

## A Rare Presentation of Choriocarcinoma.

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Primary choriocarcinoma in the adnexal region is extremely rare though it is reported to arise from an ectopic pregnancy. Only 76 cases of choriocarcinoma of fallopian tube have been reported of which 60% presented with acute symptoms simulating an ectopic pregnancy and the rest had a pelvic mass indistinguishable from an ovarian tumour.

Mrs. V. 27 years old was admitted with history of 4 months amenorrhoea and haematuria for 3 days. No history of bleeding PV. Previous cycles were regular. She was married for 9 years. She had one full term normal delivery 2 years back.

On examination she was not anaemic and vital signs were stable. Abdomen was soft and no mass was palpable. At pervaginal examination it was found that uterus was normal in size and a mass about 7 cm in diameter, firm in consistency and fixed was felt through the left fornix. All other fornices were free.

All routine investigations were within normal limits. USG showed uterus to be normal in size. There was a mixed echogenic mass about 7 cm x 9.7 cm in the left adnexal region extending into the bladder. No fluid in POD. The possibility of ovarian tumour of germ cell origin was thought of and tumour markers were done. Serum HCG -28, 300 iu/ml and Serum alpha fetoprotein was negative. Cystoscopy and D&C was done. The left and posterior walls of the bladder were inflamed with bullous edema and dilated vessels. Since the lesion was not seen on the mucosal side, biopsy could not be done from the bladder. At D&C moderate endometrial curettings were obtained and sent for HPE. This showed clusters of syncytio and cytotrophoblastic cells without villous formation. Thus she had a choriocarcinoma in the adnexal region arising from the tube or ovary. As it was pure choriocarcinoma, it was more likely to be gestational rather than germ cell in origin. Patient was put on combination chemotherapy and at follow up after 2 months the HCG levels were falling and the mass had regressed in size.