CHORIOCARCINOMA WITH METASTASES IN VAGINA, VULVA AND ISCHIORECTAL FOSSA

(A Case Report)

by

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Introduction

Choriocarcinoma has a wide range of presenting symptoms and signs and creates for the clinician a complex diagnostic problem. Not uncommonly, the presenting symptoms are those from the metastases. In most series, the vagina forms the second most common site of metastasis after the lung. But metastases to the vulva and ischiorectal fossa are rare.

CASE REPORT

Mrs. G.R., 25 year old, third gravida, second para was transferred to K.E.M. Hospital, Bombay, in a moribund state. A few hours earlier, drainage of ischiorectal fossa abscess and vulval hematoma had been done under general anaesthesia.

One month ago, patient had developed a spontaneous vulval swelling on the right side over 4 to 5 days. It was incised. It did not heal and required redrainage after 10 days. She was then referred to a private doctor in Bombay for nonhealing of the wound who incised an abscess in the ischiorectal fossa (Fig. 1). He also drained the vulval swelling which had refilled and took biopsies from the floor of the cavities.

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She had two full term normal deliveries and one spontaneous abortion for which a curettage was done. Subsequently she had moderate degree of irregular vaginal bleeding off and on but no regular menstruation.

An examination under anaesthesia and curettage of the uterine cavity was performed on 14-3-1984. Both the fornices contained cystic masses about 7.5 cm in diameter. The entire right lateral wall and the lower part of the anterior vaginal wall was indurated and there was a fluctuant mass in the middle third of the left lateral vaginal wall 2 cm x 3 cm which was tapped and found to contain frank blood. There was a raised lesion in the lower part of the posterior vaginal wall about 0.5 cm x 2 cm which was firm to feel and had a light blue tinge.

On 14-3-1984, the histopathological report of the biopsies was metastases from choriocarcinoma. Chest and skull radiographs were obtained. No abnormality was detected in them.

She was given chemotherapy as outlined in Table I with monitoring of the blood counts, the renal function tests and the liver function tests.

Urinary HCG levels were obtained by the haemagglutination inhibition method. The levels dropped from 18000 mIU/ml to negative after three courses of chemotherapy and remained so.

During the course of chemotherapy, the uterus became normal sized, the abscess cavity healed rapidly but the induration in the right

lateral wall persisted. The masses in the fornices became markedly enlarged and tender during the first course of chemotherapy and exploratory laparotomy was contemplated. But it was not carried out because of the presence of metastases all round the vagina and poor general condition of the patient.

Acknowledgement

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See Fig. on Art Paper IV