

INTRODUCTION

Gestational trophoblastic diseases are proliferative as well as degenerative disorders of placental trophoblastic tissue after a normal or abnormal fertilization, with varying potential for local invasion and metastasis.

OBJECTIVE

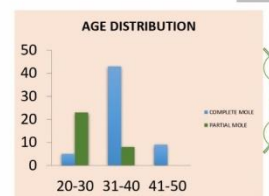
PRIMARY-To correlate between the thyroid function tests with serum beta HCG level in patients with different types of molar pregnancies.

SECONDARY-To calculate the prevalence of hyperthyroidism in molar pregnancy.

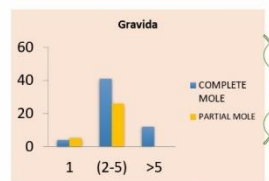
MATERIALS & METHODS

- Cross-sectional observational study
 - Department of Obstetrics and Gynecology of SCBMCH , CUTTACK, ODISHA.
 - 12 months
- Sample Size**
- **FORMULA= $4pq/n^2$**
 - P= prevalence in previous study=2.85%
 - Q=1-p
 - N= standard error= 5%
 - **Result= $(4 \times 2.85 \times 97.15) / 5 \times 5 = 44$ (minimum)**
- We got 88 cases from our OPD & Labor room.
- Study Population**
- Pregnant women diagnosed as molar pregnancy.

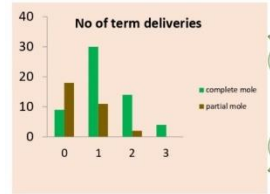
RESULTS



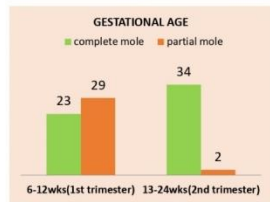
- Mean (SD)>complete mole > 36.1 (5.3) years
- Mean (SD)>partial mole > 26.6 (4.6) years.
- statistically significant (p<0.001).



- Mean (SD) > complete mole > 3.9 (1.7)
- Mean (SD)> partial mole > 2.0 (0.6).
- statistically significant (p <0.001).

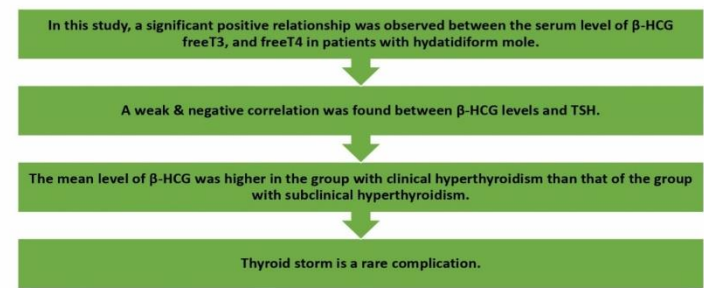


- partial mole, 2.8%(n=1) had 1 term delivery, 27.8%(n=10) had 2 term deliveries
- complete mole, 60.9%(n=39) had 1 term delivery, 15.6%(n=10) had 2 term deliveries and 15.6%(n=10) had 3 term deliveries.
- statistically significant (p<0.001).



- Mean (SD) > complete mole > 15.2 (5.7)
- partial mole was 10.5 (2.6)
- statistically significant (p <0.001)

CONCLUSION



References

1. Shapter, A.P. and McLellan, R. (2001) Gestational Trophoblastic Disease. Obstetrics and Gynecology Clinics of North America, 28, 805-817.
2. Altieri, A., Franceschi, S., Ferlay, J., Smith, J. and La Vacchia, C. (2003) Epidemiology and Aetiology of Gestational Trophoblastic Diseases. Lancet Oncology, 4, 670-678.