Not menopause after all: Complete hydatidiform mole presenting in a 50 year-old woman

Kari Flicker, MD, Mark Wolf, MD
St. Francis Hospital Department of OB/GYN
Stamford Health

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Background

Approximately 0.08 to 0.17% of pregnancies are molar pregnancies, which are categorized as complete or partial. We present a case of complete molar pregnancy in a 50 year old woman.

Case Presentation

50 y/o G11P8028 at 8.6 wga per LMP presented for first trimester spotting in the setting of PUL and recent positive home pregnancy test. Pt initially believed that she was going through menopause and therefore delayed taking a pregnancy test. hCG was trended and increased to 187,818. Pelvic ultrasound showed distended uterine cavity with tissue characterized by mixed echogenicity and cystic spaces. CTAP negative. She was seen by gynecologic oncology and subsequently underwent robot-assisted TLH/BSO/cystoscopy with pathology findings significant for complete hydatidiform mole. She was subsequently monitored with a weekly hCG until levels became negative for three consecutive weeks. hCG levels will continue to be monitored monthly for 6 subsequent months. She remains clinically well.

Discussion

Risk factors for molar pregnancy include prior molar pregnancy, history of miscarriage and/or infertility, and extremes of age (> 40y/o or < 15 y/o). Molar pregnancy is seen in 1 in 423 pregnancies in patients 40 and above and in 1 in 8 pregnancies in patients 50 and above. Risk of subsequent GTN also significantly increases with age. With a complete molar pregnancy, there is a 30-60% risk of GTN at 40+ years of age and a 53-56% risk of GTN at 50 years of age. Molar pregnancy can present as abnormal uterine bleeding (AUB), something that is commonly evaluated with biopsy in at-risk populations, however there is significant hemorrhage risk associated with biopsy of a molar pregnancy.

Images

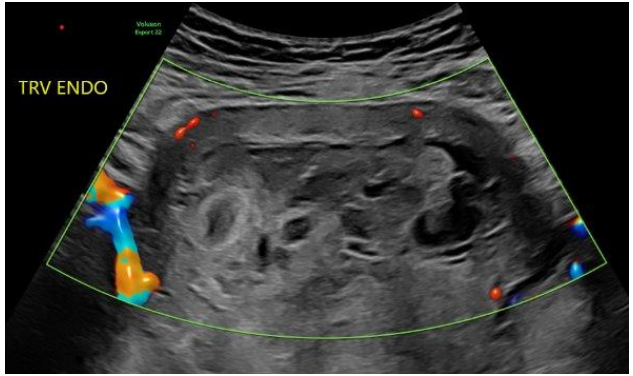


Figure 1. Transvaginal ultrasound findings.

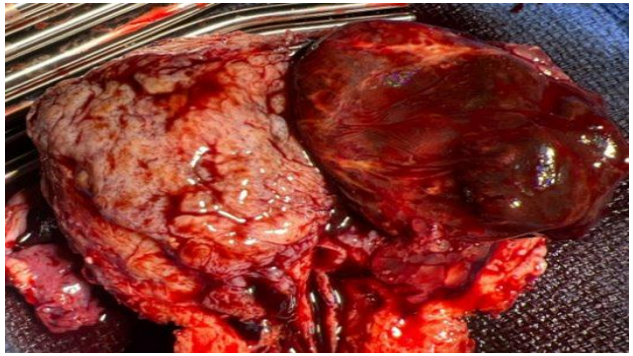


Figure 2. Gross uterine specimen of complete mole.

Discussion (Continued)

Conclusion

Pregnancy must be ruled out at all ages. Abnormal uterine bleeding in older populations should not be worked up with embx or D&C until pregnancy is ruled out given relative high risk of molar pregnancy and subsequent risk of hemorrhage with biopsy in affected populations. Moles require close monitoring due to risk of GTN which is increased in postmenopausal populations.

References

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