

CHORIOCARCINOMA PRESENTING AS ACUTE ABDOMEN

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Choriocarcinoma most of the time presents as vaginal bleeding followed by other complaints like swelling which may be abdominal or vaginal, amenorrhoea and features of metastasis in lungs like dyspnoea, haemoptysis etc. Presentation of choriocarcinoma as acute abdomen with haemoperitoneum is a rare entity. Most of the haemorrhages result from uterine perforation by tumor tissue. The usual diagnosis made in such cases is ruptured ectopic gestation.

CASE REPORT

B.D., 28 years came in emergency on 24th April 1979 with complaints of pain in abdomen and vaginal bleeding for 12 hours. She had agonising pain in lower abdomen and became restless. The previous menstrual history was normal. She had amenorrhoea of 2 months followed by vaginal bleeding. She was married 7 years back but there was no conception till now. She was not taking any treatment for sterility. There was no history of trauma.

On examination, she was quite pale. The patient was restless. Pulse was 124/min., rapid, regular and thready. B.P. was 60 mm. systolic; diastolic pressure was not recordable. Skin was

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Accepted for publication on 28-9-81.

cold and clammy. On abdominal examination, there was tenderness in the lower abdomen and free fluid in abdomen was present. On vaginal examination, all fornices were full. Exact size of uterus could not be made out. Vaginal examination was painful and there was slight bleeding through os.

Immediate resuscitation was done by I.V. fluids, blood transfusion, steroids and vasopressor agents. Urgent plain X-Ray of abdomen was taken and it showed slight haziness in lower abdomen. Exploratory laparotomy was performed within 2 hours of admission, keeping the diagnosis of ruptured ectopic gestation.

On laparotomy, there was plenty of blood in peritoneal cavity which was sucked out. Uterus was of normal size but the dome of the uterus was necrosed and bleeding profusely. Ovary and tubes were normal. The necrosed tissue at top of uterus was very friable. Total hysterectomy was performed because of no alternative. Patient stood operation well. During operation 3 units of fresh blood was transfused.

Post-operatively she was given 1 more unit of blood. Patient post-operative period was eventless and she was discharged on 10th day. Her Hb% at the time of discharge was 8.5 gm%.

The histopathological diagnosis was choriocarcinoma. Patient was followed up carefully. Her Gravindex test and X-Ray chest was repeated monthly. The patient is being kept on Methotrexate (2.5 mgm.). Two tablet thrice a day for 5 days. 3 courses of Methotrexate were given. Patient tolerated all the cycles well. She is still under follow up and has not developed any recurrence or metastasis judged by Gravindex test and X-Ray chest.