

## Choriocarcinoma - A Tragic Outcome – Case Report

D. D. Dongaonkar, A. H. Nayak, Ching Ling, Kaushal Shah

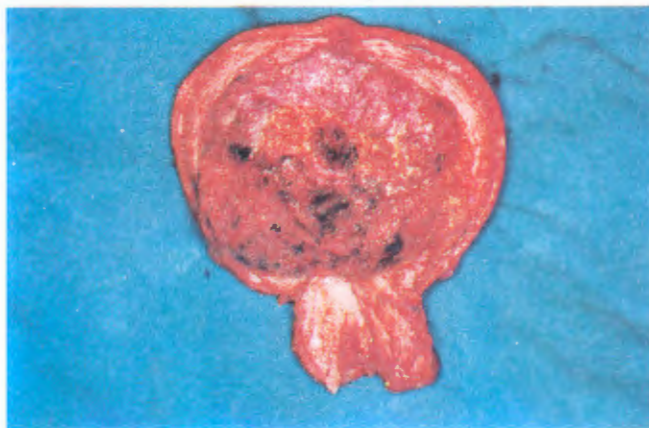
Dept. of Obst. & Gyn, B. