

CHORIOADENOMA DESTRUENS PRESENTING AS HAEMOPERITONEUM

(A Case Report)

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Introduction

This report is of a case which was misdiagnosed in absence of typical history and symptomatology as a ruptured ectopic pregnancy.

Case Report

A 22 years old female was admitted with a history of $1\frac{1}{2}$ months amenorrhoea, severe abdominal pain and vomiting of one day duration.

Patient was restless pale and extremities were cold and clammy. Her pulse was 130/mt thready, B.P. was 80 mm of Hg. systolic.

On abdominal examination there was generalised fullness which was more marked in lower abdomen with tenderness and rigidity.

Cervix was pointing down and back, exact size of uterus could not be made out due to extreme degree of tenderness and rigidity, and a diffuse mass was felt through right fornix. Tenderness and rigidity was present all over the abdomen.

On examination of the respiratory system

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coarse crepitations were heard in left mid and lower zones of the chest. Rest of the systems were normal. Haemoglobin was 5 gm.

A provisional diagnosis of ruptured ectopic pregnancy was made. On opening the abdomen peritoneal cavity was full of blood and clots and a haemorrhagic mass was seen at the right corner of uterus, in which vesicles were also seen. Whole of the uterus was showing haemorrhagic areas. Right ovary was enlarged. Both fallopian tubes were normal. As general condition of the patient was poor subtotal hysterectomy was done.

Post operative X-ray of the chest was done, which showed multiple secondaries in the lungs. Pregnancy test was positive, it became negative on 10th post operative day. She was given methotrexate 5 mg. thrice a day for 5 days; which repeated again, upto 150 mg. The patient was discharged on 30th day of admission. Check-up after one month showed signs of regression of secondaries with negative pregnancy test. Patient was followed up regularly for the last 2 years and showed good results without recurrence.

Histologic section showed hyperplasia of the myometrial cells. Endometrium and myometrium showed chorionic villi with degenerative and necrotic tissue, confirming the diagnosis of chorioadenoma destruens.