

CHORIOCARCINOMA ASSOCIATED WITH NORMAL PREGNANCY

by

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Choriocarcinoma after normal delivery is a rare condition and the interval between pregnancy and malignancy is usually long in the reported cases (Tow and Cheng 1967).

An unusual case of choriocarcinoma with vaginal and lung metastases discovered just after normal delivery is reported.

CASE REPORT

The patient, aged 20 years was brought to the emergency department, Malda District Hospital on 21.6.1973 at 10 a.m. with the following complaints:

(1) Normal delivery of full term stillborn baby and spontaneous expulsion of placenta at 6 a.m. on 21.6.1973. (2) Profuse bleeding per vaginam since delivery.

Previous Menstrual History

Her menstrual record was normal in between pregnancies. She had menstruation every 28 to 30 days, the flow was normal lasting for 3 to 4 days. Her last normal menstrual period was on 29.9.1972.

Previous Obstetric History

She had two normal confinements previous to the present pregnancy, the first one 4 years and the second one 2 years back.

Present Pregnancy

During present pregnancy she became extremely weak and anaemic. She could not have had any ante-natal check-up.

General Examination

The patient looked extremely pale and shocked. The pulse rate was 140/min., the volume

and tension were extremely low. The recorded blood pressure was, systolic 70 mm Hg and diastolic 30 mm Hg. Heart sounds were normal. Respiratory system: nothing abnormal was noted on the day of admission.

Abdominal Examination

The uterus was hard to feel and the height was midway between umbilicus and symphysis pubis.

Pelvic Examination

A lobulated friable growth one and half inch in diameter was found involving lower portion of the clitoris and paraurethral region (Fig. 1). There was profuse active bleeding from the growth at the time of admission. There was no active bleeding from the uterus. Femoral and inguinal group of lymph nodes were not palpable.

Morphine sulphate was given intramuscularly. Intravenous transfusion of 5% glucose saline was followed by transfusion of two pints of blood, Group AB, Rh positive.

A small portion of the friable growth involving the clitoris was sent for biopsy. To check the bleeding, a purse string suture was applied in the tissues surrounding the bleeding growth.

12 P.M.: Blood pressure was systolic 110 mm Hg and diastolic 70 mm Hg.

Provisional diagnosis was haemangioma of clitoris in pregnancy.

Investigations

21.6.1973 Blood examination report: Haemoglobin 4.9 Gm%, White blood corpuscles 6020/cu.mm. Urine examination report—normal.

Therapy

Imferon 5 c.c. was injected daily intramuscularly. Crystalline Penicillin 5,00,000 units was injected intramuscularly twice daily for 7 days.

There was occasional serosanguinous discharge from the lobulated growth.

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28.6.1973: The patient complained of pain in the lower portion of right side of chest and the pain increased with respiration. She also complained of non-productive cough. A skiagram of the chest was taken on the same date, it showed 'cannon-ball' opacities in lungs. (Fig. 2)

29.6.1973: Histopathological report of the growth showed picture of choriocarcinoma with massive haemorrhage. (Fig. 3)

30.6.1973: Hb. 7.5 Gm%. Urine examination on 30.6.1973, positive pregnancy test in 1:300 dilution of urine. Diagnostic curettage was done on 30.6.1973 and the report was choriocarcinoma.

A definite diagnosis of Choriocarcinoma with metastases in clitoris and lung was established.

2.7.1973: Repeat skiagram of chest showed the same picture as on 28.6.1973. (Fig. 2)

Management

Transfusion of two bottles of blood was given on 4.7.1973.

9.7.1973: Haemoglobin—10 Gm%.

10.7.1973: Methotrexate 20 mg daily was given orally for 7 days.

19.7.1973: Total hysterectomy with excision of growth in the clitoris was done.

22.7.1973: Hb. 9 Gm.%. WBC. 6000/cu.mm. Inferon 5 c.c. was injected intramuscularly each day for 10 days.

29.7.1973: Three courses of Methotrexate (20 mg daily for 7 days) were given with the interval of six weeks.

Results of the Treatment

The patient did not have any major complaint. Haemoglobin varied from 8.5 Gm to 9.5 Gm per 100 c.c. WBC count varied from 5800 to 6200/cu.mm. Urine examination showed positive pregnancy test in dilution varying from 1 in 50 to 1 in 100. Skiagraphy of chest showed no alteration in the findings. The patient went home on 2.12.1973 with antianaemic treatment. She was advised to attend clinic one month later.

18.1.1974: The patient complained of severe pain in the chest with acute dyspnoea. Skiagraphy of the chest showed massive effusion in both sides with sudden extension of metastases. The patient was admitted. Pregnancy test was positive with 1 in 500 dilution of urine.

20.1.1974: The patient suddenly died of respiratory failure. Postmortem examination was not allowed.

Comments

In this case the placenta was not available for macroscopic or microscopic examination, whether there was partial hydatidiform mole could not be ascertained.

Initially the case was suspected to be haemangioma clitoris and bleeding was thought to be due to trauma of child birth. Choriocarcinoma was suspected from the skiagraphy of the chest and the diagnosis was confirmed from the histopathological report and positive pregnancy test in diluted urine.

The assumption in this case was that choriocarcinoma started during the early pregnancy when the syncytial layers were active and the metastases appeared during the third trimester.

According to Tow and Cehng (1967) malignancy is probably present from the start and the case seems to prove the statement.

The prognosis of the case was unfavourable from the beginning, as the spread of malignancy was rather quick. The treatment was mainly palliative.

Tow (1967) has reported 55 cases of pulmonary chorionicarcinoma treated during 1956-1966. According to him, treatment with methotrexate should not be started unless haemoglobin is 12 Gm per 100 c.c. and WBC count is at least 4000/cumm. In this case the maximum Hb. level of only 10 Gm% could be attained before the drug therapy.

Hysterectomy should be avoided if the lung disease is extensive as hysterectomy does not improve the survival rate in pulmonary chorionicarcinoma.

In this case, hysterectomy was done to prevent the spread of malignancy.

The case responded to the treatment only for six months though the pulmo-

nary metastases did not show any improvement.

The cause of death was pulmonary insufficiency.

Conclusion

1. A case of Choriocarcinoma with metastases in lungs and clitoris during normal pregnancy is reported.

2. Treatment consisted of three courses of Methotrexate, hysterectomy and anti-anaemic therapy.

3. The patient died of extensive lung involvement.

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References

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See Figs. on Art Paper II