Methods We conducted a monocentric retrospective study that included all patients diagnosed with a gestational trophoblastic neoplasia over a period of 18 years. It took place in the gynecology and obstetrics department of the hospital of Ben Arous. We studied the patients features and characteristics.

Results We registered 204 cases of gestational trophoblastic disease (GTD) during the period of the study including: 189 (92.65%) cases of hydatidiform mole and 15 (7.35%) cases of gestational trophoblastic neoplasia (GTN). Three patients were diagnosed with choriocarcinoma. Two of them had placental site trophoblastic tumor and one patient had an invasive mole. Only two patients had a metastatic disease. The incidence of GTN was 2.7 cases per 10000 deliveries and 2.6 per 10000 pregnancies. The mean age of our patients was 30.6 years old [24–53]. Most patients were pauciparous. Three of them had a perimenopausal status. History of spontaneous abortion was found in 5 cases. A history of hydatidiform mole was found in 12 cases. All pregnancies were spontaneous.

Conclusions Gestational trophoblastic neoplasia is rare and has wide incidence variations worldwide. Maternal age and history of hydatidiform mole have been identified as risk factors but the definitive mechanism is not well known.

Objectives Gestational trophoblastic disease (GTD) arises from abnormal placenta and is composed of a spectrum of premalignant to malignant disorders. The aim of this study was to analyze the current management modalities as well as the outcome of GTD.

Methods This study was carried out in the gynecology and obstetrics department of Ben Arous hospital over a period of 18 years extending from January 2004 to June 2021. We included all patients matching the FIGO diagnostic criteria or with a histological confirmation.

Results 204 cases of GTD were reported in our study divided as follows: 198 hydatidiform moles and 15 cases of gestational trophoblastic neoplasia (GTN). The mean age of patients was 33.86 years. 81% of molar pregnancies were diagnosed between 6 and 12 weeks’ gestation. In 12.7% of patients, the initial diagnosis was that of an incomplete abortion or a miscarriage. These patients received Misoprostol: 57% of them had a subsequent aspiration for failure to evacuate. 82.3% of patients had an ultrasound-guided uterine evacuation straight away. Contraception was systematic in all patients. Clinical Follow-up, monitoring serum chorionic gonadotropin (βHCG) as well as ultrasounds were performed in 77.5% of the patients only. A positive outcome was observed in 144 patients while 9 patients had an unfavorable evolution defined either by stagnation or by re-ascension of the βHCG. Hysterectomy was performed in 3 cases. 9 patients had chemotherapy.

Conclusions GTN is a significant source of maternal morbidity with increased risk of mortality from complications if not detected early and treated promptly.

Abstract EP404/#361 Table 1 and Figure 1