PIPADOR REVISION

MRCOG Part 1 Revision Notes

Placental Site Trophoblastic Tumour

PATHOLOGY • LECTURE 328

VISUAL EXAMINATION REVISION NOTES

2026 Edition

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MRCOG PART 1 REVISION NOTES | PATHOLOGY

Placental Site Trophoblastic Tumour

Pathology of PSTT and ETT, presentation, investigation, treatment and prognosis

Rare	Low hCG	Chemo- resistant	> 48 months
≈ 0.2% of GTD	For tumour bulk; hPL positive	Hysterectomy is mainstay	Interval = poor prognosis

■ KEY FACTS: Learning objectives

- Describe the pathology of placental site trophoblastic tumour (PSTT) and epithelioid trophoblastic tumour (ETT).
- Describe presentation and investigation.
- Describe treatment and prognostic factors.

328.1 Pathology

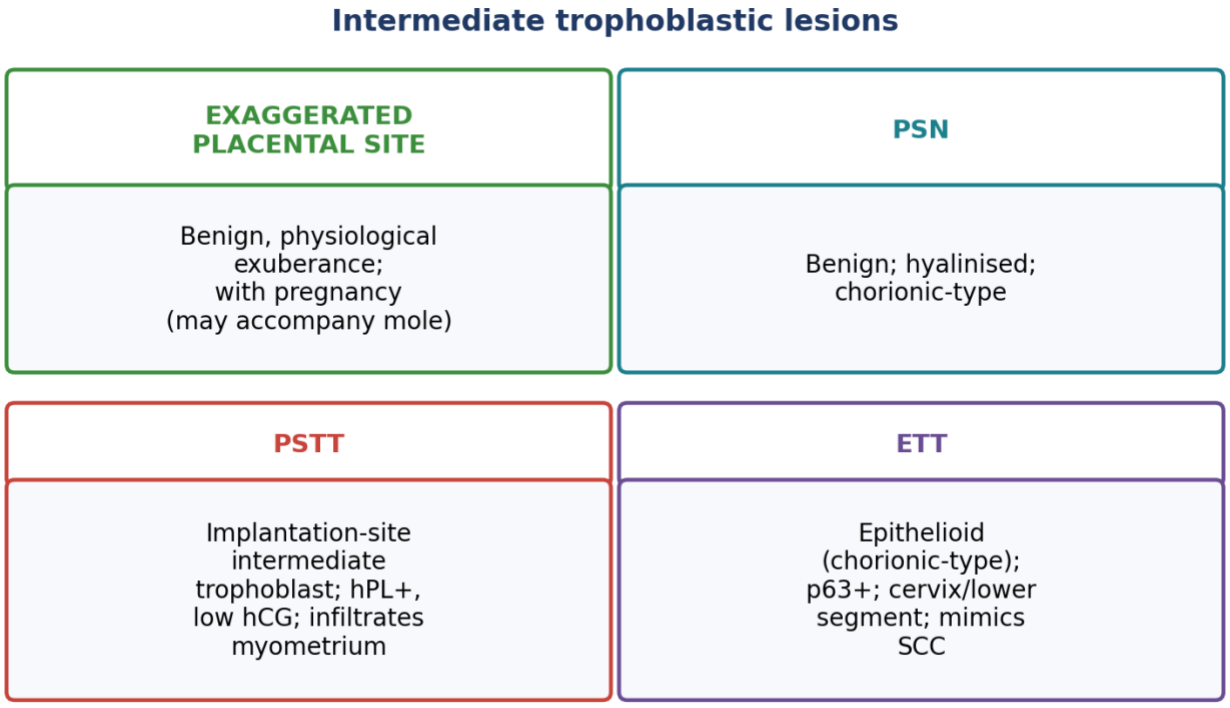


Figure 328.1 — Intermediate trophoblastic lesions

- PSTT arises from **implantation-site intermediate trophoblast**: sheets of mononuclear cells infiltrating myometrium between muscle fibres and replacing vessel walls, **without villi**
  - HPL and Mel-CAM (CD146) positive, hCG weak.
- **ETT** arises from chorionic-type intermediate trophoblast: nodular, often cervical/lower segment, p63+, mimics squamous carcinoma
  - Similar behaviour and treatment.
- Can follow any type of pregnancy, often a **term pregnancy**, months to years later.

