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EARLY CLINICAL MANIFESTATIONS OF THE DEVELOPMENT OF TROPHOBLASTIC DISEASE IN WOMEN WITH NON-DEVELOPING PREGNANCY

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Trophoblastic disease is typical only for pregnant women of reproductive age and occurs in 0.1-0.25% of all pregnancies. Most often among this pathology, cystic drift is diagnosed. According to WHO (2011), on average, there is one hydatidiform mole per 1,000 births, and approximately 2 out of 100,000 women develop choriocarcinoma following childbirth and in the same proportion after abortion .

Purpose of the study : to evaluate the clinical characteristics of hydatidiform mole in women of reproductive age.

Materials and methods of research : the study was conducted among 53 women of reproductive age who were treated at the Xorezm branch of the Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology. The diagnosis of hydatidiform mole was established morphologically. The studies included general clinical and gynecological studies, laboratory studies.

Depending on the morphological data, the patients were divided into the following groups: group I - a simple form of mole - 35 patients (67.2%), group II - patients with a proliferating form of mole - 14 patients (26.6%), group III - invasive mole - 4 patients (6.2%). The age of women ranged from 21 to 43 years (average 31.0 ± 0.6 years). In group I, women aged 21-40 years significantly predominated, women with proliferating hydatidiform mole were aged 31-40 years.

Results of the study : a simple hydatidiform mole most often developed after a spontaneous miscarriage (42.8%), with a missed pregnancy (16.2%), against the background of the first pregnancy (37.8%), after an ectopic pregnancy (1.8%). The proliferating form of mole developed after spontaneous miscarriage in 41.6% of cases, miscarriage - in 35% of cases, childbirth - 8.6%, after ectopic pregnancy - 8.4%, against the background of the first pregnancy - 37.8%. Vesicular drift most often occurred in women with I (44.3%) and II blood groups (32%).

An analysis of complaints showed that mostly women were worried about bloody discharge from the genital tract (75.4% of cases), pain in the lower abdomen and toxicosis (19.2%), a discrepancy between the size of the uterus and gestational age occurred in 49.1% of cases.

With hydatidiform drift, the level of hCG exceeded the normative values from 3 to 10 times with a gestational period of more than 8 weeks.

Ultrasound examination of the uterus with complete mole in 37.8% of cases revealed its elements in the form of a homogeneous fine-mesh mass and the absence of a fetus, as well as the presence of luteal ovarian cysts. With partial hydatidiform mole , the deformed elements of the fetus (embryo), membranes, placenta, amniotic cavity were visualized on sonograms ;

Conclusion : Women over the age 30 and with blood groups I and II were significantly more likely to have a high risk of developing hydatidiform mole. One of the diagnostic criteria may be the absence of a decrease in the level of hCG in the blood serum after 8 weeks of pregnancy.