

Evaluation of second curettage in reduction of persistent mole

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Introduction: suction curettage is the preferred method for evacuation of H.mole About 20% of molar pregnancy has risk of trophoblastic neoplasia .One cause of persistent high level of BHCG may be residual trophoblastic tissue in uterus. The purpose of this study is evaluation the need to perform a second curettage in H.mole to reduce risk of persistency.

Material & methods: In this case control study 124 patients after routine work up were assigned in two groups. In study group after primary suction curettage, we performed an ultrasonography and second curettage on the next day under following conditions: echogenic area in uterine cavity, endometrial thickness above 10 mm, or irregular endometrium. Routine suction curettage has been performed for control group. All patients have been followed by serum BHCG.

Results: The mean age , gravity , and other risk factors in both groups were similar. In study group 55% of cases had empty uterus and 45% had residual tissue in ultrasound study. Overall persistent rate in study group was 25% (8% in normal sonography, 17% in second curettage group with abnormal sonography) In control group persistent rate was 34%.

Conclusion: this study showed that patients who did not have residual tissue after first curettage were low risk for persistent diseases and in whom second curettage was performed because of residual tissue persistency was reduced by this procedure .