

# CHORIOCARCINOMA OF THE FALLOPIAN TUBE

## (A Case Report)

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### CASE REPORT

Mrs. G. K., 23 years old, para 3 with no living issue came for amenorrhoea, pain lower abdomen, and fever of 1½ months duration.

On general physical examination patient had a toxic look and was moderately anaemic. Pulse was 144/minute, blood pressure was 110/60 mm Hg, and temperature was 102°F.

On palpation there was a mass in lower abdomen arising from pelvis more on right side reaching upto two fingers below the umbilicus.

Cervix was soft. Uterus was antverted 6 weeks size, soft, shifted to the left. Close to the uterus the same mass was felt in the right and posterior fornices reaching upto the level of two fingers below umbilicus. The mass was soft, pulsatile and very tender.

Haemoglobin—7.4 gm%, bleeding time 2', clotting time 3', total leucocyte count—1100/mm. Urine for gravindex—positive.

Patient was put on Inj. Genticyn 80 mg. BD and Inj. Ampicillin 500 mg. 6 hourly along with analgesics. She was built up by giving five units of blood. Though the fever subsided but pain went on increasing and the intensity of the pain was such that there was only little relief even with morphia injection.

On opening the abdomen, small amount of blood stained peritoneal fluid was seen. There was an irregular mass with adhesions to the omentum, peritoneum and gut. After separating the adhesions no amniotic sac or foetus

was found but there was a friable, fungating mass full of blood clots about 5" x 4" attached to the right corner of uterus extending into the broad ligament. The uterus was 6 weeks pregnant size. Left fallopian tube and ovary were also found to be normal. The possibility of choriocarcinoma was thought of and the uterus was opened but no communicating of the mass with the cavity was found and the endometrium was healthy. The whole mass along with the right fallopian tube and ovary was removed and sent for histopathological examination. Hysterectomy was not done as the patient had no living issue and husband of the patient did not consent for it. The uterus was stitched and abdomen closed in layers.

The post-operative period was uneventful. An X-ray chest was taken in the post-operative period. There was an ill-defined haziness in the right midzone. The radiologist advised that the patient should be kept under observation. Biological pregnancy test was positive in 1:200 dilution. Histopathological report was choriocarcinoma of fallopian tube (Fig. 1).

The patient was given a course of Methotrexate therapy 15 mgm daily intramuscularly for 5 days. She developed side effects like nausea, vomiting, stomatitis etc. and was treated symptomatically, but she refused further treatment and left the hospital against medical advice.

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See Figs. on Art Paper IV