

A CASE OF SILENT CHORIO-CARCINOMA

(Case Report)

by

D. R. DAS,* M.B., D.G.O. (Cal.), F.R.C.O.G. (London)

and

DEBASISH MITRA,** M.B.B.S., D.G.O. (Cal.)

Choriocarcinoma usually it occurs within 2 years after evacuation of a vesicular mole, an abortion or after confinement. But choriocarcinoma occurring 7 years after normal confinement and without any history of abortion in between is very rare. This case is being reported because of the long latent period and the atypical symptoms it produced, simulating certain other gynaecological condition.

CASE REPORT

Mrs. M. M. aged 42 years, para 9 was admitted on 4-12-78 with a history of excessive menstruation twice in a month since 9 months, brownish discharge in between menstruation for the last 3 months and occasional mild lower abdominal pain for 3 months.

Menstrual History: Menarche was at the age of 11 years, last period started 7 days ago which was continuing at the time of admission.

She had been married for 33 years and had 9 term pregnancies without any complication except during the last she had retained placenta treated in a District Hospital, the last child birth was 7 years ago. After the eighth pregnancy, a Lippes loop was introduced 10 years ago which was removed after 3 months due to continuous vaginal bleeding.

Physical Examination: She was anaemic. All other systems were normal.

Abdominal Examination: Uterus was just palpable and tender.

*Visiting Surgeon.

**Senior House Surgeon.

Department of Obstetrics and Gynaecology,
Chittaranjan Seva Sadan Hospital, Calcutta.

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Bimanual Pelvic Examination: Uterus was uniformly enlarge to 12 weeks size pregnancy. Cervix was bulky. Both the fornices were free.

The case was diagnosed as bleeding fibroid of the uterus and preliminary routine investigations were done. Hb-8 Gm%, R.B.C.-3 Millions/C.m.m. W.B.C-8,400/c.m.m, poly-65%, eosino-8%, lympho-25%, mono- \pounds , bleeding time 2 Min 8 Sec. and clotting time-5 min.

As the patient was anaemic and at the same time she was bleeding continuously she was treated with Primolut-N 10 mg. thrice daily and at the same time blood transfusion was given which could not be continued as she had rigor. Then she was treated with Imferon intramascularly.

On 26-12-78, total abdominal hysterectomy was done under general anaesthesia preserving the normal ovaries. Blood transfusion was given during operation. Postoperative period was uneventful.

On cutting open the a defuse haemorrhagic necrotic growth seen. Histopathological report was choriocarcinoma.

7 days after the operation a blood examination was done with a view to start Methotrexate. Hb-7.75 gm+, R.B.C-3 millions/c.m.m. W.B.C-8,400/c.m.m., poly-63%, eosino-10%, lympho-25%, mono-2%, P.C.V-35%, M.C.V-111 cubics micron, M.C.H-25 micro-micro gram, M.C.H.C-22%, platelet-1,35,000/c.m.m. Before that skiagraphy of the chest was taken which showed lung fields clear. Urinary chorionic gonadotrophin assay showed positive reaction with untreated urine and negative in 1/8th dilution.

On 3-1-79 Tab. Methotrexate 5 mg. 1 tablet 4 times daily for 5 days given.

On 15-1-79 blood count was Hb-7 gm%, W.B.C.—7,300/c.m.m., poly-69%, lympho—22%, mono-2%, eosino-7%, platelet-290,000/c.m.m.

On 15-1-79 2nd course of Methotrexate 5 mg. 1 tab. 4 times daily for 5 days was given.

On 23-1-79 blood count showed Hb-8.5 gm% W.B.C.-5,400/ c.m.m., poly-66% Lympho-25%, Mono-2%, Eosino-7%, platelet-34,000/ c.m.m.

She was then treated with iron and vitamin B-Complex. Her condition improved.

Patient was discharged and advised to come after 6 weeks when chorionic gonado trophin assay was negative in untreated as well as in diluted urine. She was again advised to attend follow up clinic.

Discussion

In this case choriocarcinoma developed 7 years after a normal confinement which is an abnormally long latent period. From the symptoms and signs it was provisional-

ly diagnosed as a case of bleeding sub-mucous fibroid. After hysterectomy when the uterus was cut open there was a suspicion of malignancy as the growth was haemorrhagic and necrotic which was confirmed as choriocarcinoma by histopathological examination.

Summary

A case of choriocarcinoma 7 years after a normal confinement is reported. The diagnosis was confirmed by histopathological examination after hysterectomy.

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See Fig. on Art Paper VIII