Proposal of guidelines for diagnosis, treatment and follow-up of hydatidiform mole and invasive mole in Cambodia

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Treatment and follow-up of hydatidiform mole in provinces

MVA is performed after admission
After MVA, evacuated tissues should be observed carefully. When the short diameter of cystic villi is over 2mm, the patient should be diagnosed as hydatifirom mole.
4th day : US perform → when remnant is found, 2nd MVA is performed.
5th day : US perform→ normal → discharge
→ abnormal → refer to central hospital (NMCHC)

2nd week: US → when remnant is found, → refer to central hospital (NMCHC)

4th week: pregnancy test
6th week: pregnancy test
8th week: pregnancy test
10th week: pregnancy test
12th week: pregnancy test

When the result is negative in two consecutive tests,
→ the next visit is at 6th month
When the result is positive at 12th week
→ refer to central hospital (NMCHC)

6th month: pregnancy test → (-) → permit the next pregnancy and finish follow-up
→ (+) → refer to central hospital (NMCHC)

- Whenever patients have abnormal bleeding, they should be referred to central hospitals.
- During follow-up, oral pills for contraception are prescribed and confirmed to take correctly.

Treatment and follow-up of hydatidiform mole in central hospitals

MVA is performed after admission, β-hCG level should be checked before MVA.
After MVA, evacuated tissues should be observed carefully. When the short diameter of cystic villi is over 2mm, the patient should be diagnosed as hydatifirom mole. Pathological exam is recommended if available.
4th day : US perform → when remnant is found, 2nd MVA is performed.
5th day : US perform→ normal → discharge
→ abnormal → refer to central hospital (NMCHC)

2nd week: β-hCG level, US
Oral pills for contraception are prescribed and confirmed to take correctly (until 6th month).
β-hCG level is checked every 2 weeks until β-hCG <5 IU/L

When β-hCG is stable or increased 3 consecutive tests before < 5IU/L,
→ US and chest X-P should be performed.
→ The patient is diagnosed as 'clinical invasive mole.'

After β-hCG <5IU/L, β-hCG level is checked every month until 6th month.

6th month: β-hCG <5IU/L → permit the next pregnancy

After 6th month, β-hCG level is checked every 2 months until 12th month.

Treatment of clinical invasive mole at central hospitals

Diagnosis

1. When β-hCG is increased or stable (not decreased) 3 times after evacuation of hydatidiform mole, the patient is diagnosed as 'clinical invasive mole'.
2. Abdominal or vaginal US for uterine lesion and X-P for lung metastasis should be performed.
3. When diagnosis is made by pathological examination after hysterectomy, diagnosis should be 'invasive mole'.

Treatment

1. MTX-FA for 8 days (interval 10 days) is given at inpatient ward or at OPD.
2. Hysterectomy can be performed when the uterus has tumor and patients do not need babies any more.
3. During chemotherapy, β-hCG should be checked at least once a course (before starting each course). When β-hCG is stable or increases in 2 consecutive courses, the regimen should be changed.
4. When MTX-FA is not effective, actinomycin-D is the 2nd regimen and etoposide is the 3rd regimen.
5. Chemotherapy should be given until β-hCG is <5IU/L and then 2 additional courses of chemotherapy is necessary.
6. After chemotherapy is finished, β-hCG should be checked every month for 12 months. Oral pills are prescribed and confirmed to take correctly. Permission of the next pregnant is given 12 months after chemotherapy.

Regimens for invasive mole

MTX-Folinic acid				
Day 1, 3, 5, 7	MTX	1.0 mg/kg	i.m.	Every 2 weeks
Day 2, 4, 6, 8	FA	0.1 mg/kg	i.m.	

Actinomycin D (ACTD)				
Day 1-5	ACTD	10 μg/kg (0.5 mg/body)	i.v.	Every 2 weeks

Etoposide (ETP)				
Day 1-5	ETP	60 mg/m^2 (100 mg/body)	div.	Every 2 weeks

Notes

1. When beta-hCG > 100,000 IU/L, and/or age ≥40 years, hysterectomy after MVA is an option to reduce the incidence of invasive mole. However, the incidence of invasive mole cannot be zero after hysterectomy, and the patients should be followed using pregnancy test or β-hCG.
2. The duration of follow-up after HM treatment is the same for both patients who are diagnosed as complete hydatidiform mole and partial hydatidiform mole.
3. Most doctors in 3 provinces answered that they referred patients to KSF Hospitals when HM patients had some problems. However, NMCHC has better system for accepting HM patients from provinces and for keeping patient records.
4. MTX-FA can be given to patients after admission or without admission (visit OPD every day for injection).