

# A CASE OF CHORION-EPITHELIOMA OF ECTOCERVIX IN A POST-MENOPAUSAL WOMAN

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## *Introduction*

Chorion-epithelioma is a rare tumour having its peculiar features which distinguish it from all other tumours. This malignant growth is usually described as a tumour of one individual infiltrating the tissues of another individual, i.e. the tumour of trophoblast of the embryo infiltrating the tissues of the mother. It almost always arises from a pregnancy which may be uterine or extra-uterine. Apart from the uterus as the common primary site of the tumour, other primary sites in the tube, ovary, cervix and the peritoneal cavity resulting from a pregnancy in these organs have been described.

As the tumour also occurs in the testes of the male, another source of its origin, i.e. teratomatous, has been speculated and accepted. The common sites of the teratoma in order of frequency are the testes, ovary, retroperitoneal region, the anterior mediastinum, the presacral, the coccygeal region and that of the base of the skull. Teratoma of the viscera other than gonads is extremely rare, for example, of stomach or kidney. A teratoma of the uterus has not been previously recorded (White 1955). White reported a case of chorion-epi-

thelioma of the uterus in a post-menopausal woman and ruled out the possibility of its being of teratomatous origin.

There still remains a group of chorion-epithelioma where no satisfactory explanation can be found regarding their origin. Such a bizzare case is here described in a post-menopausal woman.

## **Case Report**

Patient M, aged 47 years, was first seen at the above hospital on 7th December, 1957. She complained of blood-stained foul smelling discharge per vaginam for the last 3 months.

## **Menstrual and Obstetric History**

She attained menarche at the age of 13, married in the 15th year and had one full-term natural delivery in her 21st year. She never had any conception after that. Her periods were re-established six months after childbirth and since then had been regular, once in every 39 days, flow painless, moderate in amount and lasting for 3 to 4 days. In her 45th year, she had a sudden cessation of her periods (menopause). One and a half years later, she had painless irregular vaginal bleeding of one and a half months' duration for which she was admitted in a hospital on April 29, 1957. She had a curettage done and was discharged on the third day. She was free from symptoms till the first week of September 1957 when the present complaint started. No histological report on the curetted material was available.

She was an intelligent woman remembering even the exact dates of past events. She was ill-nourished and anaemic with Hb. 35%. No abnormality could be detected in the cardiovascular system except a soft haemic murmur in the precordium. Respiratory system was clinically normal. Her blood pressure was 140/70 mm. of mercury.

On vaginal examination a large cauliflower type of growth arising from the cervix, friable and bleeding freely on examination, was detected. There was partial infiltration of parametrium on the right side. The exact position and size of uterus could not be made out. Speculum examination showed a necrotic cauliflower growth filling the whole of the vagina. The growth was darkish in colour.

On 12-12-1957, biopsy was done from the growth and the report was "chorion-epithelioma". X-ray chest on 9-1-1957 showed bilateral secondaries in the lung parenchyma giving a typical "cannon ball appearance". Male frog test for chorionic gonadotrophic hormones was positive in 1 in 100 dilution on 23-12-1957.



Fig. 2

Chorionepithelioma of Ecto-Cervix.

In view of the radiological, histological and biological findings, a diagnosis of chorion-epithelioma was made.

She was operated on 24-12-1957 after a pre-operative blood transfusion of 350 cc. of group "B" compatible blood. On opening the abdomen, the supra-vaginal portion of the cervix was found to be expanded considerably. The utero-vesical fold of peritoneum itself was very oedematous

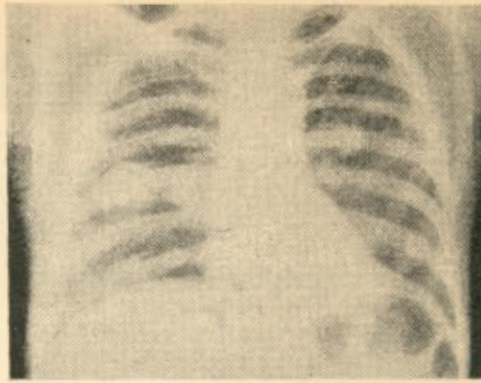


Fig. 1

Skiagram of chest showing secondaries in lungs.

and thickened. Through the peritoneum, a dark nodule could be seen perforating the expanded supra-vaginal cervix. The ovaries and tubes were normal. As it was found impossible to proceed with total hysterectomy without reducing the size of the cervix, it was incised vertically after reflecting the bladder peritoneum. Polypoidal masses of the tumour tissue were seen and the major portion was removed per vaginam by another assistant. A total hysterectomy with bilateral salpingo-oophorectomy was done and abdomen closed.

Examination of the specimen showed the growth arising from the ecto-cervix. The endometrium, the myometrium, the endocervix and the tubes and ovaries were perfectly normal.

#### Histological Examination

Sections from haemorrhagic nodular growths around the cervix showed irregular sheets of chorion-epitheliomatous cells showing areas of haemorrhage and necrosis. No preserved villi could be seen. Both Langhans and syncytial cells showed frank malignant characteristics. Section from the cervix showed infiltration with similar cells with intact endocervical epithelium. Uterus, tubes and ovaries were normal.

Post-operative period was uneventful till 15-1-1957. On 15-1-1957, she had a profuse bout of bleeding per vaginam which was controlled by vaginal pack and 500 cc. of group "B" blood was given. The vaginal pack was removed after 48 hours.

On 7-1-1958, i.e. two weeks after the operation, the frog test was positive with undiluted urine and X-ray of the chest showed lung secondaries which had grown bigger. On 23-1-1958, i.e. four weeks after the operation, the biological and radiological investigations were repeated. The lung secondaries had still grown bigger in size and the male frog test was positive in 1 and 50 dilution this time. As the patient was too weak to stand any deep X-ray treatment it was decided to give her heavy doses of ethinyl oestradiol in the hope that oestrogens may check the growth of the metastases. The patient however had another bout of haemorrhage on 27-1-1958 which was controlled by vaginal packing. She expired on 31-1-1958. A post-mortem could not be obtained.

### Discussion

The case was diagnosed clinically as "carcinoma of the cervix" which on further investigations proved to be chorion-epithelioma. While considering the possibility of its origin from a previous pregnancy, the most common source, the points against are:—

(1) The last pregnancy was 25 years ago.

(2) The endocervix and endometrium were essentially normal on macro and microscopic examination.

(3) The sudden cessation of menses at the age of 45 years, followed by amenorrhoea of 1½ years duration, has in all probability to be taken as menopause. The bleeding following this, of 1½ months' duration, was painless and could not be due to a pregnancy, either uterine or cervical, though occasional cases within six months to one year of menopause have been reported in the literature. These are however more common after an irradiation menopause where

the ovaries may resume their function.

The other possibility of its teratomatous origin is unlikely because no case of teratoma of the uterus or cervix has been reported in the literature and there was nothing to suggest its being a teratoma.

The case could therefore be added to the list of three cases of chorion-epithelioma reported by Park and Lees (1950) after a careful review of the literature which were not at the site of a teratoma or an associated pregnancy.

### Summary and Conclusions

(1) A case of chorion-epithelioma of the ectocervix with metastases in the lungs occurring in a woman aged 47 years is described.

(2) The known pregnancy in this case was 25 years ago.

(3) The woman had attained menopause at the age of 45 and the first vaginal bleeding occurred one and half years after menopause.

(4) The possible origins have been discussed.

(5) The case is reported because of its rarity.

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