Introduction/Background Gestational trophoblastic disease (GTD) is a rare entity. The diagnosis is difficult and based on clinical, 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 7/9 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.

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 (CM) 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 SPPS 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 CM 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 normalisation (p>.032) for benign disease, which can be associated with earlier recognition of CM due to its symptoms and typical pattern on ultrasound imaging. One woman with CM developed afterwards an invasive mole.

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.