AN UNUSUAL CASE OF CHORIOCARCINOMA

(A Case Report)

by

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Summary

A case of choriocarcinoma in an unmarried girl of 22 years with no history of pregnancy has been described. The difficulties in diagnosis and management have been discussed.

Trophoblastic tumours are very common in India as reported by Radha *et al* in 1974 as 1 in 995 pregnancies. The incidence in this part of Orissa is 1 in 3360. Several cases have been reported by various authors in India but available literature fail to reveal choriocarcinoma in unmarried girls.

CASE REPORT

A 22-year-old unmarried girl with good socio-economic status was admitted in emergency on 6th May 1980 for fainting attack and moderate vaginal bleeding. She was suffering from pelvic pain and irregular vaginal bleeding for 10 days. At the time of admission, she had severe degree of pallor and blood pressure was 100/60 mm Hg and pulse was 120/min. Abdomen was soft and there was moderate amount of tenderness and rigidity in lower abdomen. Bowel sounds were normal and no palpable mass could be found. Pelvic examination revealed a soft bulky uterus and an ill-defined tender mass in the right fornix. Colpocentesis revealed old haemorrhagic fluid and ectopic pregnancy was diagnosed. After arranging 2 units of blood transfusion, laparotomy was done within one hour. On opening the abdomen the peritoneal cavity was full of blood and the uterus was about 12 week size with a fundal perforation of 1 cm in size. The perforated wound was slightly more extended and a black soft irregular mass was removed from the uterine cavity and sent for histopathological study. The uterine wound was repaired, blood clots were removed. The ovaries and tubes were all normal. Abdomen was closed in layer. Her haemoglobin was 4 gm% and after 4 more units of blood transfusion, she made an uneventful recovery. But 7 days after, the histopathology report came out to be choriocarcinoma. Gravindex test of urine was done which was positive in undiluted and negative in 1 in 200 dilution. So it was repeated three times at 7 days intervals and gave the same result every time. Oral Methotrexate 15 mg daily for 5 days was started. After one course, all the toxic features of Methotrexate appeared like gingivitis, diarrhoea, fever and bleeding gum, and astonishingly typical features of choriocarcinoma appeared. Local pelvic examination revealed a fixed uterus, a purple suburethral nodule and fixed vagina. With adequate blood transfusion she was given 3 courses of parenteral Methotrexate 5 mg intramuscular 8 hourly for 5 days, at 7-10 days interval taking adequate care for the complications that followed each time. After 3 courses, there was some reduction in the size of the suburethral nodule but the result was not satisfactory. A course of intravenous Actinomycin-D was given. Gradually the nodule disappeared. Blood was sent for Radio-immunoassay of Chorionicgonadotrophin (ß subunit level) to P.G.I., Chandigarh, which came out to be be undetectable.. Another 2 courses of Methotrexate were given, after the Radio-immunoassay for HCG was negative. Patient was discharged on October 6, 1980 with the advise of repeating HCG estimation by Radio-immunoassay every 3 months for 1 year. She

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comes to the Gynaecology out patient Department every 3 months and is in perfect health. The nodule has completely disappeared and the HCG report by Radio-immunoassay method is negative in 3 occasions.

Discussion

Available literature does not reveal a single case of choriocarcinoma in unmarried girls. More so, Choriocarcinoma has not been reported without any past history of pregnancy, abortion or hydatidiform mole. However, nongestational choriocarcinoma in the ovary of an adolescent girl has been reported in 1969 by Hay and Stewart. It is difficult to account for the origin of the choriocarcinoma in the uterus of an unmarried girl, as mentioned in the above case. The possibility of terratomatous origin of this choriocarcinoma could not be proved from the histopathological report. Besides, nongestational choriocarcinoma does not respond to treatment satisfactorily. The delay in diagnosis and management was due to its rare occurrence in unmarried girls the negative immunological test in dilution and due to lack of facility for doing Radio-immunoassay of HCG in our hospital. However, the Radio-immunoassay of HCG is being done in P.G.I., Chandigarh, every 3 months as a follow-up measure.

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