

Letter to Editor

Management of Molar Pregnancy During COVID-19 Pandemic

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Dear Editor-in-chief

Molar pregnancy is a group of diseases called gestational trophoblastic disease (GTD) that originates in the placenta and has the potential to invade the uterus and metastasize locally^{1, 2}. During the past months, the novel coronavirus disease 2019 (COVID-19) has been responsible for the worldwide pandemic³. Patients usually go to the hospital only if they need high emergency aid or have a high-risk condition in this quarantine situation. Hence, this situation can impact diagnosing and managing benign and malignant molar pregnancy, and the diagnosis might be delayed.

We should consider molar pregnancy as an emergent situation, and therefore, after the diagnosis of this disease, the suction curettage should be done in complete and partial types. Besides, according to the national comprehensive cancer network (NCCN) guidelines⁴, ultrasonography is optional during suction curettage. Still, in this pandemic situation, we believe that the usage of ultrasonography is better to be included as a routine process of curettage to ensure that the cavity is empty. This strategy is valuable during follow-up, especially when the hCG level plateaus to reduce the necessity of second suction curettage due to retention of molar pregnancy. In the follow-up, if the hCG level is decreased, we can check it every two weeks instead of weekly to reduce the

possible transmission of COVID-19. Moreover, the hCG level of patients could be evaluated in a laboratory near their homes. They can call their health care provider instead of coming to the center only to show the hCG report. To treat gestational trophoblastic neoplasia (GTN), we should check the patient for COVID-19 infection by Reverse transcription-polymerase chain reaction (RT-PCR) test before beginning the chemotherapy. If the result is positive, it is better to postpone the chemotherapy due to the patient's neutropenia and immunosuppression condition that could lead to more severe illness than the general population. If the COVID-19 is negative, it is better to start chemotherapy as soon as possible with a drug that could be administered as an outpatient with a reasonable success rate and minimum dose.

In both non-metastatic and low-risk metastatic GTN, we considered using actinomycin D (Act-D), which was given biweekly as a 1.25 mg/m² (maximum dose of 2mg/m²) intravenous (IV) pulse regimen, and the patient could be discharged on the same day. Methotrexate (MTX) 0.4mg/kg/day IV or intramuscular (IM) or 1mg/kg IM every other day had been given for 5 to 8 days, respectively, and the patient should be admitted. Berkowitz et al. reported 62 patients with low-risk gestational trophoblastic disease. They revealed that similar success rates between MTX and Act-D and the frequency of adverse effects were similar between the two agents⁵. We use multi-agent

chemotherapy in high-risk GTN patients.

During the new COVID-19 pandemic, it is suitable to select one protocol to manage patients with GTD with minimal contact with health care workers and an adequate success rate.

Keywords: Coronavirus, Molar Pregnancy, Management, Covid-19

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