

AN UNUSUAL CASE OF TROPHOBLASTIC TUMOUR

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Molar pregnancy is common in under-developed and developing countries but bilateral lutein cysts of large size are not common. Torsion of such cyst occurs occasionally and metastatic nodule in sub-urethral region before expulsion of moles is rare. A case with all these features treated in Sub-Divisional Hospital, Diamond-Harbour, in July, 1981, is reported.

CASE REPORT

K.D., aged 30 years, P 2+0, attended O.P.D. on 14-7-1981 for pain in left upper abdomen and vaginal bleeding for 12 days following an amenorrhoea of 2 months. On examination general condition was fair, nutrition—good, pallor—nil, BP—130/80 mm of Hg. Heart + Lungs—NAD Per abdomen, a hypogastric mass of 16 weeks pregnancy size, doughy in feel, arising from pelvis was palpated. Two highly mobile cystic masses, each about 25 cm. in diameter with irregular surface, were in sub-hepatic and subsplenic region. Uterus 18 weeks size, internal ballotment—negative, os closed, slight brownish discharge present. X-ray of abdomen—showed a vague mass in lower abdomen and no foetal parts.

On 18-7-1981, she was examined under anaesthesia, and to our surprise, a nodule 1 cm x 1 cm was found 1.5 cm below the urethral meatus.

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It was bluish in colour with broken surface, bleeding moderately. The nodule was excised and sent for histopathological examination. Evaluation of the uterus was not done. The diagnosis and surgery needed were explained to the husband and laparotomy was done on 29-7-1981. The uterus was 20 weeks in size, soft, no foetal parts felt. The left sided cyst was found twisted clockwise for 1½ turns. Both the cysts were eventrated, some loculi ruptured during eventration, with clear yellow tinged fluid coming out. Total hysterectomy with bilateral salpingo-ovariectomy was done (Fig. 1). We intended to start methotrexate prophylactically but it was not available. The uterine mole and a part of the lutein cyst were sent for histopathological examination. Meanwhile, the biopsy report of sub-urethral nodule revealed "chorionic tissue with villi showing trophoblastic activity". She had uneventful recovery and was discharged on 14-8-1981.

On 22-8-1981 she came back with profuse vaginal bleeding since previous night. After resuscitation, she was examined under anaesthesia. A nodule 2 cm. in diameter bleeding profusely was found posteriorly in vagina just above introitus. The nodule was excised. Her haemoglobin was 8.5 Gm%, T.C. and D.C. within normal limits. X-Ray chest revealed nothing abnormal. Biopsy of uterine mole showed Choriocarcinoma and that of ovarian cyst lutein cyst lined by granulosa lutein cells. She had an uneventful recovery and was discharged after 7 days with advice to attend Eden Hospital, Calcutta, for investigation and chemotherapy. She did not follow the advice, and has been admitted again on 21-11-1981 with recurrence in vulva. In a rural hospital, there is no supply of anti-cancer drug and the patient is too poor to purchase it.

See Fig. on Art Paper III