

Vaginal metastasis of chorioadenoma destruens

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Chorioadenoma destruens can have varied symptoms and signs for the clinician, creating a diagnostic dilemma. It is not uncommon for the presenting symptoms to come from metastasis. The incidence of metastasis in invasive mole is approximately 15%, the most common site being the lungs followed by vagina, cervix, vulva and broad ligament.

The following case documents metastatic chorioadenoma destruens presenting as vaginal nodule.

Case Report

Mrs. M. K. 29 year old P2 L2 A1 was referred from cottage hospital Hinganghat to MGIMS, Sevagram during emergency hours. There was complaint of bleeding per vaginam continuously since 7 months. She gave history of first trimester medical termination 7 months back, subsequently she had vaginal bleeding off and on.

On general examination the patient was grossly pale, dehydrated, pulse was 120/minute, regular and feeble and BP of 90/60 mm Hg. Per abdominal examination was normal. Speculum examination revealed a bluish coloured nodule of 2 cm / 1 cm on right lateral wall of vagina in it's upper thirds. On bimanual examination, the uterus was multiparous size, mobile and both fornices were normal. Considering her previous history of abortion and irregular bleeding, provisional diagnosis of choriocarcinoma of uterus with secondaries in vagina was made.

Investigation showed haemoglobin to be 4 gm%, AS type, the pregnancy test was negative and X-ray chest (PA) was within normal limits. Excisional biopsy of the vaginal nodule and dilatation and curettage was done.

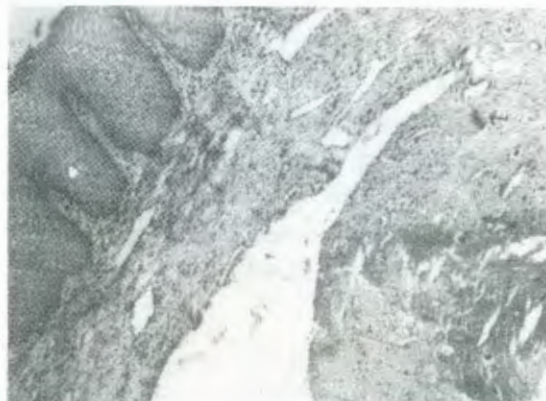


Fig 1. Microphotograph showing squamous surface epithelium & presence of syncytial & cytotrophoblast in the subcutaneous tissue shown by arrow. H & E x 100.

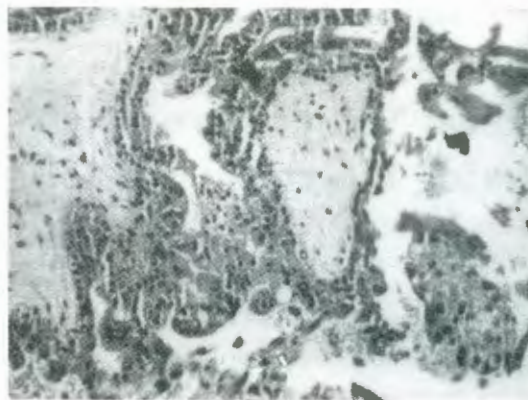


Fig 2. Microphotograph showing chorionic tissue with marked proliferation of syncytial & cytotrophoblast H & E x 400.

Histopathology report of endometrial curettage showed proliferative phase of endometrium, and vaginal nodule revealed choriondecidual tissue with well formed molar villi suggestive of metastatic chorioadenoma destruens. (Fig. 1 & 2).

Patient had prophylactic chemotherapy and advised follow up.