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Gestational trophoblastic diseases

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Objective

The first description of gestational trophoblastic disease (GTD) is dated back to the 4th century BCE when Hipocrat described the hydatidiform mole (HM) as the water disease of the uterus. He ascribed its occurrence to unhealthy water. In the 6th century Aetius from Amid was the first to use the term hydatid. Under the classification of the World Health Organization, GTD includes a broad spectrum of malignant tumours and premalignant conditions which precede them. They are divided into: benign GTD spartial hydatidiform mole – a GTD with an occurrence of full or partial transformation of placental villi and abnormal growth of the trophoblasts which swell and become cystic. The characteristic appearance of the placenta, with its many grape-like bubbles, also gave this change the name grape mole. Complete hydatidiform mole – is the consequence of abnormal fertilization, where only the sperm contributes to the genetic content of the zygote, which is why the embryo isn't formed, but rather there is abnormal swelling of the trophoblast around the affected placental villi. .

Methods

We analyzed our pathohistological diagnoses to see the number of trophoblastic diseases in the period 1/1/2018 to 12/31/2022.

Results

In the analyzed period, we found a total of 458 pregnant women of which 446 had a partial molle, 6 with a complete molle, 4 with an invasive molle and 2 with choriocarcinoma.

Conclusion

Women who become pregnant during follow-up for gestational trophoblastic disease or gestational trophoblastic neoplasia should be referred to gynecologic oncology and maternal-fetal medicine for evaluation and treatment. Care of patients with gestational trophoblastic disease should be managed in specialized centers and their data recorded in centralized (regional and/or national) registries, where possible.