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**HYSTERECTOMY FOR GESTATIONAL  
TROPHOBLASTIC DISEASE, TEACHING  
HOSPITAL EXPERIENCES.**

Dr. Rana A<sup>1</sup>                      Dr. Pradhan N<sup>3</sup>  
Dr. Singh M<sup>2</sup>                     Dr. Gurung G<sup>4</sup>  
(Dept of Gyn. Obs. TU Teaching Hospital, Nepal)

**ABSTRACT**

In retrospective analysis of 69 cases of Gestational trophoblastic disease, there were 5 cases of choriocarcinoma, 4 cases of Invasive mole. 4 cases of persistent trophoblastic tumour, major bulk being formed by molar pregnancy 81%.

There were total 14 cases (20%) of hysterectomy one of them being radical wertheim's hysterectomy which was done in a young patient who presented as cervical polyp and was diagnosed as squamous cell carcinoma on biopsy. Hysterectomy were electively performed in 8 case of H mole and one of the case was diagnosed to have invasive disease. Of the 55 cases of suction evacuation, 2 needed immedate hysterectomy for severe bleeding, both had invasive mole. Unfortunately one of the case died on third post operative day. The other two needed hysterectomy after 2 and 7 month respectively, one of them had perforating mole with massive haemoperitoneum, who had refused chemotherapy after the diagnosis of persistent trophoblastic tumour.

Since invasive disease cannot be picked up preoperatively, We recommend hysterectomy for high risk patient after the age 35 for molar who have completed their families.

I S —42                      Genetic Origin of Trophoblastic  
Neoplasms

Dept. Biochem. and Dept. Obstet. Gynecol\*, Med.  
Faculty, Padjadjaran Univ. Bandung, INDONESIA  
Shahib, M.N., Susanto, H\*, Bratakoesoema, D., S.\*  
and Martaadisoebrata, D.S\*

【OBJECTIVE】 We studied the genetic origin of the trophoblastic tumors to explore the genetic mechanism of choriocarcinogenesis.

【METHODS】 The ten tumors consisted of 4 invasive moles, 5 choriocarcinomas, and one PSTT were analysed. Genomic DNA were extracted from tumors, mother's and the partner's blood, and then subjected to PCR by using five sets of STS primers. The genetic origin of the tumors were determined by comparing the polymorphic banding patterns.

【RESULTS】 We have observed 8 post molar trophoblastic tumors consisting of 4 invasive moles and 4 chorio-carcinomas. PCR polymorphism showed that three tumors were androgenetic origin and 2 tumors were derived from normal fertilization. Remaining two cases were not determined. We also analysed two trophoblastic tumors preceded by abortion and spontaneous delivery. DNA data revealed that all tumors were originated from normal fertilization. Especially one of them was PSTT.

【CONCLUSIONS】 1. High tendency of complete mole to malignant transformation was shown. However complete mole was not always the origin of succeeding invasive mole or choriocarcinoma. 2. One PSTT case was originated from normal fertilization. 3. In androgenetic cases, all of them showed the possibility of two spermic androgenesis, suggesting high tendency to malignant of 2 spermic mole.