

CHORIOCARCINOMA FOLLOWING SPONTANEOUS ABORTION

(A Case Report)

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In a 5 year study of cases of choriocarcinoma in the Department of Obstetrics and Gynaecology, S.N. Medical College, Agra, 22 cases were seen with various modes of presentation. Contrary to the world literature in which a sizable percentage of the cases develop choriocarcinoma following abortion, in the present study only 1 patient presented as a full fledged case of choriocarcinoma following spontaneous abortion.

CASE REPORT

Mrs. B. D., aged 30 years was admitted with complaints of amenorrhoea—3 months, followed by bleeding per vaginam for which evacuation was done 6 weeks back.

The patient dated her present illness to 4½ months prior to admission when she conceived. The first 10 weeks were uneventful but at 12 weeks she had considerable amount of bleeding per vaginam for which an evacuation was done. Despite the evacuation she continued to have bleeding which at times was profuse enough to incapacitate her and she was evacuated subsequently at intervals of 1 week and 3 weeks following the initial evacuation but her symptoms persisted till she was admitted to this Hospital. There was no history of expulsion of molar tissue.

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She was a 6th gravida, 6th para and had her last childbirth 3½ years back.

General examination of the patient did not reveal any abnormality except for a moderate degree of anaemia which could be explained by her protracted illness. Examination of the abdomen, heart and lungs did not reveal any abnormality.

On speculum examination no local pathology was present in the vagina or cervix. On bimanual vaginal examination, the uterus was enlarged and corresponded to about 12 weeks of gestation, it was soft in consistency and was mobile.

Her laboratory investigations were as follows: Hb%—8.5%, T.L.C.—11,500/cmm, D.L.C.—P76 L24, E.S.R.—36 mm fall in 1st hour.

Urine: Albumin—Nil, Sugar—Nil.

Blood Urea—32 mg%, Blood Sugar—(fasting) 96 mg%.

Urine culture was sterile after 24 hours of incubation. Her Gravindex test was positive but plain X-Ray chest did not reveal any abnormality.

A Clinical diagnosis of choriocarcinoma was made and laparotomy was performed. Externally the uterus appeared normal but for its bulky size. The adnexa on both the sides showed enlarged cystic ovaries, each measuring 1½" to 2" in diameter. There were no adhesions with the surrounding structures. An abdominal panhysterectomy was done.

The external surface of the uterus was greyish pink and smooth and on cutting through the anterior wall of the uterus a polypoidal mass was seen arising from the endometrial cavity (Fig. 1) measuring 3 cm × 2 cm. × 1 cm. The outer surface of the mass was reddish brown and showed haemorrhagic areas. The cut surface

was reddish brown and showed areas of haemorrhages and invasion of the myometrium to half its thickness but the serosal surface was macroscopically not involved. The right ovary measured 3 cm × 2.5 cm × .5 cm with a smooth greyish pink external surface. On cutting open there were two cystic structures measuring 0.5 cm in diameter. The structure was filled with a serous fluid. The left ovary measured 4.5 cm × 3 cm × 1 cm. The external surface was greyish pink and smooth. On cutting open, the cyst measured 3 cm in diameter and was filled with serous fluid.

Biopsy Report (Fig. 2)

Endometrium: Growth, Choriocarcinoma.

Myometrium: Infiltrated by malignant cells; serosal surface not involved.

Ovary: Bilateral theca leutin Cysts.

The postoperative recovery of the patient was uneventful and she was discharged in a satisfactory condition on the 12th post operative day. She was not given any chemotherapy.

The patient was followed up regularly and the Gravindex test had become negative by the 6th post-operative week. At the 3rd month follow-up there was no evidence of recurrence at the vaginal vault or lower down in the vagina. A repeat X-Ray chest at the 3rd month was also negative.

Discussion

Teacher (1903) in a study of 188 cases found that choriocarcinoma was preceded by vesicular mole in 73, abortion in 89, pregnancy at term in 49 and extrauterine pregnancy in 7. In 24 cases collected by Brews (1939) choriocarcinoma was preceded by vesicular mole in 8, abortion in 7, normal pregnancy in 4 and nature of pregnancy was not recorded in the report in 5. In a series by Narayan Rao (1968) the type of preceding pregnancy was uterine abortion in 9 cases, hydatidiform

mole in 2, full term pregnancy in 4 and tubal pregnancy in 1 case, whereas Rao and Shetty's series (1961) the preceding pregnancy was abortion in 11 cases, hydatidiform mole in 11 and full term pregnancy in 5. Thankam and Paily (1973) in a study of 21 cases of choriocarcinoma found that in 9 cases (42.9%) vesicular mole preceded choriocarcinoma, in another 9 (42.9%) abortion preceded and in the remaining 3 (14.3%) normal labour preceded. Higher incidence of antecedent molar pregnancy is reported by various authors—Acosta Sison (1965) 65%, Bagshawe (1969) 66% and Chatterjee (1970) 62.5%. Rohatgi (1969) in a report of 4 cases of Choriocarcinoma found a positive history of spontaneous abortion in 2 cases in 60 per cent.

References

1. Acosta, Sison, H.: (1965) Quoted by Bagshawe, K. D., Choriocarcinoma—The Clinical Biology of the trophoblast and its tumours. Ed. 1. London, 1969, Edward Arnold (Publishers) Ltd., Page 68.
2. Bagshawe, K. D.: Choriocarcinoma—The Clinical Biology of the trophoblast and its tumours. Ed. 1. London, 1969, Edward Arnold (Publishers) Ltd., Pages 68, 70, 82, 93.
3. Brews, A.: J. Obst. & Gynec. Brit. Em. 46: 813, 1939.
4. Narayana Rao, A. V.: J. Obst. & Gynec. India, 15: 686, 1966.
5. Rao, K. B. and Shetty, B. M. V.: J. Obst. & Gynec. India, 11: 75, 1961.
6. Rohatgi, M.: J. Obst. & Gynec. India, 19: 27, 1969.
7. Teacher (1903): Quoted by Munro Kerr's Operative Obstetrics, 1956.
8. Thankam, M. and Paily, V. P.: J. Obst. & Gynec. India, 23: 490, 1973.

See Figs. on Art Paper IX