METASTATIC CHORIOCARCINOMA—COEXISTING WITH PREGNANCY

(Report of Case)

NIRMAL KUMAR SEN,* M.B.B.S., D.G.O., M.R.C.O.G.

Choriocarcinoma is a known serious complication, manifested as a delayed sequel to hydatidiform mole, abortions, ectopic pregnancy and delivery at term, but its coexistance with pregnancy, showing associated distal metastases is very rare (Lepow 1959; Steigard *et al* 1968 and Saxena *et al* 1971).

The clinical evidence of this highly malignant growth of the trophoblastic tissue, becomes relevant usually between 2 months to 2 years following a conception. Very rare cases are on record of a much delayed appearance. The infrequent occurrence and the vagaries of its behaviour, cause utter confusion regards its biological nature, clinical diagnosis and plan of treatment of choriocarcinoma.

Case Report

Mrs. P. G., 38 years. Para 6 + 1, Bengali was admitted in Eden Hospital on 10-2-72 with the presenting complaints:

(i) Amenorrhoea for six months, since early August 1971. (ii) Irregular bleeding per vaginam since 22-1-72. (ii) A firm swelling in the vagina, first noticed in early January 1972, which did bleed occasionally since 22-1-72. There was a history of a smart haemorrhage for which she was hospitalised in Krishnagar (a District hospital) and was transferred to Eden Hospital. (iv) Anorexia, palpitation with occasional breathlessness. (v) Gradual emaciation with progressive weakness for last two months.

Preliminary biopsy taken from the vaginal growth, at Krishnagar Hospital showed necrotic material, with evidence of scattered haemorrhages, aggregation of round cells, plasma cells and acute inflammatory cells only. No. evidence of malignancy seen.

Menstrual History: Menarche—13 years, 28 + 2 days, 4-5 days, flow—average, pain—nil. Last menstrual period—early August 1971. Patient had an induced abortion done in May 1971 at 10 weeks of gestation. She had her normal periods in June, July and August 1971.

Obstetric History: Para 6 + 1, all term normal deilveries. Last child birth—3 yrs., Last abortion in May 1971.

Past History of illness—Nothing suggestive.

Examination on admission

General condition—poorly, emaciated, anaemic, pulse—110 pm. respiration 22 pm, B.P. 110/70 mm of Hg.

Systemic Examination

Respiratory System—few fine scattered rales present in both lungs. Cardio-vascular system —nothing abnormal detected. Liver and spleen —Not palpable.

A midline suprapubic mass was felt 4" above symphysis pubis, mobile, with well defined outline, soft in feel.

Local Examination of the Vulva & Vagina. There was a cauliflower like growth 1 cm x 1 cm. arising from the inner aspect of the left labia minora. It was a friable, necrotic lesion and bled freely on touch.

On Vaginal Examination: The uterus was en-

*Ex-Registrar, Eden Hospital, Medical College Hospital, Calcutta.

*Surgeon, Department of Obstetric & Gynaecology I.P.G.M.E. & R. and S.S.K.M. Hospital, Calcutta.

Accepted for Publication on 10-3-76.

larged to 16 weeks size of pregnancy, soft in consistency. The fornices were clear.

Cervix—was soft with erosion, **External os** patulous, **Internal os** closed. No uterine bleed-was seen.

Laboratory Investigations

Blood—Hb—7 gm%, W.B.C. 7000/cmm, poly 64%, lympho 30%, mono—4%, eosino 2%, E.S.R. 45 mm 1st hour, **Blood Sugar**—fasting 80 mgm%, postprandial 108 mgm%, **Blood Urea**—25 mgm%, **Blood Group** "O" Rh — D + ve.

Urine: Routine examination—nothing abnormal detected. Male Toad test for pregnancy +ve in 1 in 50 dilution.

X-Ray Chest: Showed multiple cannon ball opacities in both lung fields.

