Journal of Reproduction & Contraception doi: 10.7669/j.issn.1001-7844.2014.03.0177
2014 Sep.; 25(3):177-185 E-mail: randc_journal@163.com

Gestational Trophoblastic Disease Diagnosis and Treatment: An Analysis of 56 Cases

Yue-ping WANG, Jian SHEN, Wen-qing LONG

Department of Obstetrics and Gynecology, Ruijin Hospital, School of Medicine, Shanghai Jiao Tong University, Shanghai 200025, China

Objective *To investigate the diagnosis and treatment of gestational trophoblastic disease (GTD).*

Methods *A retrospective review was conducted on 56 patients with GTD who underwent treatment in Ruijin hospital from January 2007 to December 2012. Their information of diagnosis, treatments, follow-up and efficacy were collected and analyzed*

Results *Misdiagnosis rate was 41.1% (23/56) for the first time. Of 56 patients, 31 had direct curettage, 19 had curettage after trichosanthis (TCS) treatment, 3 had curettage after intervention treatment and 3 did not have curettage. Twenty patients with gestational trophoblastic neoplasia (GTN) took fluorouracil+vincristine+dactinomycin (VCR +KSM+5-FU) chemotherapy, but 2 of them changed to etoposide+methotrexate+actinomycetes streptozotocin-D+cyclophosphamide+vincristine (EMA-CO) chemotherapy due to drug resistance. Three patients with GTN took EMA-CO chemotherapy. Two patients with placental site trophoblastic tumor (PSTT) required surgeries, one took hysterectomy, another got mass and adnexectomy. Apart from 1 case who gave up treatment and was dead, all the other women went into remission from their diseases.*

Conclusion *The diagnosis of trophoblastic disease rely on a comprehensive analysis. A reasonable choice of TCS or intervention can be effective and safe in treating GTD. Most patients with GTN could get complete remission by selecting the appropriate chemotherapy and surgery.*

Key words: gestational trophoblastic disease (GTD); gestational trophoblastic neoplasia (GTN); mole; choriocarcinoma; trichosanthis (TCS)

Corresponding author: Wen-qing LONG; Tel: +86-13501918222; E-mail: lwq10500@rjh.com.cn

Gestational trophoblastic disease (GTD) belongs to a group of placental trophoblast-derived diseases, including mole, invasive mole, choriocarcinoma and placental site trophoblastic tumor (PSTT), and the latter three are also called gestational trophoblastic tumor. Such trophoblast cells are highly hyperplasia with distant metastasis and local invasion potential of cells. By the application of chemotherapy, the cure rate can reach 80%–90%, so early diagnosis and reasonable treatment is the key to cure.

Materials & Methods

General information

In Jan. 2007–Dec. 2012, 56 patients with GTD who underwent treatment in our hospital were collected. Among them, the percent of first pregnancy was 19.64% (11/56), the percent of term birth history was 57.14% (32/56), the percent of patients with a history of miscarriage and birth was 23.21% (13/56), pregnancy rate after assisted reproduction was 7.14% (4/56). Average age was 32.9 ± 8.1 (22–55) years old. Patients' information who were eventually diagnosed with GTD by the metheds including history,symptoms, signs, auxiliary examination and pathological diagnosis were collected. Clinical symptoms and signs were obtained by asking the history and physical examination. Auxiliary examination including ultrasound showed dense intrauterine heterogeneous intense echo or hyperechonic mass in the myometrium, serum β-hCG level abnormally elevated and the X-ray/CT examination with pulmonary nodules. After examination, 32 cases were hydatidiform mole (23 cases were partial, 9 cases were complete), 18 cases were invasive mole, 4 cases were choriocarcinoma, and PSTT in 2 cases.

Clinical manifestations and auxiliary examinations

Clinical manifestations

1) The menopause: 40 d to 4 months, there were more than 4 months in 3 cases. 2) Abnormal vaginal bleeding: 32 cases of a small amount of bleeding, 4 cases of massive hemorrhage with syncope, including 1 case with thrombocytopenia. 3) Pregnancy reaction: 28 cases had obvious pregnancy reaction, 28 cases had no or mild pregnancy reaction. 4) Abdominal pain: 14 cases with abdominal pain. 5) Uterine size: 26 cases of uterine size and pregnancy were such as big or slightly larger, they were significantly greater than in menopause in 23 cases (3 cases in 4 patients with assisted reproduction were significantly greater than in menopause), 7 cases of uterine size were slightly less than in menopause. 6) Hypertensive disorders complicating pregnancy in 1 case, no infection or anemia or symptoms of hyperthyroidism .

Auxiliary examination

1) Ultrasound: in 20 cases of misdiagnosis patients for the first time, the ultrasound