

Hydatidiform (Molar) Pregnancy In Saudi Arabia

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Gestational trophoblastic disease is a spectrum, can be premalignant at one end and has malignant pictures on the other end. Hydatiform mole (H.Mole) is a premalignant condition divided into a complete and partial mole. Malignant conditions are Invasive mole, choriocarcinoma, placental site trophoblastic neoplasia¹.In 400 BC Hippocrates described it as dropsy of the uterus. GTD is a unique disease where the tumour arises from pregnancy tissue rather than maternal origin ²

Objective: To determine the prevalence of molar pregnancy in a King Fahad Medical City (KFMC) and find out the characteristics of patients, complications related to the treatment, average time for normalization of bhcg and the rate of development of Gestational trophoblastic neoplasia (GTN).

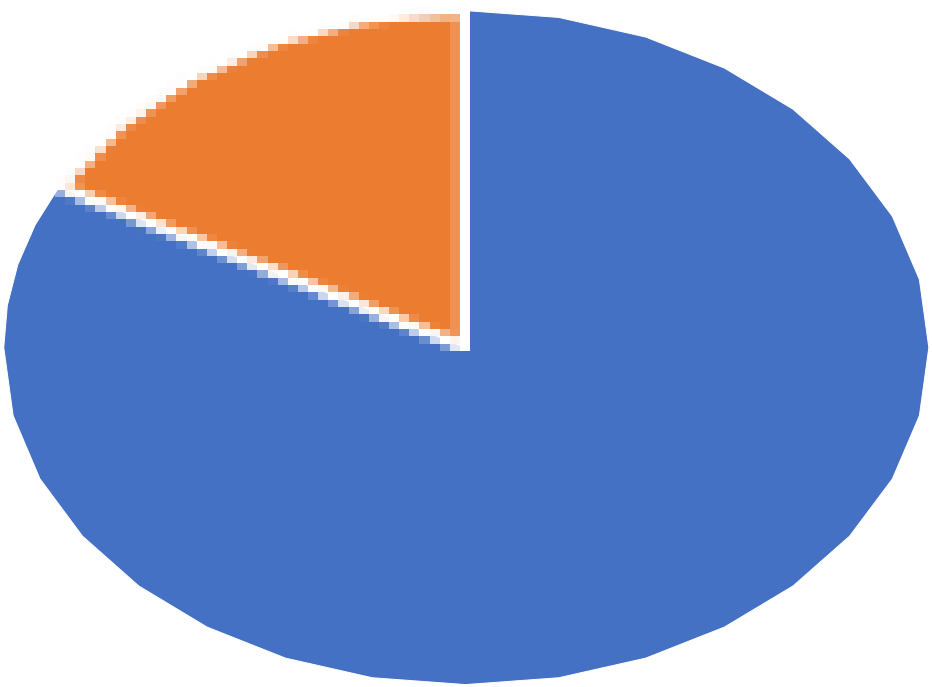
Methods: The study was started after approval by Institutional review board. Our study was done as a retrospective; data was taken from Gynae oncology database over a period of five years from 2011-2015. All the cases were reviewed in detail with the help of Electronic medical records (CORTEX) which include age, BMI, Obstetric history, blood group and bhcg levels at presentation, blood loss, operative complications. Follow up charts were reviewed to determine if any patient developed GTN and the chemotherapeutic agent received. Data was recorded on excel sheet and analysed with the help of statistician using SPSS.

Conclusion: There was high rate of H. mole(49 molar pregnancies over 10,000 deliveries)seen in our centre due to the fact that KFMC is a tertiary hospital were all complicated cases are referred. Older women (from 30years old and above) have higher risk to develop H. mole especially grand-multipara. It was clear that early ultrasound during first trimester helped in early diagnosis. In our study we didn’t see strong relation between previous history of H. mole and recurrence. The time it took for hCG to be negative between 4-29 weeks. Most patients didn’t lose more than 500 mL of blood during the procedure and only 17% needed further management with chemotherapy

