

Prevalence and factors associated with hydatidiform mole among patients undergoing uterine evacuation at Mbarara regional referral hospital

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Objective: We sought to determine the prevalence of and factors associated with hydatidiform molar gestations amongst patients undergoing uterine evacuation at Mbarara Regional Referral Hospital (MRRH) Mbarara, Uganda.

Methods: This was a Cross-sectional study carried out from November 2016 to February 2017. All patients admitted for uterine evacuation for non-viable pregnancy were included. The study registered 181 patients. Data was collected on socio-demographics, medical conditions, obstetrics and gynecological factors. The evacuated tissue received a full gross and histopathologic examination. Cases of pathologically suspected complete hydatidiform mole were confirmed by p57 immunohistochemistry. Data was analyzed using STATA 13.

Results: The Prevalence of hydatidiform mole was 6.1% (11/181). All detected moles were complete hydatidiform moles, there were no diagnosed partial hydatidiform moles. Clinical diagnosis of molar pregnancy was suspected in 13 patients but only 69.2% (9/13) were confirmed as molar pregnancies histologically. Two cases were clinically unsuspected. Factors that had a significant relationship with complete hydatidiform mole included

maternal age of 35 years and above (aOR 13.5; CI: 1.46-125.31; $p=0.00$), gestational age beyond the first trimester at the time of uterine evacuation (aOR 6.2; CI: 1.07-36.14; $p=0.04$) and history of previous abortion (aOR 4.3; CI: 1.00-18.57; $p=0.05$).

Conclusion: The prevalence of complete hydatidiform mole was high at 6.1%.

Associated risk factors included advanced maternal age (35 years and above), history of previous abortions, and gestational age beyond the first trimester at the time of evacuations.

Recommendations: We recommend putting in place capacity to do routine histopathological examination of all products of conception especially those at high risk for a molar gestation either by clinical suspicion or risk factors including advanced maternal age, advanced gestational age, and history of previous abortion because of high prevalence of complete mole. We recommend a cohort study aimed to determine risk factors of hydatidiform mole and to determine the outcome of patients with hydatidiform mole undergoing uterine evacuation at MRRH.

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