

2022-RA-1234-ESGO GESTATIONAL TROPHOBLASTIC NEOPLASIA: MULTIMODAL APPROACH TO DIAGNOSIS AND TREATMENT

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Introduction/Background Gestational trophoblastic neoplasia (GTN) is a rare entity. The diagnosis is difficult and based on histological and HCG assays. We report 15 cases of GTN diagnosed at our department.

Methodology We included all patients that fulfill the FIGO criteria of GTN over a period of 18 years.

Results We registered 15 cases of GTN over 18 years. Transvaginal sonography (TVS) revealed an enlarged uterus in 8/15 cases. In one of the 2 cases of Placental site trophoblastic tumor (PSTT), it revealed a well-circumscribed echogenic lesion, the patient was misdiagnosed with uterine fibroma. In the case of invasive mole (IM), the TVS showed intrauterine mass with cystic spaces and signs of myometrial invasion. The invasion has been suspected in the 2 cases of PSTT, the IM and 3 of 9 patients diagnosed of persistent trophoblastic disease (PTD). The biological features were mainly an increased level of HCG. The level exceeded 100000 in 7/9 PTD and in the case of IM. All patients diagnosed of PSTT and choriocarcinoma (CCG) had low values. Lung CT scans showed metastatic nodules in 4 cases but only one patient had visible nodules on the traditional chest X-ray. Five patients received multi-agent chemotherapy, six had single agent chemotherapy, hysterectomy was performed for the patients with PSTT. The overall survival rate was 100%.

Conclusion The improvement of survival for patients with gestational trophoblastic neoplasia is based on early identification. Transvaginal sonography and HCG remains the tools of choice for initial diagnosis.

2022-RA-1324-ESGO CLINICAL CHARACTERISTICS AND TREATMENT OUTCOMES OF PATIENTS WITH GESTATIONAL TROPHOBLASTIC DISEASE

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Introduction/Background Gestational trophoblastic disease (GTD) represents a heterogeneous, rare group of disorders characterised by abnormal proliferation of trophoblastic tissue. Hydatidiform mole (HM) is the most common type of GTD. Partial (PHM) and complete (CHM) molar pregnancies represent a challenge for diagnosis and management, as especially patients with a PHM present with signs and symptoms of incomplete/missed abortion. This study aims to evaluate the differences in clinical characteristics of patients with GTD.

Methodology A retrospective single-centre analysis clinical data analysis of the patients presented with GTD that were treated at the University Medical Centre Maribor (UMC Maribor) between 2008–2021 was performed. Data was

retrieved from an electronic database with patient medical records. Clinical presentation, characteristics and treatment outcomes were analysed. Continuous variables are represented with median values and proportions in percentages. Univariate data analysis was performed using the Mann-Whitney U test and the independent t-test through the SPSS for Mac software.

Results Thirty-six women with GTD were identified at our institution between a 13-year period. Two women (5.6%) were identified with an invasive mole initially. The reproductive characteristics of women with PHM and CHM did not differ in the age at time of diagnosis, levels of human chorionic gonadotrophin (HCG) or reproductive history (table 1). There were significant differences in the time until hCG serum level negativisation ($p>.032$) for benign disease, which can be associated with earlier recognition of CHM due to its symptoms and typical pattern on ultrasound imaging. One woman with CHM developed afterwards an invasive mole.

Abstract 2022-RA-1324-ESGO Table 1 Patient characteristics

	Overall n=33	PHM n=30	CHM n=3	p-value
Age at diagnosis (years)	31 (18-48 years)	30.5 (18-48)	33 (32-33)	.382
Antecedent pregnancies	1 (0-6)	1 (0-6)	1 (1-4)	.768
Antecedent spontaneous abortions	0 (0-3)	1 (0-3)	1 (0-4)	.529
Antecedent live births	1 (0-3)	0 (0-3)	1 (0-3)	.470
Gestational age	10 (6-13)	10 (6-13)	8.5 (6-11)	.717
bHCG at diagnosis	43637 IU/l (40-909000)	43637 IU/l (40-909000)	128290 IU/l (10948-165005)	.808
Days until bHCG negativisation	63 (30-134)	66 (30-134)	35.5 (35-36)	.032

Conclusion Early recognition and treatment have aided favourable outcomes in women with GTD, but especially PHM remains difficult to diagnose clinically. Several open questions on reproductive outcomes and risk factors leading to the development of neoplasias still need to be evaluated further.

2022-RA-1331-ESGO THE DECREASE OF SERUM BETA HCG LEVEL AFTER HYSTERECTOMY IN GESTATIONAL TROPHOBLASTIC NEOPLASIA

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Introduction/Background Gestational Trophoblastic Neoplasia (GTN) is a malignant lesion originating from the villous and extra villous trophoblast of the placenta. Main treatment is chemotherapy, only few cases need hysterectomy. The effectiveness of hysterectomy in decreasing in serum Beta HCG in gestational trophoblastic neoplasia (GTN) is analyzed in this study

Methodology A Cross sectional study of 12 patients with GTN who underwent hysterectomy since 2015 until 2021 at Dr. Soetomo General Academic Hospital in Surabaya – Indonesia was done. The level of serum Beta HCG was measured pre and post hysterectomy. The collected datas were analyzed with Wilcoxon test then continue with Pearson correlation