

An Unusual Case of Chorio-Carcinoma

Sarvesh Saxena & S.C. Saxena

Dept. of obst & Gyn, Medical College, Rewa

Smt M.F. 25 yrs old II gravida first presented on 26.6.96 with history of D&E for incomplete abortion of 2 months, on 19.2.96 with bleeding P.V. off and on. She had D&E in hospital on 26.4.96 & 17.6.96 (she had amenorrhoea since 10.12.95 & bleeding off & on). Both the times histo-pathology report was chorio-decidual tissue.

She had one full term normal delivery on 25.8.95. The child was female & had hare lip with cleft palate & congenital heart disease. The child died after 5 months.

On 26.6.97 vaginal examination revealed bulky uterus & USG showed normal findings. I suspected chorio-carcinoma so she was referred to Medical College Hospital, where D&C was done on 6.7.96.

Post D&C there was lot of bleeding. Uterine cavity was packed & 2 units of blood was given (her blood group was A +ve & of husband was O +ve). Histopathology report stated no chorio-decidual tissue & endometrium showed oestrogen phase. She continued to bleed, so D&C was done for the 4th time in Hospital on 3.8.96. There were only blood clots & tab Regestrone was started. USG of pelvis on 14.11.96, revealed uterine dimensions on upper limits of normal & collection of sonoluscent fluid in cu-de-sac.

She reported to me again on 2nd 9.97 with history of bleeding P.V. off & on since 22.12.96. L.M.P. was on 23.1.97 & 22.2.97. Vaginal examination revealed bulky uterus, with a lump of variable consistency on right side of uterus 3" x 3" & extending towards right fornix & Pouch of Douglas. Pregnancy test was positive. USG revealed uterus 10x4.6 x 5.6 cm, a semi solid complex mass was seen on right lateral wall of uterus 6.8 x 6.6 x 6.3 cm. Right wall of uterus was not well defined & the lump was not made out separate from uterus. The mass was more solid with peripheral cystic areas-hypoechoic solid

area. Fluid was found in POD. Diagnosis - ? Ectopic Malignant mass.

Diagnostic Laparoscopy was done on 1.3.97. It revealed uterus adherent to bowel & omentum & a mass was seen on right side of uterus, to which right tube & ovary were adherent. The left tube & ovary were not properly seen. In an attempt to reveal the lump better there was bleeding & immediate laparotomy was done. An irregular fragile lump was seen on right of uterus to which ovary & tube, omentum, bowel & posteriorly recto sigmoid was adherent. Attempt to separate the lump caused lot of bleeding, so haemostasis was established. Biopsy was taken from the lump & abdomen was closed. 2 units of blood was given during operation & 2 units during post operative period.

The biopsy of material revealed haemorrhagic necrotic areas with small group of cytotrophoblastic cells & atypical hyperplasia. Some of these were invading the muscle bundles, chorionic villi not seen-features suggestive of chorio-carcinoma.

Patient was referred to Cancer Hospital in Jabalpur.

Chemotherapy was given (inj Oncotrex 15 mg I.M., inj Dactinomycin 500 micro gm I.V., inj Calceprid leucovorin 7.5 mg I.V. daily for 5 days). Two courses were given at an intervals of 3 weeks.

Pregnancy test was +ve in 1:10 dilution on 21.3.97 but -ve in 1:50 dilution. Pregnancy test was negative on 10.4.97 & 6.5.97.

USG on 14.5.97 showed an echo complex lesion towards funds of uterus 6.0 x 4.3. Uterus enlarged 7.5 x 5.0 cm. Cul-de-sac was clear.

On 31.5.97 patients examination revealed a bulky uterus with free fornix. USG on 31.5.97 showed normal size & location of uterus. Uterine measurements 4.5 x 3.2 x 8.6 cm. An hypoechoic mass 3.9 x 2.3. cm on right of uterus attached to right wall. Endometrium, myometrium & ovaries were normal.

Follow up of patient showed recovery. Till date patient is doing well.

Comments :- This was a case of chorio-carcinoma following normal delivery. The first bleeding after amenorrhea of 2 months was suspected as abortion. This was followed by 4 D&Cs, none of them revealed any evidence of chorio-carcinoma. But development of lump on right of uterus,+ve pregnancy test, laparoscopy & diagnostic laparotomy revealed chorio-carcinoma, which responded well to chemotherapy.