Evaluation of Clinical Symptoms of Molar Pregnancies in Mothers Referring to Martyr Yahyanejad Hospital and Al-Zahra Medical Center in Babul City

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Abstract: Introduction: Hydatid mole or molar pregnancy is rare benign disease caused by abnormal development of the placenta cells. Hydatid mole frequency in America and Europe is estimated about 1 in every thousand pregnancies which is seven times in Asia. Division of moles to various types of complete and incomplete moles is done based on physical characteristics and properties of tissues and karyotype. One of the Hydatid mole effects is choriocarcinoma which is a rare but deadly cancer of the placenta which happens in 50% of cases followed by mole. Given the importance of this issue, we decided to examine the frequency of risk factors and clinical course of patients with Hydatid mole. Methods: This study is a retrospective descriptive study using data obtained from pregnant women admitted to hospital martyr Yahyanejad in 1996-2000 and Al-Zahra center in 2004-2007 in Rasht. Data were extracted from the patients' medical records and recorded in questionnaire. Then the analysis was performed by the software. Results: According to annual data, roughly about 13 molar pregnancies were diagnosed among which 63% had a mean age of 24 years, 77% of nulliparous, 11% abortions, and 3% had a history of molar pregnancy. The most common was vaginal bleeding of 85%, followed by uterine size compared to gestational age 3.62%, severe vomiting% 3.22, hyperthyroidism 4.15 respectively. The highest incidence of moles was found in maternal blood group O+ 5.83% . Conclusion: molar pregnancy is one of the complications of the first trimester of pregnancy. In order to check for early diagnosis of molar pregnancy, scheduled prenatal care including clinical symptoms and routine ultrasound in the first trimester to detect molar pregnancy and regular follow-up after the evacuation of the uterus to prevent maternal complications can be helpful in the early diagnosis, treatment and reduction of gestational trophoblastic tumors.

Keywords: Hydatid Mole, Clinical, Trophoblastic, Pregnancy.

Introduction

Hydatid mole or molar pregnancy is rare benign disease caused by abnormal development of the placenta cells. Hydatid mole frequency in America and Europe is estimated about 1 in every thousand pregnancies which is seven times in Asia. Division of moles to various types of complete and incomplete moles is done based on physical
characteristics and properties of tissues and karyotype. Hydatid mole is more likely in early and late age of pregnancy, GTD placental trophoblastic disease gestational trophoblastic tumors form Hydatid mole into two categories including invasive mole, choriocarcinoma and trophoblastic tumors at the pair (Mohakeri, 2005; Shakur, 2005). Division of moles to complete and incomplete moles is done based on specifications and features, histological appearance and karyotype. Its symptoms are similar to natural pregnancy. Clinical symptoms include vaginal bleeding, disposal vesicles, severe vomiting, increasing the height of the womb to age, pregnancy, hyperthyroidism and pulmonary embolism. Hydatid mole is an emergency contraceptive and in cases where a person's blood and differential diagnosis of ectopic pregnancy and miscarriage. Given the importance of this, in the paper risk factors and clinical course of patients in two hospitals of Al-Zahra and Martyr Yahyanejad in Rasht have been examined (Ziaee, 2010).

Methodology

This study is a retrospective descriptive study which used the information of a study conducted on 79 pregnant women admitted to Martyr Yahyanejad hospital since 1996 by doctor Zahra Basirat et al. and the study conducted on Al-Zahra center during 2003-2007.

In a study conducted by Zahra Basirat (2003), 75% of patients with Hydatid mole had the age of 17-30 and the most common symptoms were vaginal bleeding 95%, anemia 15% big size of the uterus 50%, severe vomiting (25%) and hyperthyroidism 5.2%. In the study by Tahere Ziaeirad et al., The mean age of patients was 26 years and the symptoms include vaginal bleeding% 4.74, anemia 2.19%, hyperthyroidism% 2.19, an increase of womb height to the age of pregnancy 75% and hyperemesis 2.19%. The software Excel was used to analyze the data from the study and presented as an average of two studies.

Results

Based on the result of the research conducted annually, roughly about 13 molar pregnancies were diagnosed including 63% of patients with an average age of 24 years. The most common and the most important sign is vaginal bleeding including 85% of the cases. 3.62 % had the great size of womb to the age of pregnancy, 3.22% of severe vomiting, 4.15% hyperthyroidism and 1.17% anemic. In a study conducted by the doctor Naier Mohajeri in Tabriz University of Medical Sciences endoscopic ultrasonography are discussed for Hydatid mole diagnostic in which the accuracy was 84% in complete Hydatid mole. However, the onset of clinical symptoms, such as vaginal bleeding, severe vomiting and vesicles disposal can also help in diagnosis. Urine output is greater than usual due to abdominal swelling and contraction in Hydatid mole.

Some women in case of molar pregnancy may have seizure before mid-pregnancy. Having a molar pregnancy does not necessarily mean blood spot and HCG test can be done in medical diagnostic laboratories to help the doctor. the ultrasound device in her urine shows bags that are like clusters of grapes if a patient has a molar pregnancy and HCG levels will be higher than normal.

Figure 1. Clinical and comparative symptoms.
Conclusion

The results of the present study showed that molar pregnancy is an emergency contraceptive and more or less is observed above the age pregnancies and morbidity is higher in those who have had a molar pregnancy. The molar pregnancy is different in different parts of the world. For example, in Japan, it includes 2 per thousand pregnancies and in Europe the rate is 3 times. In a research performed in France in 2001, 60 cases had Vaginal bleeding which was the most common symptom with 91% of the molar pregnancy. The statistics are significantly different from what reported in Brazil (2000). For example, 58% reported vaginal bleeding and it can be concluded that geographical location can affect the disease. Based on the clinical symptoms and routine in Ultrasound diagnosis in the first trimester of pregnancy in Iran, early diagnosis of trophoblastic disease will be possible. Figures show that vaginal bleeding is the most common complication in Iran and to check for early diagnosis of molar pregnancy, Scheduled prenatal care, identifying and follow up regularly molar pregnancy after uterine evacuation are required to prevent the maternal complications and can be helpful in the early diagnosis, treatment and reduction of gestational trophoblastic tumors.

References