

# Role of hysterectomy in the management of gestational trophoblastic diseases.

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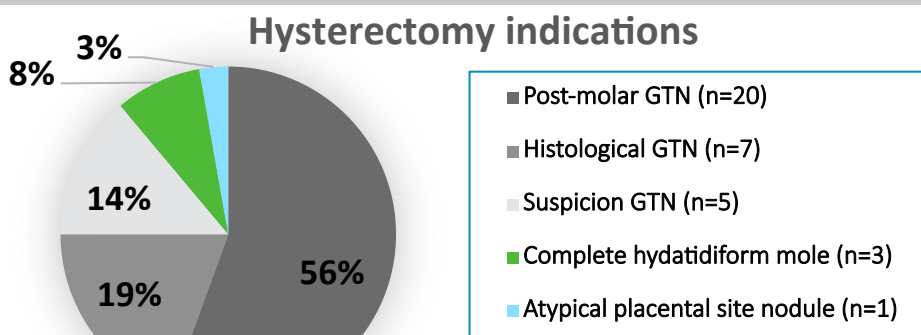
## BACKGROUND:

- **Hydatidiform moles** are managed by **uterine evacuation** and **human chorionic gonadotropin follow-up**.
- **Gestational trophoblastic neoplasia (GTN)** are most often treated by **chemotherapy**.
- **Hysterectomy** is a **surgical alternative** that can be proposed in **some specific cases**.

## METHODS:

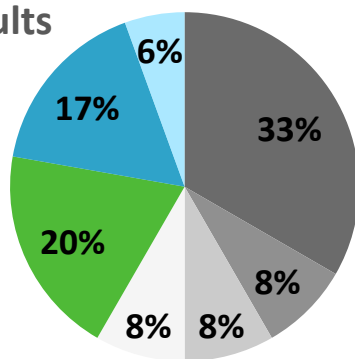
- **Retrospective** study from **2012 to 2022**.
- French-speaking center of the **Belgian Gestational Trophoblastic Diseases Registry**.
- Analysis of patients who underwent a **hysterectomy for a trophoblastic disease**.

## RESULTS: n = 36 patients



### Pathological results

- Invasive mole (n=12)
- Placental site trophoblastic tumor (n=3)
- Epithelioid trophoblastic tumor (n=3)
- Gestational choriocarcinoma (n=3)
- Complete hydatiform mole (n=7)
- No molar residue (n=6)
- Not available (n=2)



## FOLLOW-UP:

In the **21 cases** of **histologically confirmed GTN**, hysterectomy allowed a **remission in 76,2%** of cases (n=16), while **5 patients** received **chemotherapy after the surgery**, including one for pulmonary relapse.

## CONCLUSION

In **highly selected patients**, **hysterectomy** is a good therapeutic option for the treatment of GTN. In this population, it can **avoid chemotherapy in 76% of cases**.

Authors declare no conflict of interest.