328.2 Presentation and management

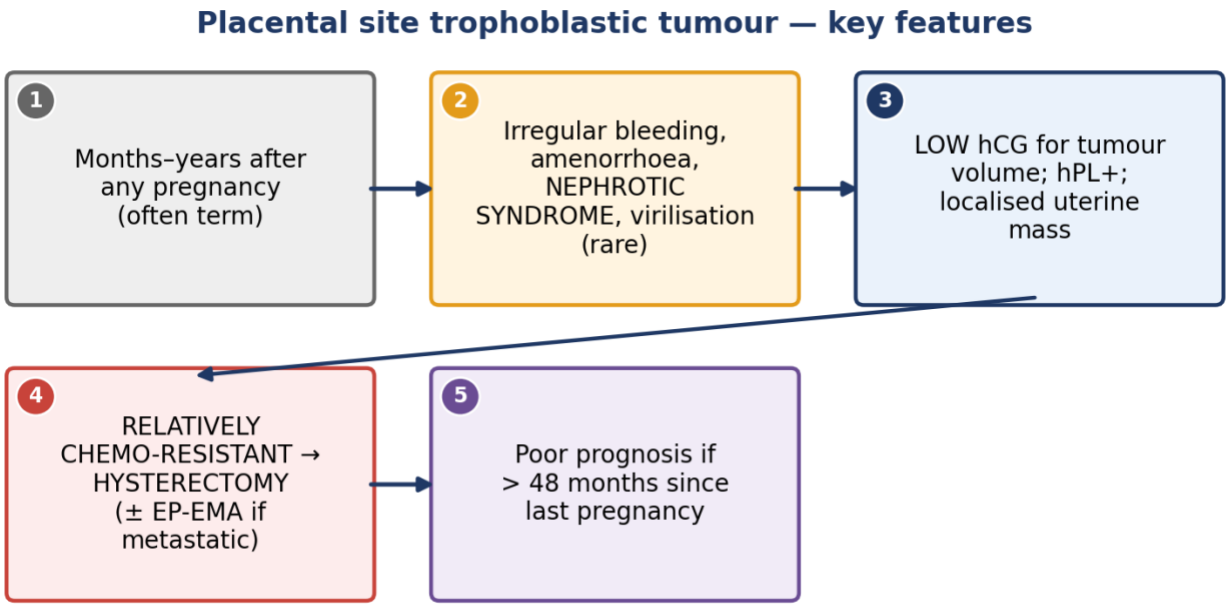


Figure 328.2 — Key features of PSTT

Topic	Details
Investigations	• HCG (and free β-hCG proportion high), pelvic MRI/Doppler USS, CT chest/abdomen, brain imaging • Histology essential
Localised disease	Hysterectomy (ovaries may be conserved) ± pelvic node sampling
Metastatic / high-risk	• Combination chemotherapy (EP-EMA) ± surgery • Checkpoint inhibitors under evaluation
Prognosis	• Good if localised and < 48 months since last pregnancy • Poor if > 48 months or metastatic

328.3 Must-know summary

■ EXAM TIP

- PSTT: implantation-site intermediate trophoblast, no villi, hPL+, low hCG.
- Often after term pregnancy; may cause nephrotic syndrome.
- Relatively chemo-resistant → hysterectomy; EP-EMA for metastatic.
- Interval > 48 months = poor prognosis; ETT is a related p63+ variant.

■ MNEMONIC / MEMORY AID

PSTT — 'Persistent, Slow, Totally (relatively) chemo-resistant, hPL Tells'.