

My Experience Regarding to Hydatidiform Mole as a Precancerous Condition

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Dear Editor

In 1983, when I was in the first year of residency in Obstetrics and Gynecology, an eighteen years old mother died by invasive mole. Since the past 30 years, Mole hydatidiform (HM) as the origin of more invasive forms of Gestational Trophoblastic Neoplasia (GTN) [1] which affects women's health, has been as one of my concerns and I would like to share my perception and experience in this way with you.

I realized that perhaps all of the mothers who were managed in our hospitals for molar pregnancies had husbands who were constructive workers, agricultural workers, or gardeners. A question was formed in my mind; what is the reason for this similarity between these mothers? I expanded my observations outside the hospitals, went to the addresses of a lot of mothers who had been managed for mole in the past and asked the husbands' jobs.

After graduation and working as an obstetrics & Gynecologist, I faced to another question; why we do not cut women's ways not to progress to the drastic conditions and worse outcomes? Is our responsibility being active in clinics and operative rooms? Should we play passive roles? Should we wait for starting an ill process and then we enter the scene and play our role as repairers? In other words I was thinking for preventions and being leaders in the health domain not just disease. Thus, I tried to study in Master of Public Health course and select the role of husband's job in hydatidiform mole as my dissertation title. I searched in the literature and found a few articles regarding to the etiology of HM and especially the role of husband's jobs [1-6]. The result of my research was published in 2008 [7].

I studied again on the risk factors of HM including the husbands' jobs a few years ago. For doing my second study and writing the report I was repeatedly reviewing the literature and found the following points:

Fortunately, early detection has been happening due to progress of sonography. Treatment modalities for GTN have been developed. A few studies conducted in the genetic field. Some numbers on incidence have been reported from different countries and hospitals. But, women are still involved in HM and GTN. Thanks and appreciation to all researchers and clinicians, most of the studies in GTN including HM were in therapy rather than improving the detection of risk factors and focusing on prevention steps. Why we could not nipped HM and GTDs in the bud?

Although, the term of Androgenesis in the pathogenesis of HM has been a scientific term [8], but a little is known about this process. During the past decades we did not work seriously for responding to this question; what is happening in the fertilization of a molar pregnancy? Why suddenly chromatin of ovum disappears and chromatin of sperm duplicate in the cytoplasm of ovum? If questions like this be solved, much improvement about abnormal changes in the cell level would be cleared.

I appreciate all opinions of my colleagues regarding to this letter.

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