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TITLE

RETAINED TROPHOBLAST TISSUE AFTER FIRST TRIMESTER ABORTION

AUTHOR/S

Dotlic J (RS) [1], Sparic R (RS), Radovic M (RS), Stefanovic A (RS), Jeremic K (RS), Likic I (RS), Pilic I (RS), Pantovic S (RS), Vilendecic Z (RS)

ABSTRACT

Context: Retained tissue after abortion is rare but with serious consequences (bleeding; infection).

Objective: Study aim was to investigate retained trophoblast tissue frequency after first trimester abortion, patient characteristics that could imply on it and to assess the reliability of ultrasound for its diagnose.

Methods: Prospective study was undertaken during three years period (2012-2014).

Patients: All women who had an intentional legal abortion in the first trimester at Clinic for Ob/Gyn Clinical Center of Serbia.

Interventions: Diagnose of residual trophoblast tissue was based on patient symptoms (pelvic pain, bleeding more than ten days), clinical and ultrasonographical findings (inhomogeneous content into the uterine cavity). All suspicious cases had a recurettage.

Main outcome measures: Obtained tissue after reintervention was sent for histopathological analysis in order to confirm the diagnosis.

Results: During investigated time 1350 women had abortions in our Clinic. Out of them 31 patients (2.30%) had reinterventions due to suspected residual tissue ($p=0.001$). Histopathological examination of tissue obtained upon recurettage confirmed the diagnose of retained trophoblast tissue in 0.81% of cases (11 patients – 35.5%), while in other only decidua was found. Neither patients' age nor parity including previous abortions was correlated with occurrence of residual tissue ($p>0.05$). Positive predictive value of ultrasound findings for the diagnostics of residual tissue after legal abortions in the first trimester was 35.48%, due to 20 false-positive findings. However, sensitivity, specificity and negative predictive value were all above 90%.

Conclusion: Retained trophoblast tissue after first trimester abortion is quite rare and cannot be predicted according to patients' characteristics. Ultrasound is a reliable tool for its diagnose.

INSTITUTE

[1] Clinic of Obstetrics and Gynecology, Clinical Center of Serbia, Faculty of Medicine, University of Belgrade