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**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1011060>Available online at: <http://www.iajps.com>**Review Article****GESTATIONAL TROPHOBLASTIC TUMOR FOLLOWING
ECTOPIC PREGNANCY-A REVIEW****Fateme parooei¹, Mahmood Anbari², Morteza Salarzaei^{1*}**¹Medical student, Student Research Committee, Zabol University of Medical Sciences,
Zabol, Iran²Zabol University of Medical Sciences, Zabol, Iran**Abstract:**

Introduction: Trophoblastic tumor caused by ectopic pregnancy is a very rare occurrence, reported to be around 1.5 in one million births.

Methods: In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify the Gestational trophoblastic tumor following ectopic pregnancy. In this review, the papers published until early January 2017 that were conducted to study the Gestational trophoblastic tumor following ectopic pregnancy were selected.

Results: GTT following ectopic pregnancy is a very rare phenomenon and 4-76% of these cases are reported to be caused by ectopic pregnancy. Choriocarcinoma, in which the function of tube is faked, has also been reported in some cases as one of the complications of EP.

Discussion and conclusion: The most important part in interstitial ectopic pregnancy is timely diagnosis that will affect the course and outcomes of pregnancy.

Key words: Gestational, trophoblastic tumor, ectopic pregnancy

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INTRODUCTION:

Trophoblastic tumor caused by ectopic pregnancy is a very rare occurrence, reported to be around 1.5 in one million births. Due to excessive amount of blood in this type of pregnancy, the possibility of life-threatening catastrophic bleeding seems quite plausible (1). Although no mortality has been reported as a result of interstitial ectopic pregnancy, there have been plenty cases of uterine rupture having led to severe hemorrhage and hysterectomy (2). The incidence rate of ectopic pregnancy seems to have increased due to the widespread use of assisted reproductive techniques (3). Pulmonary tubes dysfunction, having a history of salpingotomies, proximal tubular adhesions, and pelvic infections are predictors of this clinical condition. The differential diagnosis of interstitial pregnancy from various types of ectopic pregnancy is required because clinical findings, management and results are different (4). It is quite important to diagnose this phenomenon as soon as possible in order to reduce the incidence of maternal complications and preserve women's fertility, because the mortality rate of this type of pregnancy is 7 times more than other ectopic pregnancies (5). Available methods for diagnosing this pregnancy include vaginal sonography and B-HCG circulation.

METHODS:

In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify the Gestational trophoblastic tumor following ectopic pregnancy. In this review, the papers published until early January 2017 that were conducted to study the Gestational trophoblastic tumor following ectopic pregnancy were selected.

FINDINGS:

GTT following ectopic pregnancy is a very rare phenomenon and 4-76% of these cases are reported to be caused by ectopic pregnancy. Choriocarcinoma, in which the function of tube is faked, has also been reported in some cases as one of the complications of EP (6). Early symptoms, such as amenorrhea, vaginal bleeding and increase in the level of BHCG, may be very similar to EP and 8 cases of exactly similar symptoms were reported from 1962 up to 1981 by the center of trophoblastic disease in the West of America (7). Few reports have stated the possibility of post-EP GTT treatment. Lorain *et al* examined 8 patients, 6 of whom had Metastatic disease and 2 of whom died. Qian *et al* examined 13 patients wrongly diagnosed with post-EP GTT from 1999-2003, 10 of whom turned out to have choriocarcinoma and 3 of whom invasive mole; the placental sites of these patients were fallopian tube, uterine horn, and

peritoneal cavity. All patients recovered through a combination of surgery and complementary chemotherapy.

DISCUSSION AND CONCLUSION

The most important part in interstitial ectopic pregnancy is timely diagnosis that will affect the course and outcomes of pregnancy (8). The lack of attention of the physician to perinatal care of pregnant women and the late diagnosis of ectopic pregnancy can lead to uterine rupture, severe bleeding, hysterectomy and loss of reproductive capacity of a woman; a mortality rate of 7 times more than other forms of pregnancy is another indication of the danger and the importance of early diagnosis of this type of pregnancy (9). Clinical symptoms, vaginal sonography, and serum test of B- HCG are the main available methods for the diagnosis of this type of pregnancy (10).

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