

MASSIVE HAEMOPERITONEUM WITH CHORIOADENOMA DESTRUENS

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Confirmatory diagnosis of chorioadenoma destruens can be made only by examination of hysterectomy specimen (Jeffcoate, 1967). Acosta Sison (1960) made a clinical diagnosis of chorioadenoma destruens in patients having the following clinical triad.

(i) History of having expelled the products of conception.

(ii) Uterine bleeding.

(iii) Enlargement and softening of uterus at a time when it should have been completely involuted.

In few patients the diagnosis was made when patient had haemoperitoneum few months following expulsion of mole. In the present case diagnosis of chorioadenoma destruens came as a surprise when laparotomy was done for massive haemoperitoneum without prior history of expulsion of mole.

CASE REPORT

A 28 years old female para 3, last child birth 6 years back got admitted in surgical emergency on 11-6-77 with history of pain in abdomen, constipation and dysuria of 4 days duration. She had history of fainting fits for 24 hours prior to admission. Her menstrual cycles had been normal and regular with last period on 15-4-77. She had vaginal bleeding for 2 days on 25th and 26th of May, 1977 with average flow i.e. after 40 days of amenorrhoea. There was

no bleeding or spotting after that. On examination she was very pale, had temperature of 38.2°C, pulse was 140/min, and B.P. was 70/50 mm. of Hg. She had generalised distension of abdomen which was very tense and tender on palpation, with free fluid in the peritoneal cavity.

Vaginal examination revealed healthy cervix, no excitation pain, uterus size could not be made out exactly. There was fullness in the anterior fornix. Her Hb. was 8 gm.% and urine did not reveal any abnormality. Patient was taken for laparotomy with a provisional diagnosis of ruptured ectopic pregnancy. There was about 2.5 litres of blood in peritoneal cavity, both tubes and ovaries were healthy, uterus was enlarged to about 8 weeks size of pregnancy with a bluish discoloured mass at the right cornua extending to broad ligament, with a laceration of the cornua and the broad ligament and small bunches of molar tissue were visible. It was at this time that the diagnosis of invasive mole with perforation into the broad ligament was made and total hysterectomy with right salpingo-oophorectomy done. Patient was given 6 units of B +ve blood during and after the operation. X-ray chest done on 2nd postoperative day was normal. Serum HCG was 59 IU/ml. Her postoperative period was uneventful and serum HCG became undetectable 2 weeks following surgery. Patient has been on regular follow up for the last one year with serum HCG persistently undetectable.

Discussion

According to Hertig and Mansell (1956) all cases of chorioadenoma destruens are sequelae of mole, though Acosta Sison (1960) reported in a series of 41 cases,

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one patient with preceding normal delivery, while in rest of the 40 cases it followed molar pregnancy. In general, it occurs few days to few months after expulsion of mole. Wei and Quyang (1963) found that in 19 out of 24 cases it occurred within 6 months of evacuation of mole. Intraperitoneal haemorrhage with blood loss of 100-1000 ml. occurred within 32-85 days after evacuation of mole in 5 cases in Acosta Sison (1961) series. In 2 patients the haemoperitoneum occurred co-incident with mole. Our patient also had intraperitoneal haemorrhage in conjunction with molar pregnancy. In this patient the mole had been invading the broad ligament and cornua of the uterus instead of being expelled. Though the tempo of growth of this tumour is slow, but because of its corroding and invasive properties it may at times cause fatal haemorrhage. In Acosta Sison's (1961) series there were 3 deaths from haemor-

rhage. One patient died of uterine perforation and 2 died during surgical removal of growth from parametrium vagina and bladder.

Summary and Conclusion

Diagnosis of chorioadenoma destruens may come as a surprise in a patient who gets admitted with signs of haemoperitoneum without previous history of expulsion of mole. Adequate blood replacement and timely hysterectomy helps in saving the patient.

References

1. Acosta Sison, H.: Am. J. Obstet. & Gynec. 80: 176, 1960.
2. Hertig, A. T. and Mansell, H.: Quoted by Reference 1.
3. Wei and Quyang.: Am. J. Obstet. & Gynec. 85: 844, 1963.
4. Jeffcoate, T.N.A.: Principles of gynaecology, 3rd Edition (1967) Current Technical literature Co. Pg. 285.