

PRIMARY CHORIONIC CARCINOMA OF THE OVARY CO-EXISTING WITH NORMAL INTRAUTERINE PREGNANCY

by

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Primary chorionic carcinoma of the ovary is extremely rare. An unusual case of normal intrauterine pregnancy co-existing with dysgerminoma and chorionic carcinoma of the ovary has been recorded by Libert and Stent in 1960.

The records of the case presented by us reveal unusual features like the one presented by Libert and Stent. To our knowledge this is the second case of chorionic carcinoma of the ovary in 'pure' form co-existing with normal intrauterine pregnancy which is being recorded.

CASE REPORT

A 24 years old woman, gravida 3 para 2 was admitted at 28 weeks gestation because of pain and a mass in the right iliac fossa. The mass was felt separate from the intrauterine pregnancy which corresponded with the period of gestation. Vaginal examination revealed a hard mass filling the fornix on the right side and posteriorly. The uterus was demarcated separate from the mass. Since her admission till laparotomy the uterus was found to correspond with the period of gestation. Left ovary and fallopian tube were normal. Right fallopian

tube was demarcated and traced upto the ovary which was replaced by a circumscribed vascular fixed growth of dark reddish colour, haemorrhagic appearance and grumous in consistency. The uterus was well demarcated and free from the growth. The growth was removed piece meal. Keeping in view the vascular nature of the growth some of the tumour tissue was left and further surgery was abandoned. The pregnancy was allowed to continue. During operation the patient was transfused two pints of blood. On sixth post-operative day the patient had acute pain the epigastrium and transitory shock which responded to supportive treatment. On seventh post operative day the patient started spontaneous labour and delivered a dead female baby along with normal placenta (Fig. I). Patient received oral methotrexate chemotherapy and responded well. On twenty-third post operative day the patient developed dyspnoea and suddenly expired.

The pieces of the growth which measured 8 x 6 x 2 cms, showed chorionic carcinoma of the ovary haemorrhagic and necrotic at places (Fig. II). There were columns of trophoblastic cells hyperchromatic with numerous large heavily stained and multiple nuclei (Fig. III). Serial section of the placenta showed no evidence of chorionic carcinoma. The autopsy report of the stillborn showed no evidence of chorionic carcinoma anywhere.

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Reference

1. Liebert, K. and Stent, L.: J. Obstet. Gynaec. Brit. Emp. 67: 627, 1960.

See Figs. on Art Paper IV