

CLINICAL OBSERVATIONS OF HYDATIDIFORM MOLES IN A MALAYSIAN HOSPITAL

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SYNOPSIS

A retrospective analysis of 102 cases of hydatidiform moles seen in the Maternity Hospital, Kuala Lumpur, Malaysia, is presented. The incidence was 1 : 669. The tumour was more common in the Malays and in the lower social class patients. No specific age group or parity group was exempted. Vaginal bleeding and amenorrhoea were prominent features. Hyperemesis and abdominal cramps occurred less commonly. The uterine size was larger than dates in 62.7% of patients. Pre-eclampsia complicated 23.5% of the moles and its severity was inversely related to the uterine size. Spontaneous abortion occurred in 57.8% of patients at a mean gestational period of 19 weeks.

INTRODUCTION

Hydatidiform mole is a common and important gynecological condition seen in our hospital. The incidence of this benign trophoblastic tumour has varied from 1 : 200-700 in Asian countries to 1 : 820 in Australia to 1 : 1500-2500 in Europe, United Kingdom and the United States. Reports from Asian countries have been mainly from Singapore, Hong Kong, Japan and the Philippines. Only one report from Malaysia, regarding the management of this condition, is available (Llewellyn-Jones, 1967). It is the purpose of this paper to present some clinical observations of this tumour in a Malaysian Hospital.

MATERIALS AND METHODS

This is a retrospective analysis of 102 histologically confirmed cases of hydatidiform mole seen in the Maternity Hospital, Kuala Lumpur, Malaysia, from January 1972 to December 1976, a period of 5 years. Cases of hydatidiform mole seen and treated in outlying hospitals and subsequently referred to our hospital for follow-up management were excluded from this study, as in these cases, the clinical features when the patients were first seen were not available for record.

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RESULTS

Incidence

During the study period, 102 patients with hydatidiform mole were seen and managed, out of a total of 68,295 hospital deliveries. The incidence was therefore 1 : 669 (0.15%).

Racial incidence

The incidence in the Malays was 1 : 472 (56 cases out of 26,446 deliveries); in the Chinese, it was 1 : 689 (37 cases out of 25,485 deliveries); and in the Indians, it was 1 : 1,783 (9 cases out of 16,048 deliveries). The incidence was therefore highest in the Malays.

Social class

Using status of hospital admission as a reflection of the social class, it was found that third class patients formed 89.2%, second class patients 5.9%, and first class patients 4.9% of the 102 patients with molar pregnancy. The tumour was therefore more common in the lower social class patients.

Age pattern (Table 1)

Hydatidiform mole occurred most commonly in the age group 25-29 years (36.3%); 38.2% of patients were less than 25 years of age while 25.5% were 30 years and over in age. There is therefore no noticeable increase in occurrence of hydatidiform mole with increasing age. The youngest patient was 16 years and the oldest 48 years of age. The mean age of patients was 27.6 years.

TABLE 1: Age Pattern in Hydatidiform Moles

	Age group (years)						
	<20	20-	25-	30-	35-	40-	45-
No.	7	32	37	10	6	8	2
%	7.9	31.3	36.3	9.8	5.9	7.8	2.0

TABLE 2: Gravidity pattern in Hydatidiform Moles

	Gravidity												
	1	2	3	4	5	6	7	8	9	10	11	12	13
No.	29	17	8	13	12	5	6	4	1	3	1	2	1
%	28.4	16.6	7.8	12.8	11.8	4.9	5.9	3.9	1.0	2.9	1.0	2.0	1.0

Gravidity pattern (Table 2)

The mean gravidity was 3.8, with the lowest at one and the highest at 13. The majority of patients were gravidity 1 (28.4%), 2 (16.6%) and 4 (12.8%). Grouping the patients into 2 gravidity groups, the occurrence of moles in patients gravida 1-3 was 52.8% compared to 47.2% in those more than gravida 3.

There was therefore no increase in occurrence of hydatidiform moles with increasing gravidity in this study.

Symptomatology (Table 3)

Vaginal bleeding

This was present in 98 patients (96.1%).

1) *Onset of bleeding (Table 4)*

Out of 94 patients with known last normal menstrual periods, 23 (24.5%) started bleeding between 5-10 weeks of amenorrhoea, 32 (34.0%) between 10-15 weeks and 26 (27.7%) between 15-20 weeks. Only 13 patients (13.8%) started bleeding after 20 weeks amenorrhoea.

Uterine bleeding was preceded by amenorrhoea of minimum 5 weeks and maximum of 32 weeks, with a mean of 14 weeks in this study.

2) *duration of bleeding*

The duration of bleeding was less than 3 weeks in the majority of patients (67.4%); 32.6% bled for 3 weeks or more. The minimum period was for one day and the maximum was spotting on and off for 147 days. The mean period was 17 days.

3) *severity of bleeding*

Bleeding was mild (spotting) in 46 patients (46.9%), and heavy in 52 patients (53.1%).

