# CHORIONEPITHELIOMA WITH FEATURES OF ECTOPIC GESTATION

by

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The diversity and multiplicity of clinical manifestations of chorionepithelioma are well recognised. The study of chorionic carcinoma presents more peculiar problems in its diagnosis, prognosis and treatment than any other known tumour process.

The following case is presented in view of some of its rare and interesting clinical features.

**Case Report**

V. M., 34 years, para 2 + 1, was admitted to the Maternity Dept. of General Hospitals, Pondicherry, on 16-11-61 with complaints of acute pain in the lower abdomen associated with slight vaginal bleeding and followed by fainting attacks since last 24 hours.

Her previous menstrual history was regular with a cycle of 4-5/28-30 days. The last normal menstruation was on 4-7-61. Her periods for the last three or four months were irregular, profuse and sometimes prolonged.

The obstetric history revealed that she had two normal term deliveries; both children were living; the last confinement was 8 years back. She had one abortion at 3rd month about a year back.

On examination, her general condition was very poor and she was in a state of shock. She appeared grossly ill and very pale. Her pulse was 130 per minute with low volume and tension. The temperature was 100°F. and her blood pressure was 90/60 mm. Systemic examination revealed nil abnormal. Abdominal examination was attended with severe tenderness over the hypogastric and right iliac regions. No definite lump could be palpated. There was generalised meteorism.

Bimanual pelvic examination showed that the cervix was tender to touch and the os was closed. The uterus was normal in position, slightly bulky and softish. An ill defined, tensely cystic, tender mass was felt through the pouch of Douglas and right postero-lateral fornix. Scanty vaginal bleeding was seen on the examining finger. A diagnosis of ruptured ectopic pregnancy was made. Her haemoglobin was 6.8 gm% and the urine did not reveal any abnormality.

Immediate laparotomy was performed. On opening the abdomen, the peritoneal cavity was found to be full with blood. The uterus was irregularly enlarged and there was a big friable growth involving its right posterior surface and right broad ligament. There was a considerable amount of bleeding from the growth on handling the tissues. Both the ovaries were large, polycystic and lobulated, the left one being larger than the right. Considering it to be a case of chorionepithelioma, a quick hysterectomy with bilateral salpingo-oophorectomy was performed. The patient received 2 pints of blood during the operation.

Immediate postoperative period was uneventful. Next day, her chest was radiologically investigated and the urine was sent for biological test. The x-ray of the chest was normal and the male toad test was positive on undiluted urine and in dilutions of 1:100 and 1:200. On 3rd postoperative day, the patient suddenly complained of severe headache, soon became unconscious and expired. Permission for post-mortem examination could not be obtained and so evidences of visceral metastasis could not be determined.

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The specimen showed a friable growth with spontaneous perforation on the right posterior aspect of the uterus and involving the right broad ligament (Fig. 1). Theca-lutein cysts were present in both the ovaries. On cutting open the uterus anteriorly, a haemorrhagic polypoidal growth could be seen arising from the right posterior wall of the uterus and protruding inside the uterine cavity (Fig. 2). Histological examination revealed that the material from the uterus with the growth presented a typical picture of choriocarcinoma consisting of both types of cells with haemorrhage and muscle destruction (Fig. 3). The section from the ovaries showed theca lutein cells in the wall of an old atretic follicle at some places and at places the cyst wall was devoid of any epithelial lining.

*Discussion*

The diagnosis of chorionepithelioma becomes easy with a typical history of persistent vaginal bleeding following a molar pregnancy, gradual wasting, cough, haemoptysis and a positive pregnancy test of urine in high dilutions. But, the diagnosis is difficult in cases with unusual clinical features. It is rather uncommon to find a case of choriocarcinoma presenting with features of disturbed ectopic pregnancy.

The present case was admitted with the classical history and clinical features of a disturbed ectopic gestation. The condition of the patient demanded an immediate laparotomy which revealed a typical chorionepithelioma with spontaneous perforation of the uterine wall and extensive intraperitoneal bleeding. Her sudden death on the 3rd postoperative day following headache and unconsciousness, led to the suspicion of an intracranial haemorrhage from a cerebral metastasis of chorionepithelioma. Development of the malignant tumour in this case could be related to the abortion which occurred one year back.

Hazra and Paul (1961) reported a case of chorionepithelioma which presented with typical features of disturbed ectopic pregnancy following a history of evacuation of hydatidiform mole. Paranjothy (1968) observed that one of their cases of choriocarcinoma had an emergency laparotomy for a suspected ectopic pregnancy. Laparotomy revealed two fungating growths on the posterior wall of the uterus which resulted in massive intraperitoneal haemorrhage. The possibility of choriocarcinoma should be kept in mind in cases of suspected ectopic gestation, specially if the latter are preceded by a history of vesicular mole or abortion.

*Summary*

A rare and interesting case of choriocarcinoma simulating disturbed ectopic gestation has been reported.

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*References*

1. Hazra, S. and Paul, S. K.: J.I.M.A., 37: 557, 1961.
2. Paranjothy, D.: J. Obst. & Gynec. India, 18: 967, 1968.

*See Figs on Art Paper II*