

Post-Sterilization Metastatic Trophoblastic Disease

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Lata T.V., a 27 year old woman was admitted to Kasturba Hospital, MGIMS, Sevagram, on 13-12-96 with history of 3 months amenorrhoea, pain in abdomen and white discharge per vaginum since 3 months. She was second para with 2 live issues and one abortion, H/o tubal ligation

On abdominal examination the uterus was 16 weeks size. On P/S there was dirty discharge and on P/V uterus was found to be 16 weeks size without any adnexal mass, provisional diagnosis of ? Septic abortion ?. Infected fibroid uterus was made.

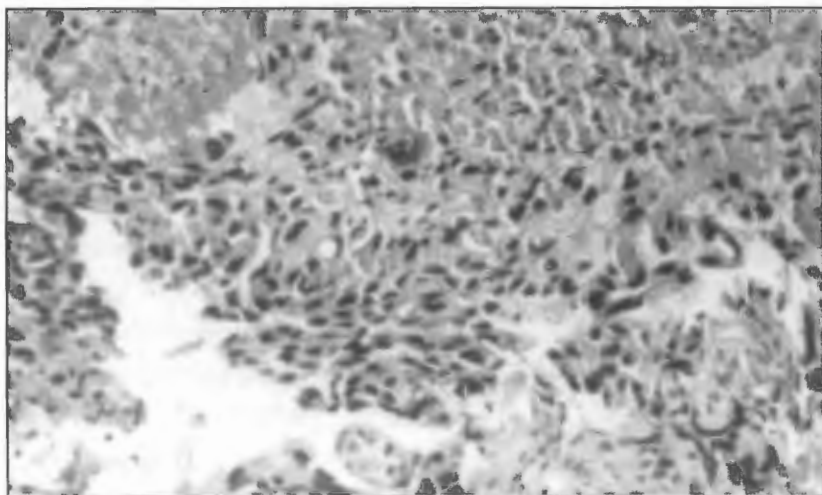


Fig 1. Microphotograph Showing Choriocarcinoma



Fig 2. X-Ray chest showing bilateral fluffy metastasis.

3 years ago following spontaneous abortion of 3 months gestation. The last child birth was 3 years ago.

Her general condition was normal except mild anemia.

On USG there was a mass with mixed echogenicity and cystic areas in the uterine region with no intrauterine gestation and no adnexal mass.

On examination under anaesthesia the uterus was 16 weeks size with bulge on right side. The uterocervical length was 9 cm. On curettage cavity was irregular and small amount of curettings was obtained, which was sent for HP. Histopathology revealed trophoblastic proliferation along with areas of necrosis suggestive of choriocarcinoma (Fig.1).

Following HP report patient was evaluated for trophoblastic disease. Urine pregnancy test was positive, serum β .HCG level was 6,50,000 IU. X-ray chest showed nonhomogenous well defined fluffy opacities in both lung fields obliterating the cardiac silhouette. The cardiac shadow was found to be normal and the costophrenic angles were clear suggestive of secondaries in the lung (Fig.2).

Patient was treated with methotrexate. On third day after methotrexate uterus had reduced to 12-14 weeks.

After 7 days of drug treatment β .HCG was 1,65,160 IU and repeat X-ray chest showed clearer lung fields. General condition was improving.