Welcome to the July-August 2012 Editor-in-Chief’s page. This is our second issue devoted to the proceedings of the XVIth World Congress on Gestational Trophoblastic Diseases. This meeting brings together experts in the basic sciences with those involved in the clinical management of gestational trophoblastic diseases (GTDs) from international centers on four continents. In distinction with most of the editorial notes, I would like to direct readers to several of the monographs of particular interest.

In This Issue:

- Embolization of Uterine Arteriovenous Malformations in Patients with Gestational Trophoblastic Tumors: A Review of Patients at Charing Cross Hospital, 2000–2009
  S. McGrath, V. Harding, A. K. P. Lim, N. Burfitt, M. J. Seckl and P. Savage

A recognized and possibly life-threatening complication of gestational trophoblastic tumors is the occurrence of major hemorrhage from consequent arteriovenous malformations. While this is a rare complication, it involves patients of reproductive age who may wish to conserve fertility. Interventional radiology has been called upon more frequently to assist management by the use of uterine artery embolization (UAE). The authors present a series of cases that is relatively large in contrast to the rarity of this condition. The good news is that nearly all patients responded to UAE and that, of those successfully
treated, approximately half achieved successful pregnancies subsequently.

**Brain Metastasis in Gestational Trophoblastic Neoplasia: An Update**
N. L. Neubauer, N. Latif, K. Kalakota, M. Marymont, W. Small, Jr., J. C. Schink and L. R. Lurain

Cerebral metastases from gestational trophoblastic neoplasia (GTN) were once considered to be rare but potentially fatal indicators of the disease. This study from a major world center for GTN research suggests that this picture has changed for the better, due largely to significant improvements in therapy combining whole brain irradiation and chemotherapy.

**Complicating Preeclampsia as a Predictor of Poor Survival of the Fetus in Complete Hydatidiform Mole Coexistent with Twin Fetus**
M. Kihara, H. Utsui, H. Tanaka, H. Inoue, H. Matsui and M. Shozu

With the increased use of ultrasound screening in obstetrics, an infrequent complication of pregnancy, complete hydatidiform mole with twin fetus, is being diagnosed more often and at early gestational ages. This entity raises a number of management questions, including the role of expectant care, the likelihood of fetal survival, and the subsequent appearance of GTN. This is a relatively sizeable series for this extremely rare condition and suggests some clues for how best to approach postdiagnosis management. In essence, the occurrence of preeclampsia is a poor prognostic sign for fetal survival but occurs in fewer than half of such cases in this series. Given the postpartum occurrence of low-risk GTN in most cases, irrespective of the occurrence of preeclampsia, expectant management may be appropriate in selected cases when preeclampsia is absent in the mid-trimester.

**Initial Presenting Features in Gestational Trophoblastic Neoplasia: Does a Decade Make a Difference?**
S. Killick, J. Cook, S. Gillett, L. Ellis, J. Tidy and B. W. Hancock

The increasing use of ultrasound also appears to be helpful in the diagnosis, management and prognosis of GTN. In summary, these investigators noted, over a 10-year period, significantly early gestational age at diagnosis, fewer initial and repeated evacuations required and a trend toward increased chemotherapy for GTN. These results are generally quite encouraging and may stimulate the increased use of early ultrasound study upon pregnancy registration, particularly in at-risk patients.