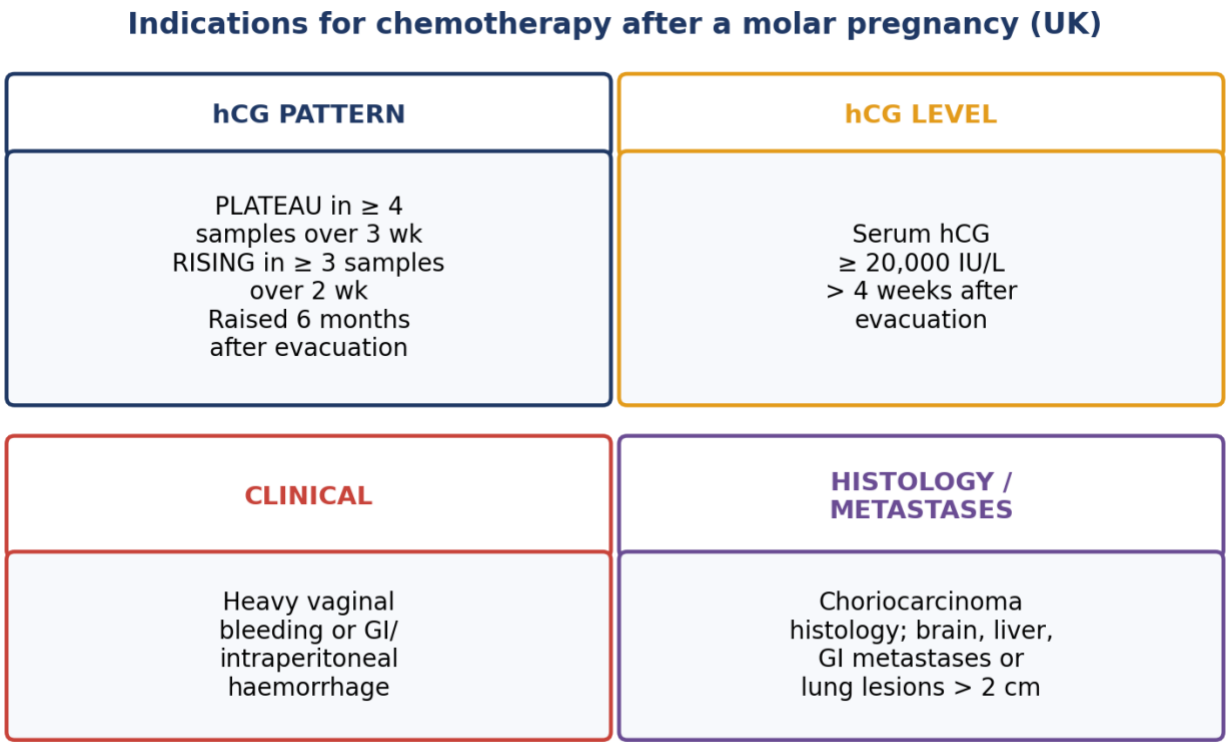


Figure 325.2 — Indications for chemotherapy (UK)

325.3 Staging and treatment

Step	Details
Assessment	Pelvic Doppler ultrasound, chest X-ray (CT if lesions), brain/abdominal imaging in high-risk
FIGO staging + prognostic score	• Stage I uterus, II genital tract, III lungs, IV other metastases • Score ≤ 6 low risk, ≥ 7 high risk (Lecture 326)
Low-risk treatment	• **Methotrexate + folinic acid** (8-day regimen, UK) • Switch to actinomycin D (or EMA-CO) if resistance • Continue 6 weeks after hCG normal
Follow-up	• HCG monitoring for years • Avoid pregnancy for 1 year after chemotherapy
Fertility	• Preserved in most • Slightly earlier menopause with combination chemotherapy

325.4 Must-know summary

■ **EXAM TIP**

- Invasive mole = molar villi invading myometrium (villi present — unlike choriocarcinoma).
- GTN diagnosed by hCG pattern (plateau ×4/3 wk, rise ×3/2 wk, ≥ 20,000 at 4 wk, persistent 6 months).
- Low-risk (score ≤ 6): methotrexate + folinic acid; cure ≈ 100%.
- Avoid biopsy; avoid pregnancy 1 year after chemotherapy.

■ **MNEMONIC / MEMORY AID**

hCG triggers — 'Plateau 4/3, Rise 3/2, 20k at 4 weeks, 6 months raised'.