TWO CASES OF SYNCYTIAL ENDOMETRITIS

by

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Two cases of syncytial endometritis which we have come across in course of the routine follow-up of patients who had expelled vesicular moles are reported. The diagnosis in both the cases was made by histological examination of the uteri removed after hysterectomy. These cases raise interesting problems for the gynaecologist and hence we decided to present them at the meeting.

Case 1: A 3rd gravida, aged 20 years, was admitted to the Assam Medical College Hospital on 30th March, 1957, with a history of irregular vaginal bleeding continuing for 8 weeks, after a period of amenorrhoea of 12 weeks. She had occasional vomiting and gave history of haemoptysis 6 weeks back. Abdominal examination showed enlargement of uterus to the level of the umbilicus. No foetal parts were felt. F.H.S. was not audible. On vaginal examination the cervix was found healthy and no internal ballottment could be elicited. Biological test could not be done.

The patient was anaemic with a red cell count of 2.4 million and HB 45%, (Hellige) Skiagram of the chest showed no abnormality. Acid-fast bacilli were not found in the sputum. A diagnosis of vesicular mole was made and after a transfusion of 300 c.c. of blood, a drug induction on lines recommended by Cunningham was given on 8-4-57. The patient expelled a large mass of vesicles without any blood loss.

Histological examination of the vesicles showed irregular shape, size of Langhan's cells and presence of a large number of mitotic cells.

Irregular vaginal bleeding persisted. 2 weeks after the expulsion of the moles, on 25-4-57, a thorough curettage was performed and the curettings examined. During the operation a bimanual examination showed enlargement of right ovary. Histological examination of the material showed degenerated chorionic villi with irregular perolifera-tion of Langhan's cells. Blood-stained discharge continued for 10 days. Frog test, 25 days after expulsion of vesicles, was negative. An examination 5 weeks after expulsion of moles showed that the uterus was still enlarged to the size of about 8-10 weeks' pregnancy. Right ovary was still palpable. Exposure of the cervix with a speculum showed blood-stained discharge through the canal. X-ray of the chest showed no abnormality. Frog test was negative.

Due to persistence of bleeding, and the suspicious nature of the histological report, a total hysterectomy was performed on 16-5-57. Laparotomy showed enlargement of uterus and bilateral small cystic ovaries. The ovaries were left behind.

Description of Specimen. Uterus larger than normal (8 weeks' size). The endometrium was considerably thickened and had a peculiar waxy look with lobulation on the surface (like miniature placental cotyledons).

Histological Report. Syncytial giant cells penetrate the uterine musculature. Complete absence of chorionic villi and of Langhan's cells. A diagnosis of syncytial endometritis was made. Post-opera-

tive period was uneventful. She was discharged on 3.6.57. A follow-up, 6 weeks later, showed gain in weight and improvement in health. Skiagram of the chest showed no abnormality. Frog test negative. She has remained well since then.

Case 2: A patient, aged 20 years, was admitted to the Assam Medical College Hospital on 20-8-58 complaining of vaginal bleeding since previous night. She had amenorrhoea of about 16 weeks and had recurring vaginal bleeding for about a month previous to admission to hospital.

On admission the body temperature was 99.5°F. the B.P. 130/90 mm. of Hg. Anaemia was well marked, Hb was 50%. The uterus corresponded to about the size of 28 weeks' pregnancy. Fairly strong contractions were felt. Foetal parts were not palpable and foetal heart was not audible. Examination of urine showed presence of albumin and a large number of R.B.C.s per each microscopic field. 1/4 gr. of morphine was injected and 5% dextrose in saline administered intravenously.

Skiagram taken on 21-8-58 showed absence of shadow of foetal bones. She developed anuria, for which 5% dextrose drip was continued and Bull's mixture given by intragastric drip. On 21-8-58 pitocin in 2 unit doses was injected every 1/2 hour. The uterus contracted strongly and expelled the vesicles. As the condition of the patient was very low no exploration of uterine cavity was done at this stage.

Bull's mixture was continued. Gradually secretion of urine reappeared. Later the patient received transfusion of 350 c.c. of blood. Frog test done on 1-9-58, i.e. 10 days after the expulsion of vesicles, was negative. Histological examination of the vesicles did not indicate malignancy. After the patient improved a diagnostic curettage was attempted on 23-9-58. With the dilatation of cervix the patient started bleeding so profusely that the attempt of a curettage was abandoned and just one strip of endometrium containing a vesicle was removed. The uterine cavity had to be plugged to stop bleeding. Histological report did not indicate malignancy. The patient continued to have a blood-stained discharge and had recurring attacks of vaginal bleeding for which a second curettage was undertaken on 14-10-58. This time the material was absolutely scanty but the patient bled freely during the operation.

Irregular bleeding continued. Frog test was all along negative.

Due to persistence of irregular bleeding for over three months after expulsion of mole a hysterectomy was decided upon. Accordingly on 27-11-58 a total hysterectomy was performed.

Description of Specimen

Uterus enlarged and bulky. When cut open small vesicles were seen inside the musculature near the cervico-uterine junction and in the fundus. A small haemorrhagic ulcerated area was seen near the cervico-uterine junction.

Histological Report

Syncytial Endometritis. The patient made an uneventful recovery and was discharged from the hospital on 12-12-58.

Discussion

The diagnosis of syncytial endometritis in 2 cases reported was made after hysterectomy.

Novak considers it to be a post-pregnancy condition of the uterine wall characterised by syncytial infiltration together with marked inflammatory reaction and perhaps necrosis. He does not favour the term tumour as it represents only unusual persistence of trophoblastic elements after full-term pregnancy, abortion and also vesicular moles. He considers it to be a common finding in the curettings done after vesicular mole and should not be mistaken for malignancy. Herting and Sheldon reported 9 cases of syncytial endometritis in 200 cases of vesicular mole. Of these, 2 are alive and well with their uteri seven months and four years respectively after delivery of the moles, the remaining seven all

having had a hysterectomy. One of these died post-operatively but the remaining 6 are alive and well, 3 months to 9 years later. The authors are of opinion that the lesion is not often, if ever, truly malignant. Gordon King considers syncytial endometritis rather an unsatisfactory term which tends to describe conditions which cannot be regarded as simple residual mole and yet are not sufficiently clear cut to be diagnosed as chorionepithelioma. He thinks it is impossible to tell simply from endometrial curettings whether or not the uterus is extensively involved by the mole or to exclude the chances that malignancy may be commencing to develop at a point within the wall of the uterus.

In the two cases reported, irregular bleeding continued for a fairly long time after the expulsion of moles. In the first case, the examination of the curettings was suspicious of malignancy. In the second, the first attempt at curettage was met with profuse bleeding and in the second the material was scanty and afforded no information about the uterine pathology. It is well known that sometimes an intramural growth may be missed by the curette. In the case of chorionepithelioma reported by F. J. Browne the biological test was negative in the beginning. The clinician is on the cross road. In view of the risks involved an early decision to save the patient must be taken. One must at the same time avoid unnecessary sacrifice of the uterus.

We had to decide if the uterus should be removed or not. Delay or hesitancy would have given us nothing but regret for the lost opportunity if the patient subsequently developed chorionepithelioma.

Reis and DeCosta have reported a case where hysterectomy was done under similar conditions and the histological examination showed it to be a case of syncytial endometritis.

References

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