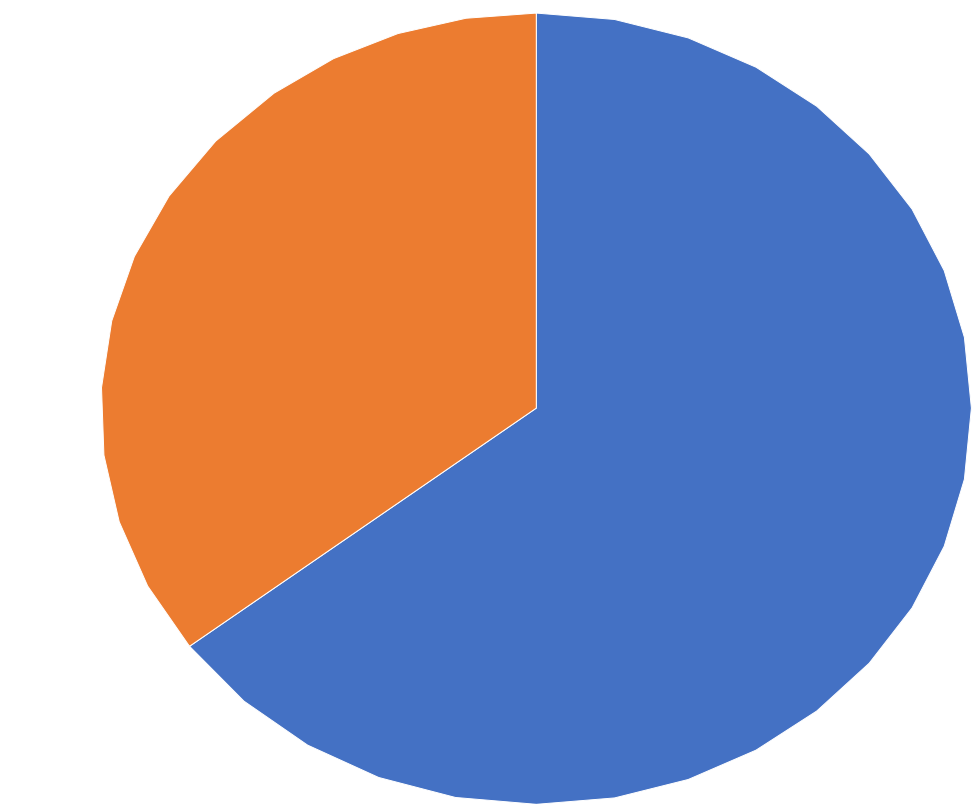
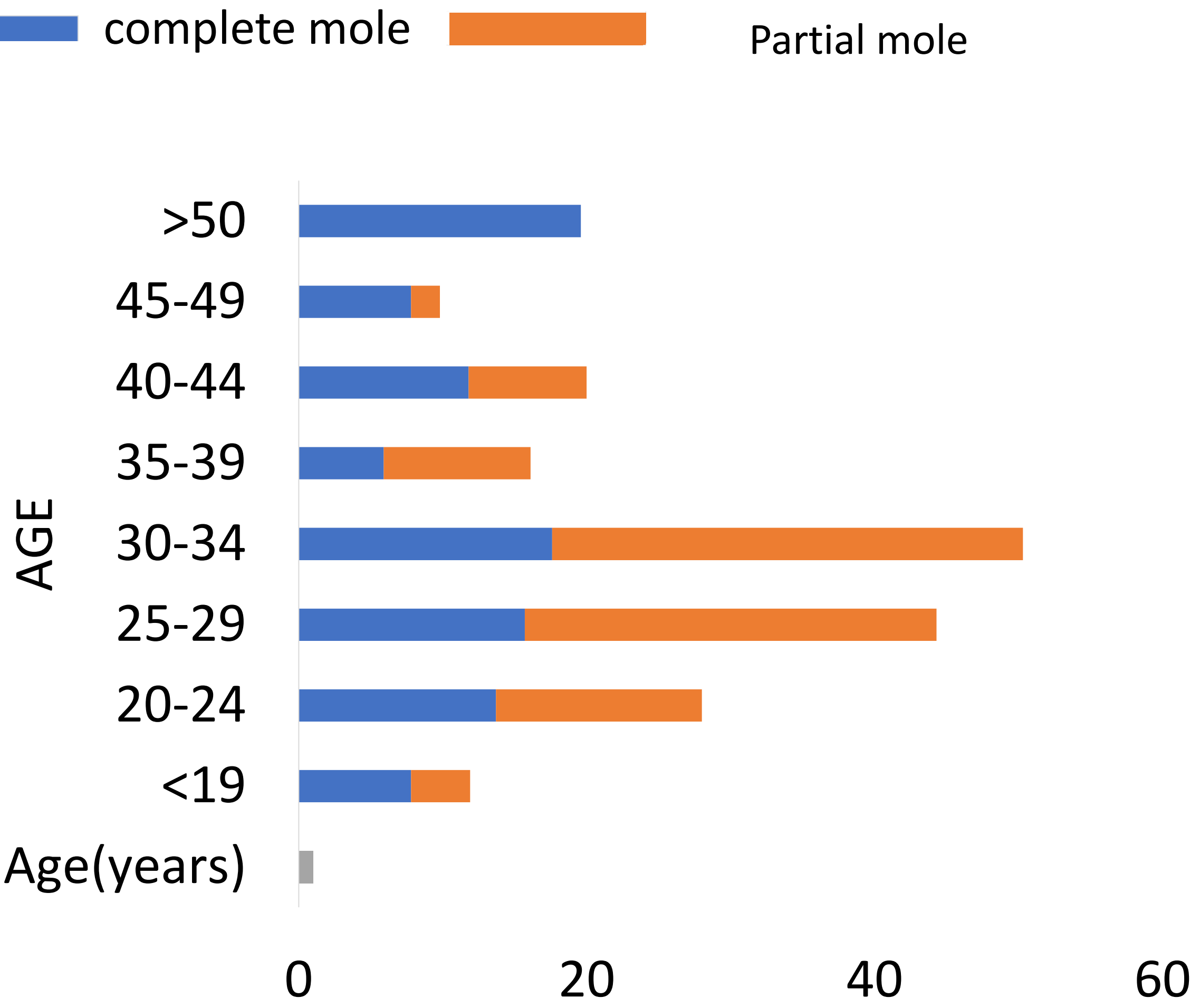
Results

Mean age, BMI of the patients with H. mole and gestational age, and hCG level at time of diagnosis	
	Mean ± SD
Age of patient (yr)	32.3 ± 9.7
Weight (Kg)	69.88 ± 14.79
Height (cm)	156 ± 5.95
BMI (Kg/m ²)	28.78 ± 6.3
Gestational age at time of diagnosis (weeks)	11.9 ± 4
Bhcg level at initial presentation (iu/L)	245817.9 ± 295207.8
Time taken for hCG to be negative (days)	117.9 ± 88.2

SD: standard deviation



■ Normalization of bhcg
■ Persistent trophoblastic disease



Chemotherapy regimen for GTN
■ Single Agent
■ Multi Agent

References

1.Petrich S, Vaughan M. Gestational trophoblastic disease. New Zealand Gynecologic Cancer Group Guidelines; 2014
2.Berkowitz RS, Goldstein DP. Current advances in the management of gestational trophoblastic disease. Gynecol Oncol 2013; 128:3

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