A CASE OF LATENT CHORIOCARCINOMA

(A Case Report)

by

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Choriocarcinoma, occurring 35 years after a normal confinement and 20 years after menopause is of extreme rarity. Polano (1914) had collected 11 cases with a latent clinical interval varying from 5 to 13 years between the last recognisable pregnancy and the first evidence of chorionepithelioma. In some of the cases, the tumour developed after menopause. The case is being reported because of its atypical presentation and long latent period.

CASE REPORT

Mrs. K.K., 70 years old was admitted on 6-12-80 with history of postmenopausal bleeding for 1 month and occasional mild lower abdominal pain for 4 months. She was in menopause for the last 20 years.

Obstetrical History: She had 3 term pregnancies without any complication. There was no history of any abortion, vesicular mole or retained placenta. The last childbirth was 36 years ago.

Ten years ago, she underwent radical mastectomy on right side for Schwanoma tumour.

On examination, she was well built, moderately nourished and was moderately anaemic.

Abdominal examination was n.a.d.

Internal examination showed cervix directed downwards and forwards, uterus felt retroverted but incorporated in an ill-defined mass in the posterior fornix, 3″ x 3″ with irregular margins and restricted mobility.

On rectum examinaton, an ill defined mass with restricted mobility incorporating the uterus in it, size 3″ x 3″ was felt through the anterior rectal wall. She was provisionally dignosed as a case of ovarian malignancy.

Pre-Operative Investigations: were haemoglobin 9.0 gm%, bleeding time 3' 5″, clotting time 3', 30", urine n.a.d., T.L.C. 900/cu mm, D.L.C. 72, 25, 0, 3, 0. Blood urea—20 mg%, serum creatinine level 1.6 mg%. E.C.G.—n.a.d. Screening chest—n.a.d., serum sodium level—134 meg/litre, serum potassium level—4.2 meg/litre.

Fine needle aspiration biopsy taken through the posterior fornix from the mass showed the presence of syncytial cells and also clumps of cells with variable size and shape, and having large hyperchromatic nuclei.

Microphotograph.

She was built up with blood transfusions. On 5-12-1980, laparotomy was done. All the pelvic organs were matted up in a mass which was friable, necrotic and adherent to surrounding structures. Size of mass was 3″ x 3″. Debulking operation was done. Post-operative period was stormy. She was on Ryle's tube aspiration and intravenous fluids for one week. Abdominal wound healed well and she was well by the 12th day.

Histopathological Report: The sections from irregular endometrial mass showed the sheets of tumour cells, variable in size and shape, hyperchromatic, pleomorphic and presence of giant cells. Sections of ovaries showed closely packed

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carcinomatous deposits and picture was similar as that of endometrial growth.

After repeating the blood counts she was given three courses of injectable methotrexate for five days each time. On 2-2-1981, internal examination showed a clear pelvis with disappearance of the residual mass.

Discussion

In this case, choriocarcinoma developed 35 years after normal confinement which is an abnormally long period. The case was admitted with postmenopausal bleeding 20 years after menopause. The interval between pregnancy and the development of choriocarcinoma is usually less than 2 years, but extraordinary cases are reported. Usual presentation of choriocarcinoma is irregular uterine haemorrhage starting sooner or later after the expulsion of the mole or a normal pregnancy. A choriocarcinoma has been reported 12 years after hysterectomy for a mole and another ectopic choriocarcinoma developed in the lungs 20 years after the last pregnancy and 8 years after hysterectomy (Jeffcoate—Principles of Gynaecology 228). This unusual case presented a postmenopausal bleeding 35 years after normal confinement and 20 years after menopause. Diagnosis was made by aspiration biopsy through the posterior fornix and confirmed on histopathology after debulking operation.

Summary

A case of choriocarcinoma, 35 years after normal confinement and 20 years after menopause is reported. The diagnosis was made on aspiration cytology and confirmed on histology.

References

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See Fig. on Art Paper IV