

## PRIMARY CHORIOCARCINOMA OF OVARY

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The frequency of choriocarcinoma occurring in the ovary is estimated to be 1 in 392,000,000. Primary choriocarcinoma of the ovary may be gestational or non-gestational. Non-gestational primary choriocarcinoma of the ovary is a rare tumour that may occur alone or in association with dysgerminoma, teratocarcinoma or undifferentiated carcinoma. Pick (1904) first described choriocarcinoma in an ovarian teratoma. Oliver and Horne (1948) reviewed 12 cases from literature and added one of their own, pointing out that a primary lesion can only be assumed with certainty in a child.

The following summary recounts our experience in the management of a case of this extremely rare malignancy.

### CASE REPORT

The patient 45 years-old, para 8, married for 28 years, was admitted to gynaecology ward of Medical College Hospital, Rohtak on 19th August, 1978. She complained of lower abdominal pain, weakness and occasional vomiting for the last 1 month; fever and dry cough for 10 days. Menstrual cycle was 3-4/30 days, regular. Last menstrual period was 21st July, 1978. Last childbirth was 9 years ago.

On examination, the patient was obviously in pain and she was afebrile. She was pale, tem-

perature 37°C, pulse rate 80/min. and blood pressure was 110/70 mm of Hg. Abdominal examination showed a mass in the lower abdomen which was arising from the pelvis, about 3" x 4" in size, firm, non-tender, surface smooth, dull on percussion.

On vaginal examination, cervix was felt behind the symphysis pubis, uterus not felt separate from the mass. The mass was extending from the pouch of Douglas to 3" above the symphysis pubis, non-tender.

### Investigations

Hb. 7 gm%. Urine—NAD. Plain X-ray abdomen: showed a soft tissue shadow in the hypogastric region. X-ray Chest—NAD.

Laparotomy was performed on 29th August, 1978 with the provisional diagnosis of twisted ovarian cyst. Left ovary consisted of a haemorrhagic mass, resembling placental tissue, approximately 15 cms x 12 cms in size, which was adherent to the intestines and pouch of Douglas with flimsy adhesions. This appearance gave rise to a suspicion of the probable diagnosis of choriocarcinoma. Both the tubes and right ovary were normal. The uterus was normal in size and appearance. No other pelvic pathology was detected. Total hysterectomy with bilateral salpingo-oophorectomy could not be done as patient was a poor risk for anaesthesia, so, only the tumour mass was removed. Two units of blood were transfused during operation.

Gross and histopathological report confirmed choriocarcinoma of left ovary (Fig. 1).

Patient had fever 38.5°C on the first post-operative day and abdominal distension for first 3 days. Patient also developed jaundice probably due to blood transfusion. Abdominal wound became infected for which specific antibiotics were given after culture and sensitivity of the wound swab. Dilatation and curettage

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done on the ninth postoperative day showed scanty normal looking currettings. On histopathological examination, endometrial currettings did not reveal any evidence of pregnancy or choriocarcinoma.

Urine for pregnancy test—positive in 1:10 dilutions. X-ray chest—NAD

A 5 days course of methotrexate (5 mg 8 hourly) was started on 10th day. After the first course immunological test for pregnancy was positive undiluted but was negative in dilutions. After an interval of one week without treatment, a second course of methotrexate was started. It was stopped after giving 55 mg, this time, as the leucocyte count dropped to 3000/cmm. Urine for pregnancy test became negative after the second course. She was put on the third course of methotrexate on 10th October, 1978. Repeated pregnancy tests were negative before and after this course and chest radiograph was also normal. The patient was discharged on 19th October, 1978 after two months stay in the hospital.

She was re-admitted on 21st November 1978 for another course of methotrexate. She was looking well but complained of mild pain in the lower abdomen.

Pregnancy test remained negative and X-ray chest was normal. Patient was followed upto one and a half year and she has enjoyed an excellent health.

### Discussion

Choriocarcinoma has been recorded in many extragenital sites both in men and women, but surprisingly ovarian involvement is not common. Surgery followed by chemotherapy is found to be associated with better prognosis.

No evidence of pregnancy was available in this case and careful search of the tumour and ovary failed to reveal any evidence of teratoma. This patient responded well to methotrexate.

### Summary:

A case of primary choriocarcinoma of ovary treated with incomplete surgical excision followed by chemotherapy with survival of more than one and a half year is being reported.

### References

1. Oliver, H. M. and Horne, E. O.: *New Engl. J. Med.* 239: 14, 1948.

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See Fig. on Art Paper VI