



REHABILITATION OF WOMEN WHO HAVE EXPERIENCED MOLAR PREGNANCY

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Annotation: Molar pregnancy, or hydatidiform mole, is rare pathology of the embryo that occurs due to a disruption in the development and growth of the trophoblast (the outer layer of embryonic cells). Molar pregnancy is classified as a type of gestational trophoblastic disease. The frequency of occurrence varies significantly between different countries. 1 in every 200-300 pregnant women is diagnosed with hydatidiform mole in the territory of Uzbekistan. Its frequency increased with age: in women over 40 years old, the pathology is detected much more frequently. The fact that the principles of monitoring women after evacuation of hydatidiform mole are not sufficiently developed indicates the urgency of conducting research.

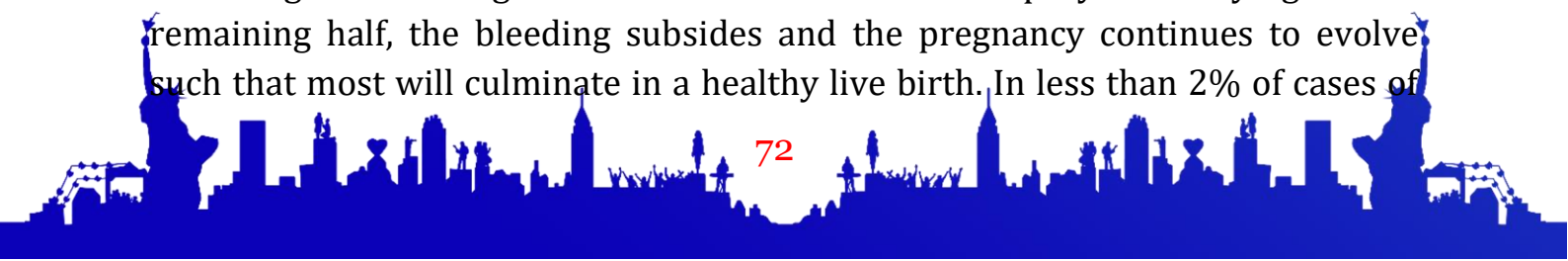
Keywords: molar pregnancy, hydatidiform mole, choriocarcinoma, optimal contraception, trophoblastic diseases

Objective: Development of rehabilitation criteria for women who have undergone molar pregnancy.

Materials and methods of research. The study will be conducted at the Maternity Complex №1 in Samarkand. A comprehensive approach will be employed, including clinical, laboratory, ultrasound, and statistical research methods.

The main group will consist of 43 women, who have undergone molar pregnancy. A comprehensive approach will be employed, including clinical, laboratory, ultrasound diagnostics methods. The expected objective of the work is improvement of reproductive health in women who have undergone molar pregnancy (hydatidiform mole) through the development of a comprehensive approach aimed at physical and psycho-emotional recovery.

Research results. In more than 20% of early pregnancies there will be some vaginal bleeding. About one half of these end up by miscarrying. In the remaining half, the bleeding subsides and the pregnancy continues to evolve such that most will culminate in a healthy live birth. In less than 2% of cases of





such bleeding the cause of early pregnancy bleeding is hydatidiform mole (molar) pregnancy. With molar pregnancy, the roots of the trophoblast (chorionic villi) undergo cystic degeneration and when the woman bleeds, these cystic structures are passed in dark blood, giving rise to the common description of “white currents floating in red currant jelly”.

More than 82% of molar pregnancies are benign (noncancerous). Treatment involves complete emptying of the uterus as soon as the diagnosis is made. Even in cases where a spontaneous passage of the molar tissue appears to be complete. The reason is to avoid the development of an invasive mole (chorioadenoma destruens), where the uterine wall is permeated by remaining tissue and to limit the development of choriocarcinoma (where the molar tissue becomes malignant). In the vast majority of properly managed cases however, outcome after treatment is usually excellent. Close follow-up with serial quantitative blood hCG testing, ultrasound and/or Magnetic Resonance Imaging (MRI) is essential. After treatment, the woman must use very effective contraception for at least 6 to 12 months so as to avoid pregnancy in order to allow for proper follow-up.

Conclusion. A comprehensive approach to improving the reproductive health of women who have undergone molar pregnancy will help women enhance their psychological well-being, quality of life, and chances for family planning.

The conducted research is aimed at preventing the recurrence of molar pregnancy and the progression to malignant trophoblastic diseases. Timely monitoring improves treatment outcomes for trophoblastic diseases. The use of optimal contraception for one year after the evacuation of a molar pregnancy prevents the recurrence of molar pregnancy and the development of malignant trophoblastic diseases in women.

