Hydatidiform mole (HM) represents the benign spectrum of gestational trophoblastic disease (GTD), an abnormal pregnancy characterized by aberrant fertilization of the oocyte. The treatment of HM is uterine evacuation, usually done through electric vacuum aspiration (EVA). However, numerous conditions—including legal, religious, and economic—prevent several countries from having access to the devices used to perform EVA. In Brazil the vast majority of GTD Reference Centers do not have EVA, so more than 70% of HMs are treated with manual vacuum aspiration (MVA). The aim of this video article is to present a representative case where MVA is used for evacuation of HM (Video 1).

After approval by the Rio de Janeiro Federal University Institutional Review Board in February 2021 (number: 4.555.188) and obtaining written informed consent from the patient, we describe a case of a patient at 12 weeks gestation who was referred to our institution due to bleeding, uterus larger than gestational age, human chorionic gonadotropin of 178,678 IU/L, and ultrasonography suggesting HM. She underwent uterine MVA for the treatment of a molar pregnancy.

In the video we show the MVA technique for the treatment of HM, as well as strategies to make the surgery safer and more effective (see also online supplemental tables 1 and 2). There are two important tips for performing molar MVA: the first is to have two aspiration syringes, which makes the procedure more efficient, and the second is to perform cervical dilation with the plastic cannulas themselves, minimizing the risk of perforation. Ultrasonography guidance during the procedure assists in monitoring uterine evacuation, avoiding uterine perforation, and helping to ensure complete evacuation.
evacuation. When the contents of the syringe become pink and bullous, it is a sign that the uterine cavity is empty. A gentle uterine sharp curettage after molar evacuation is important to remove any adherent trophoblastic tissue remnants.

Twitter Antonio Braga @BragaDTG

Contributors AB: Surgeon, development of paper, review of the literature. LP: Surgeon, development of paper, review of the literature. JR-F: Ultrasonographer, development and review of paper. KE, NH, RB: Development and review of paper. All authors approved the final version.

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ORCID ID
Antonio Braga http://orcid.org/0000-0002-2942-6182

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