CHORIOCARCINOMA OF THE FALLOPIAN TUBE

(A Case Report)

by

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and

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Although choriocarcinoma of the uterus is reported in the literature with an incidence of 1:40,000 pregnancies, the incidence of choriocarcinoma of the fallopian tube is very rare.

Heiss studied 540 tubal pregnancies and found one case of choriocarcinoma i.e., 0.18%. Fimarola 1947 studied 436 cases of ectopic pregnancy and did not find a case of choriocarcinoma. Madden reported 50 cases of choriocarcinoma of the fallopian tube from the literature published all over the world upto 1950.

Case Report

Mrs. L., aged 24 years, was admitted on 6-7-1972 at 11.30 A.M. with a history of bleeding per vaginam off and on for the past 6 months. For the last 15 days she did not have any bleeding, but had pain in the abdomen and loss of appetite.

Obstetric History: Married for 6 years. One premature delivery—Baby lived for 1 year and died. After that she did not conceive at all. Last delivery was 5 years ago.

Menstrual History: Regular before and after the delivery, 3-4/28-30 days with moderate flow. Since 6 months patient had bleeding per vaginam off and on.

On Examination: Patient was very anaemic. Tongue pale, but moist. Pulse 116/per minute. B.P. 100/70. Respiratory and cardio-vascular systems were normal.

Per Abdomen: There was a tender soft midline swelling corresponding to 20 weeks' gravid uterus. There was no evidence of free fluid in the peritoneal cavity.

Bimanual Vaginal Examination: Movements of cervix were very tender. Cervix and uterus were shifted posteriorly. A mass was occupying the anterior fornix, which was felt per abdomen.

A provisional diagnosis of ectopic pregnancy or a twisted ovarian cyst was made and laparotomy was immediately undertaken.

Laporatomy Findings: On opening the abdomen there was free blood in the peritoneal cavity. There was an irregular nodular haemorrhagic mass arising from the region of left tube. There were plenty of omental adhesions around the mass. Except for this, the mass was free. There was no other nodule in the peritoneal cavity. The whole mass (6" x 6") was removed and sent for histopathological examination.

The right tube and ovary were normal. The left ovary was also normal, but was morbidly adherent to the mass and hence removed along with it. Uterus was normal in size and appearance. Abdomen was closed in layers. Patient received a pint of blood on the table.

Histopathological report: Choriocarcinoma of left tube. Ovary, unremarkable. Tumour shows predominantly haemorrhagic necrosis with small masses of surviving chorio-cancerous tissue. Omentum shows focal collection of chronic inflammatory cells. No evidence of infiltration.

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Postoperative period was uneventful. Postoperative X-Ray—showed no evidence of secondaries and curettings were negative for choriocarcinoma.

Patient was given a course of methotrexate 5 mg., three times a day, for 5 days after which a pregnancy test was done. It turned out to be negative and hence the patient was discharged.

Discussion

Histogenesis of choriocarcinoma of the tube remains obscure. Views put forth by Rigg's *et al* 1964 are:

1. Arises from an ectopic pregnancy.
2. Intrauterine pregnancy that has spread to the tube via embolic transport of chorionic villi.
3. Arises from a teratomatous change within the tube.
4. Metastasis from uterine choriocarcinoma with disappearance of the primary.

The reported incidence of primary choriocarcinoma of the fallopian tube varies with different authors. In relation to choriocarcinoma in general, Risel in 1905 estimated that 30% of 300 cases of choriocarcinoma were tubal in orgin, whereas Polloson and Violet, in 1913, found only 0.65% of 445 cases. Hitschmann in 1928 stated that approximately 2.5 to 5% of all cases of choriocarcinoma were tubal in origin.

In relation to choriocarcinoma following an ectopic pregnancy, Fimarola in 1947 did not find a case of choriocarcinoma in a study of 436 cases. Heiss 1954 reported one case of choriocarcinoma of the tube out of 540 cases of ectopic pregnancy i.e. 0.18%. In our hospital for the past 5 years there has been no case of choriocarcinoma of the tube. The number of ectopic pregnancies during the last 5 years was 96. Chatenzew in 1930 very correctly stated that choriocarcinoma would be more common except that most tubal pregnancies degenerate, die or are surgically removed before chorionic changes take place.

Tubal pregnancy per sé predisposes to choriocarcinoma because the base of implantation of the ovum is in the tubal epithelium and there is poor nutrition for the ovum because of an insufficient vascular bed. Hence, there is a marked proliferation of the chorionic elements in an attempt to supply extra nutrition to the ovum. These elements eventually progress to choriocarcinoma.

The diagnosis of choriocarcinoma of the fallopian tube is difficult to make. This lesion possesses many of the characteristics of choriocarcinoma of the uterus, including the similarity in age group, clinical symptoms and positive hormonal titres. An unusual characteristic of choriocarcinoma of fallopian tube following an ectopic pregnancy is that it is never preceeded by a hydatidiform mole. Our case is interesting as the presenting clinical symptoms and signs were suggestive of a twisted ovarian cyst.

Summary

A case of choriocarcinoma of tube which presented as a twisted ovarian cyst is reported. Its incidence and histogenesis are discussed.

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Fig. 1
Gross appearance of tumour.

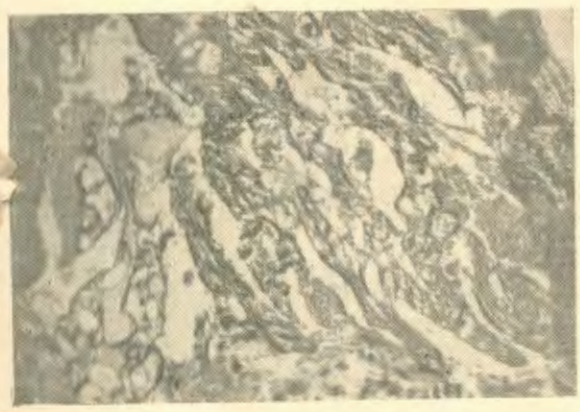

Fig. 2
Microscopic appearance, low power.

Fig. 3
Microscopic appearance, high power.

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See Figs. on Art Paper I