
دراسة تأثير العوامل المختلفة في تطور
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Study of The Different Factors That Affect The Malignant Transformation of Hydatidiform Mol

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Salah Al Shika *

Abstract

The study included 985 cases of Hydatidiform mole. 262 of which needed chemotherapy due to malignant transformation or invasive mole. i.e.24.6%.

It was noticed that malignant transformation was associated clearly with group of factors like advanced age, low socioeconomy states, multiparity, increase of uterine size more than gestational age, the size of the uterus, the presence of ovarian Lutein cysts, recurrent vesicular mole, evacuation, of Hydatidiform mole without suction, operative interference especially laparotomy, grade of differentiation of vesicular mole.

it was also found that there is increase of malignant transformation in those women who used medical barrier contraceptive methods more than those who used hormonal contraceptive methods. Knowing these risk factors helps in early diagnosis and treatment of those high risk cases and decreases the incidence of malignant transformation.

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المصادر

1-Berkowitz RS, Goldsein. Gestational Trphoblastic Disease. Gynecologic

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- Oncology. In: Buekis, Adashi AY, Hillard PA, ed. *Novaks Gynecology*. 12th ed. Canada. 1261-79, 1996.
- 2-Berkowitz RS, Anderson DJ: Effect of product of activated leukocytes (lymphokines and monokines) on the growth of malignant trophoblastic cell in vitro. *AmJ Obstet Gynecol*, 1988.
- 3-Berkowitz RS, Goldstein. pathogenesis of gestational trophoblastic neoplasms. *Pathobiol Annu* 11:39-114, 1981.
- 4-Berkowitz RS, Marean AR: Oral contraceptives and post molar trophoblastic disease. *Obstet Gynecol* 58: 474 - 7, 1981.
- 5-Bagshawe KD: Risks and prognostic factors in trophoblastic neoplasia. *Cancer* 38: 1373, 1976.
- 6-Cunningham FG, et al: *Williams Obstetrics*. 20th ed; 1997.
- 7-Copeland LJ et al: High-risk metastatic gestational trophoblastic disease. *Gynecol Oncol* 34: 54-6, 1989.
- 8-Curry SL, Schlaerth JB, et al: Hormonal contraception and trophoblastic sequelae after hydatidiform mole (a Gynecologic Oncology Group Study). *Am J Obstet Gynecol* 160: 805-9, 1989.
- 9-Jones WB: Gestational trophoblastic disease; What have we learned in the past decade? *AmJ Obstet Gynecol* 162: 1286, 1990.
- 10-Lage IM, et al: Flow cytometric analysis of DNA content in partial hydatidiform moles with persistent gestational trophoblastic tumors *Obstet Gynecol*. 77: 111-5, 1991.
- 11-Lurain JR: Causes of treatment failure in gestational trophoblastic disease. *J Reprod Med* 23:677, 1987.
- 12-Parazzini F, La Vecchia C: Dietary factors and risk of trophoblastic Disease. *Am J Obstet Gynecol* 158: 93-9, 1988.
- 13-Parazzini F, et al: parental age and risk of complete and partial hydatidiform mole, B, *J Obstet Gynecol*, 1986.
- 14-Rose P: Hydatidiform mole: Diagnosis and management, *Semin Oncol* 22: 149, 1995.
- 15-Rens G, Braunstein GD: Human chorionic gonadotropin. In: Mitchell C, Speroff, Glass RH, eds. *Clinical Gynecologic Endocrinology*. 5th ed., 1994.
- 16-Semer DA, Macfee Ms: Gestational trophoblastic disease: Epidemiology. *Semin Oncol* 22: 109, 1995.
- 17-Stone M, Bagshaw KD: Analysis of the influence of maternal age, parity, gestational age, contraceptive method, and the mode of primary treatment of

patients with hydatidiform moles on the incidence of subsequent chemotherapy. Br J Obstet Gynecol 86: 782, 1979.

18-Tsukamoto N, Iwasaka T: Gestational trophoblastic disease in women aged 50 or more Gynecol Oncol 20: 53-61, 1986

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