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## Gestational trophoblastic disease

Gestational trophoblastic disease (GTD) is a group of pregnancy-related conditions that develop inside a woman's uterus (womb). The abnormal cells start in the tissue that would normally become the placenta. The placenta is the organ that develops during pregnancy to feed the fetus.

In most cases, only placental tissue forms with gestational trophoblastic disease. In rare circumstances, a fetus may also form.

There are several types of GTD:

**Hydatidiform mole** -- This is the most common type of GTD. It is also called a molar pregnancy. It occurs when the fertilized egg develops into a mass or growth of tissues rather than a healthy pregnancy. Most hydatidiform moles are benign but some may cause complications. Rarely they develop into cancer. The condition is usually treated with a minor surgical procedure. Your health care provider will monitor you to make sure the condition does not return.

**Invasive mole** -- This is a rare but more severe form of GTD. The abnormal tissues can grow into the muscle wall of the uterus and spread to other parts of the body. It is often treated with a minor surgery followed by chemotherapy. In older women a hysterectomy may be done.

**Choriocarcinoma** -- This is a rare but aggressive cancer that develops from the cells of the placenta. It can also spread to other parts of the body. If diagnosed early, it is often treated with chemotherapy.

**Placental site trophoblastic tumor** -- This is a rare form of GTD that can occur after a normal pregnancy or delivery. It develops from the cells that attach the placenta to the uterus. The usual treatment is minor surgery followed by chemotherapy. If the disease is more advanced, more aggressive treatment may be needed.

**Epithelioid trophoblastic tumor** -- This is a rare type of tumor that may be benign or cancerous. Malignant tumors may spread to the lungs.

## Symptoms

Symptoms of GTD can include vaginal bleeding, abnormally high levels of certain hormones, such as hCG, and a rapidly enlarging uterus.

## Treatment

Most cases of GTD respond well to chemotherapy. The key to successful outcomes is careful monitoring after treatment to detect any recurrent disease.

## Outlook (Prognosis)

The prognosis for GTD is generally good, with a 90% cure rate for most types of the disease with proper treatment. However, it is important to detect and treat GTD early, because it becomes more difficult to treat if it spreads to other organs.

## References

Goldstein DP, Berkowitz RS, Horowitz NS. Gestational trophoblastic disease. In: Niederhuber JE, Armitage JO, Kastan MB, Doroshow JH, Tepper JE, eds. *Abeloff's Clinical Oncology*. 6th ed. Philadelphia, PA: Elsevier; 2020:chap 87.

National Cancer Institute website. Gestational trophoblastic disease treatment (pdq) – patient version. [www.cancer.gov/types/gestational-trophoblastic/patient/gtd-treatment-pdq](https://www.cancer.gov/types/gestational-trophoblastic/patient/gtd-treatment-pdq) [https://www.cancer.gov/types/gestational-trophoblastic/patient/gtd-treatment-pdq]  
. Updated February 25, 2022. Accessed September 30, 2024.

Nica A, Bouchard-Fortier G, Covens A. Gestational trophoblastic disease: hydatidiform mole, nonmetastatic and metastatic gestational trophoblastic tumor: diagnosis and management. In: Gershenson DM, Lentz GM, Valea FA, Lobo RA, eds. *Comprehensive Gynecology*. 8th ed. Philadelphia, PA: Elsevier; 2022:chap 34.

Salani R, Bixel K, Copeland LJ. Malignant diseases and pregnancy. In: Landon MB, Galan HL, Jauniaux ERM, et al, eds. *Gabbe's Obstetrics: Normal and Problem Pregnancies*. 8th ed. Philadelphia, PA: Elsevier; 2021:chap 55.

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Updated by: John D. Jacobson, MD, Professor Emeritus, Department of Obstetrics and Gynecology, Loma Linda University School of Medicine, Loma Linda, CA. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

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