

CHORIOCARCINOMA PRESENTING AS HAEMOPERITONEUM

(A Case Report)

by

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Introduction

An unusual case of avillous choriocarcinoma arising from the bladder is presented here.

Occurrence of choriocarcinoma years after evacuation of a vesicular mole, abortion or after confinement is an accepted fact. But choriocarcinoma occurring 6 years after performance of a total hysterectomy and bilateral salpingo-oophorectomy is very rare.

Cases have been reported where secondaries were found in the vagina, liver and brain. Bladder is an unusual site.

CASE REPORTS

Mrs. K., a muslim 42 years old who had 11 full term normal deliveries was admitted on 4-4-1975 with history of severe abdominal pain and distention since 10 days.

Patient gave a past history of having had total hysterectomy and bilateral salpingo-oophorectomy for vesicular mole grade I in 1969 as a prophylactic measure.

On examination the patient was found to be severely anaemic with a Hb. value of 4 gms%.

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Systemic examination revealed a rapid heart and a pulse which was poor in volume and tension. Blood pressure was 90/60. Lungs were clinically and radiologically clear.

Abdomen contained demonstrable amount of free fluid and a tender, ballotable mass could be felt in the hypogastrium. Liver was palpably enlarged.

The vagina did not show any growth. Vaginal examination confirmed the abdominal palpatory findings.

A diagnostic paracentesis was done and old blood was aspirated. With a past history of vesicular mole coupled with the presence of a haemoperitoneum, we could come to a tentative diagnosis of a choriocarcinoma. On opening the abdomen about 2000 cc. of old blood gushed out. A haemorrhagic, necrotic choriocarcinomatous mass which was about the size of a normal foetal skull was found arising from the fundus of the bladder. There were few secondaries on the bowel and few deposits on the liver. After a massive blood transfusion the growth on the bladder was resected along with a portion of the bladder wall. But the bleeding from the secondaries in the liver could not be controlled. Hepatic artery ligation was not attempted since the patient's general condition was very poor. A tight pack was kept in the space between the ribs and liver. After 48 hours the pack was removed. Our marathon effort to save her with 12 bottles of a group positive blood proved futile. She expired on the 5th post operative day.

Histopathology report

Multiple sections studied from the excised tumour shows blood clots with choriocarcinoma.

Discussion

According to Jeffcoate (1975) normal trophoblast behaves in many ways like a malignant growth. Fragments of its enter the blood stream and lodge in the lungs. These properties are normally controlled by some sort of maternal immunological reaction so that invasion of the uterine wall is limited and any extra uterine deposits are destroyed. Trophoblast is made up of tissues which are only 50% maternal. The paternal contribution is presumably foreign to the host so there must normally also be some mechanism whereby its rejection is prevented.

The occurrence of trophoblastic tumour can be regarded as a result of a breakdown in what must be a complicated and delicate host invader balance. The idea of an underlying break down in normal resistance could explain why choriocarcinoma often appears months and even years after a casual pregnancy. This suggests that the woman is able to resist fragments of trophoblast and to keep

them dormant until a time comes when the powers of resistance for some reason fail.

In this case trophoblastic tissue must have been deposited 6 years ago and was lying dormant and got dedifferentiated when the host resistance failed. This case justified the use of routine methotrexate in all cases of vesicular mole.

Conclusion

A case of choriocarcinoma arising from the bladder wall giving rise to the haemoperitoneum is presented.

Acknowledgement

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References

- 1. Jeffcoate, T. N. A.: Principles of Gynecology, 4th Edition, 1975. Butterworths, London and Boston.

CASE REPORT
Mrs. M., 41 years old mother of 12 children was admitted to our hospital on 11-5-1978 with
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