CHORIOEPITHELIOMA

(A Case Report)

by

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This extremely malignant tumor of the trophoblast is also called chorio-carcinoma. This disease has exceptionally high incidence in Philippine islands. It arises only once in every 40,000 to 50,000-pregnancies. This growth rarely commences during pregnancy, but more commonly arises afterwards from remaining islets of trophoblastic tissue. When it arises during pregnancy, it does so mostly between 3rd and 4th months of gestation. In this case the patient had only one month and 15 days amenorrhoea. Often the disease presents by way of its metastases. Thus the occurrance of intraperitoneal haemorrhage, development of haemothorax, complaint of dyspnoea, or haemoptysis, or appearance of neurological signs and symptoms can be first evidence of chorioepithelioma. Histologically, the diagnostic feature is complete absence of villi.

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CASE HISTORY

A patient Mrs. S. J., aged 22 years R. No. 42971 came to Gynaec. O.P.D. on 15-12-1975 with complaints of pain in lower abdomen and bleeding per vaginam for last 4 days. Her past menstrual history was normal. This time she had bleeding per vaginam after 1½ months amenorrhoea. She was married for last 6 years, but she had not conceived previously. So she was taking treatment for primary sterility, from a gynaecologist. She had undergone dilatation and curettage before 4 years. Her Blood Pressure was 110/80 mm. of Hg, pulse 80/min. Abdominal palpation showed, a small mass arising from pelvis, extending upto 2 to 3 cms. above symphysis pubic. The mass was firm in consistency, slightly tender and had restricted mobility.

Per speclum: Cervix was healthy, pink and no discharge was seen.

Per vaginam: Cervix pointing downwards and backwards. 10 weeks' size, firm, surface was nodular and the mass which was felt per abdomen was continuous with uterus. There was no tenderness. The patient was admitted with a provisional diagnosis of fibroids with early pregnancy.

Investigations

HB.10gms%, urine albumin & sugar-Nil. Blood urea 30 ugm%, blood sugar 100.0 ugm%. Blood group—A, Rh. + ve.

On next morning, at 7. a.m. patient had severe agonising pain in lower abdomen. Her pulse became weak, thready and rate was 120 minute Her B.P. fell to sytolic 60 mm. of Hg., Her tongue conjunctivae and nails were extremely pale. She

was cold and signs of free fluid in abdomen were present. Vaginal examination was painful and not conclusive. There was slight bleeding per vaginam. She was resucitated by giving intravenous fluids, vasopressors, corticosteroids, blood, and X-ray abdomen was taken which showed no abnormality or pathological signs. Urgent laparotomy was performed.

On opening the peritoneal cavity free blood was found. The left side of anterior uterine wall was sloughed and necrosed. There was a small perforation in lower part which was bleeding profusely. There were 3 small fibroid-like projections on uterine walls. All 3 projections were necrosed and they were bleeding furiously. An attempt was made to suture the lower perforation but it was not possible because the tissues were extremely friable. Both ovaries were normal.

Subtotal hysterectomy was performed. Haemostasis was secured with great difficulty. During operation patient was given 3 bottles of blood. With intensive resucitation patient came out of shock. Then, the post operative period was eventless. Stitches were removed on 7th day, wound healed well.

The histopathological examination revealed, chorioepithelioma. A search was made to detect metastatic lesions, but no secondary metastatic lesions were found. Patient was put on Actinomycin-D (Injection 0.5 mgm. I.V. (5 day courses) At present she is under treatment and is improving.

See Figs. on Art Paper VI