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Hydatiforme Mole is a Rare Histopathological Diagnosis in Spontaneous Abortion

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Abstract

Introduction: Hydatidiform mole is a rare complication in pregnancy that poses a real challenge in terms of diagnosis and management.

Objective: The aim of this study is to confirm the value of histopathological examination in determining the rare diagnosis of total or partial hydatidiforme mole in spontaneous abortion.

Material and method: This is a retrospective study conducted at both University Obs/Gyn Hospitals in Tirana for the period 2015 - 2019. There are 413 patients included in this study. The data were collected from the statistic department and the laboratory of histopathology.

Results: Hydatidiform mole developed mainly in females aged 25-34 years old. The most frequent clinical diagnosis is missed abortion (74.1%). The most frequent histopathological diagnosis is partialis hydatiforme mole which occurred at 93.7% of total cases. The % of mole (no. = 413) to the total number of abortions (no. = 10,457) in Tirana continues to be a low steady figure over the 5 years with an average of 3.9% per year, while both abortions and mole screening have a decreasing trend during 2015-2019.

Conclusions: Accurate diagnosis of the hydatiforme mole is both important and difficult. Mortality and maternal risk during and after abortion and curettage is zero. Only histopathological diagnosis is definitive so it directs the woman's follow-up until β-HCG neutralization. Therefore, all materials from abortions and curettage must necessarily be sent

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to the laboratory to carry out histopathological examination of the material as well as to perform other auxiliary diagnosis tests, if necessary.

Key words: total and partial hydatidiform moles, histopathology examination, abortion, missed abortion, curettage, trophoblastic gestational disease, choriocarcinoma.