TABLE 3: Symptomatology in Hydatidiform Moles

Symptoms	No.	%
Vaginal bleeding	98	96.1
Amenorrhoea	99	97.0
Hyperemesis	16	15.7
Abdominal cramps	50	49.0

TABLE 4: Onset of vaginal bleeding in Hydatidiform Moles*

	Weeks after last menstrual period						
	5-	10-	15-	20-	25-	30-	35-
No.	23	32	26	5	5	3	0
%	24.5	34.0	27.7	5.3	5.3	3.2	0

* out of 94 patients with known last menstrual period.

Amenorrhoea (Table 3)

This was present in 99 patients (97.0%). Three patients (3.0%) had no period of amenorrhoea.

The minimum period of amenorrhoea was 7 weeks and the maximum was 37 weeks, with a mean of 16 weeks.

The period of amenorrhoea was 16 weeks and less in 67 patients (67.7%) and more than 16 weeks in 32 patients (32.3%). Only 3 patients (3.0%) had a period of amenorrhoea of more than 30 weeks.

Hyperemesis gravidarum

This was present in 16 patients (15.7%).

Abdominal cramps

This was present in 50 patients (49.0%).

Signs (Table 5)

Uterine size

The uterus was larger than dates in 64 patients (62.7%), corresponded to dates in 14 patients (13.7%), and smaller than gestational period in 19 patients (18.6%). No record was available in 5 patients.

Pre-eclampsia

The number of patients with pre-eclampsia was 24

TABLE 5: Physical signs in Hydatidiform Moles

	No.	%
Uterine size*		
> dates	64	62.7
= dates	14	13.7
< dates	19	18.6
Pre-eclampsia	24	23.5

* no record in 5 patients

(23.5%).

In Table 6, it is seen that all patients who developed pre-eclampsia had a uterine size of more than 16 weeks; in fact, in the majority (87.5%), the uterine size was more than 20 weeks. What is more interesting is that the larger the uterine size, the less severe the pre-eclampsia appeared to be.

Mild pre-eclampsia (blood pressure less than 160/110 mm mercury) was seen in 15 patients (62.5%), and severe pre-eclampsia (blood pressure of 160/110 mm mercury or more) was seen in 9 patients (37.5%).

TABLE 6: Uterine size in relation to severity of pre-eclampsia in Hydatidiform Moles

Severity of pre-eclampsia	Uterine size (weeks)				
	16-	20-	24-	28-	
mild	1 (33.3)	7 (53.9)	6 (85.7)	1 (100)	15 (62.5)
severe	2 (66.7)	6 (46.1)	1 (14.3)	0	9 (37.5)
	3 (12.5)	13 (54.2)	7 (29.2)	1 (4.1)	24

NB. percentages in brackets

Onset of spontaneous abortion (Table 7)

Spontaneous abortion occurred in 59 patients (57.8%).

Table 7 shows that out of 57 patients, spontaneous abortion occurred before 20 weeks gestation in 35 patients (61.4%), and from 20 weeks onwards in 22

TABLE 7: Onset of spontaneous abortion in Hydatidiform Moles*

	Gestational period (weeks)					
	8-	12-	16-	20-	24-	28+
No.	3	15	17	12	4	6
%	5.3	26.3	29.8	21.1	7.0	10.5

* out of 57 patients with known gestational periods.

patients (38.6%). The minimum period of gestation at which spontaneous abortion occurred was 10 weeks, the maximum was 38 weeks, with a mean of 19 weeks.

DISCUSSION

Our incidence of 1 : 669 for molar pregnancies falls within the reported range for Asian countries. Although both Tan and Lean, (1972) and Tow (1964) found the highest incidence in the Chinese population, we found a higher incidence in the Malays compared to the Chinese and Indians.

Our study supports the observation that hydatidiform mole is more common in the lower social class patients (Chun et al, 1964).

The majority of our patients were below 30 years of age and were gravida 3 and below. This is in contrast to the observation that the tumour is more common in patients over 30 years of age and of gravidity more than 3 (Chun et al, 1964; Tow, 1964). Tan and Lean (1972) however found an uncomfortably large proportion of cases in patients of para 1 and 2 and in young patients aged 21 to 30 years; we made this similar observation.

The incidences of vaginal bleeding, amenorrhoea, hyperemesis, abdominal cramps and uterus larger than dates in this study are comparable to the study of Chun et al, (1964). We had, however, a lower incidence of pre-eclampsia.

Although we also observed that all patients with hydatidiform mole complicated by pre-eclampsia had uterine sizes of over 16 weeks, (Chun et al. 1964), we

observed that the severity of pre-eclampsia decreased with increasing uterine size.

The mean period of amenorrhoea in our patients was 16 weeks, 4 weeks more than that reported by Chun et al, (1964).

Also, the mean gestation at spontaneous abortion of the mole was 19 weeks in this study, 3 weeks later than that reported by Chun et al, (1964).

CONCLUSION

In conclusion, it is noted that no specific age group and no specific parity group is exempt from hydatidiform mole.

Hydatidiform mole is predominantly a tumour of the lower social classes.

Vaginal bleeding and amenorrhoea are prominent features of the disease but the all important sign of uterus larger than dates may not be present in more than 30% of patients.

Spontaneous abortion, if it occurs, is likely to occur around 19 weeks gestation.

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