On 13-2-72 the patient complained of spasmodic pain in the lower abdomen with fresh vaginal bleeding. She expelled the products of conception spontaneously, a sac with necrotic fibrinous materials and clots en masse. There was no evident vesicles seen to suggest hydatidiform mole.

Histopathological examination—showed chorionic villi with hydatid changes in the stroma with marked proliferation of trophoblasts.

16-2-72—The vaginal growth extended rapidly and encroached almost upto the fourchette.

Local excision of the growth with a thorough endometrial curettage was done and sent for histopathological review.

Histopathological report—from both the growth and endometrium confirmed choriocarcinoma.

There was progressive anaemia. Repeated blood transfusion was given with antianemic treatment as an adjuvant.

Preoparative Chemotherapy—Patient was put on Methotraxate 5 mgm tablets four times a day for 5 days.

26-2-72: Laparotomy was done under Gas and Oxygen anaesthesia. Total hysterectomy with bilateral salpingo-oophorectomy was done. There was no evidence of any secondary deposits.

Macroscopic: The uterus was bulky 10 weeks pregnancy size, soft with smooth outer surface. On section the uterine myometrium was hypertrophied. The endometrium was thick, haemorrhagic in areas. An irregular necrotic growth about 2 cm x 2 cm was seen at the fundus.

Histopathological Report: Section from the growth showed Choriocarcinoma. Section from ovaries showed corpus luteum and corpora albicants. **Cervix**—showed cystic dilatation of some of the cervical glands with no evidence of malignancy.

Postoperative recovery was uneventful. The vulval growth recurred with recurrent bleeding.

Postoperative Chemotherapy

Methotraxate 5 mgm tablets, one four times a day was given for 5 days and the course was repeated again after 10 days.

Follow up: There was a rapid regression of the lung metastases and the subsequent X-ray showed—clear lung shadow—The vaginal growth receded promptly and cleared up.

The patient was followed up very regularly for 6 months and failed to turn up, since she came from a far off place.

Discussions

The symptoms of chorio-carcinoma are so bizzare that sometimes the diagnosis is completely missed. The usual presenting symptoms of intermittent, irregular uterine haemorrhage was absent in this case. The first bleeding episode was from the vaginal growth at 14-16 weeks gestation. The period of amenorrhoea with the passage of the products of conception en masse was another uncommon feature in this case.

The finding of the marked proliferative activity of the trophoblasts in the villi could have been the changes occurring in this placenta of the current conception or alternatively as suggested was the remnants of the trophoblastic tissue from the previous abortion, which had remained dormant and turned malignant subsequently. Resumption of normal cyclical menstruation after the induced abortion speaks against the previous pregnancy being the precursor of chorio-carcinoma in this case.

The male toad test in this case was very misleading as it was only positive in

1:50 dilution, and was negative on repeated estimation in 1:100 or 1:200 dilutions. It did not correlate and correspond to the common critetrion of hydatidiform mole or choriocarcinoma. The test may even be negative with active lesions of choriocarcinoma, where the production of gonadotrophic hormones is low and fails to give a positive reading (Paranjothy 1968, Kalyani 1961, Mukherjee and Banerjee 1967).

With the advent of chemotherapy the choice of treatment is a combination of chemotherapy with radical surgery. A maintenance course of chemotherapy following surgery in this case helped in complete regression of the secondaries. Chemotherapy has been tried alone in some cases with encouraging results with a rigid follow up.

Summary

A case of Choriocarcinoma with multiple secondaries co-existing with pregnancy in a multiparous woman is reported. The male toad test was inconclusive in this case and the primary biopsy was misleading. The subsequent investigation lead to the diagnosis. The patient responded well to surgery with adjuvant chemotherapy.

Acknowledgement

I am thankful to Dr. (Mrs.) M. Konar (Actg. Head of the Department) Department of Obst. & Gynec., Eden Hospital Calcutta for her kind permission to publish this case and to Dr. B. Chakraborty, Principal Superintendent, Medical College Hospital, Calcutta for his kind permission to publish hospital records.

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