

NON-GESTATIONAL PRIMARY CHORIO-CARCINOMA OF OVARY IN A GIRL OF TWELVE

(Report of A Case)

by

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Choriocarcinoma rarely occurs before menarche. We present such a case.

Case History:

N. K. aged 12, was admitted with the chief complaints of mild abdominal pain, anorexia, irregular bowel movement, and fullness in the lower part of the abdomen for last 3 months. Menstrual history was inconsequential as menstruation had not set in yet. She was thin and of normal height and weight. She had just started showing secondary sex characters. She was pale, pulse 100/mt., B.P. 100/70 mm. Hg. No other systems had anything remarkable. Abdominal examination revealed a lump almost wholly occupying the lower abdomen and extended upto umbilicus. It was firm, nodular at places, mobile, non-tender and silent. There was no ascitis or venous engorgement or stigmata attributable to portal hypertension. Palpable inguinal lymph nodes were present on both sides.

Pelvic examination showed the external genitalia to be rather poorly developed. Intact hymen precluded vaginal examination. Rectal

examination revealed a small uterus separate from the lump. A provisional diagnosis of solid ovarian tumour was made. She was admitted for laparotomy. Laboratory investigations revealed haemoglobin to be 8.2 gm.% Total W.B.C. 14,400 per cum., differential count-Polymorph 54%, lymphocytes 18%, Eosinophils 26%, Monocytes 2% and Basophils-nil. Routine urine and stool examinations were non-contributory. Plain X-ray of abdomen and intra-venous pyelography were normal.

At laparotomy a firm yellowish gray tumour was adherent to the omentum and parietal peritoneum. Adhesions could be easily separated. The tumour was arising from the right ovary. The left ovary contained a haemorrhagic cyst measuring 2.5 cm. in its longest diameter. The uterus was small but normal for her age. Tubes were healthy. Abdominal viscera were normal and there was no ascitis. Right kidney appeared bigger than the left, but there was no evidence of hydronephrosis. Right ovariectomy was done and the stump peritonised. Left ovarian cyst was also excised and the ovary repaired. The patient had an uneventful recovery. On gross examination, the tumour appeared to be oblong measuring 12 x 10 cms. with a firm consistency. The surface was smooth with areas of undulations and appeared yellowish gray. A knobby bulge of softer consistency seemed to protrude from one of its peripheral sectors and appeared more gray by contrast. On section, the cut surface showed a haemorrhagic spongy surface festooned by a rim of yellow tissue reminiscent of haemorrhagic corpus luteum cyst undergoing organi-

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sation. Paraffin embedded section of the tumour revealed histological features of chorion carcinoma. Left ovary cyst was diagnosed as a corpus luteum cyst histologically.

thirty hours of readmission. Request for post-mortem was turned down.

Summary

A pregestational twelve year old girl presented herself with a lump occupying the whole of lower abdomen. On laparotomy the lump was seen to be arising from the right ovary which was diagnosed as primary chorion carcinoma histologically. The left ovary contained a haemorrhagic corpus luteum. She refrained from taking therapeutic treatment and subsequently developed pulmonary metastasis and died.

Three days following surgery the gravindex was found to be positive in 1:100 dilution. Post-operative chest X'ray showed an area of haziness with a nodular opacity in mid-zone on the right side, strongly suggestive of possible metastatic plaques. She declined to take up any treatment and not surprisingly showed up three weeks post-operatively in a moribund state with features of cerebral involvement though the skull X'ray drew a blank. Metastatic cannon ball appearance in the lung X'ray had become conspicuous. She died within