Diagnostic aspects of hydatidiform mole with persistence of polymorphic trophoblastic hyperplasia.

SUMMARY: The persistence of polymorphic trophoblastic hyperplasia in a hydatidiform mole is an extremely rare condition. Its early recognition is essential since such cases can transform into invasive types of tumors. MATERIALS AND METHODS: The biopsies were routinely processed in paraffin, embedded and stained with HE. Immunohistochemical staining reactions were performed with the following monoclonal antibodies for hydatidiform mole: beta-hCG, HPL, MIB1, CK18, HER-2/neu, p53 and carbohydrate antibodies, Thomsen-Friedenreich antigen, Glycodelin A, Muc1 and Muc1-cor.

RESULTS: Large villi and hydatidiform villi with wide-ranged syncyctio- and cytotrophoblasts were seen. Intervillous proliferating trophoblasts showed cell- and nuclear polymorphy with a wall invasion of the myometrium. The immunohistochemistry exhibited strong positivity for the membrane-associated HER-2/neu and for the beta-hCG in syncytiotrophoblast and in multinuclear giant cells of intervillus trophoblasts. A weakly positive reaction with hPL was seen in most cells of the trophoblasts. The rest of the immunohistochemistry served as a diagnostic support. CONCLUSION: A complete hydatidiform mole with hyperplasia and proliferation of polymorphic trophoblasts presents a high risk of developing a persistent...
(eventually metastatic) trophoblastic disorder and, in up to 15% of the cases, an invasive mole. In 2.5% of the cases it can transform into a choriocarcinoma.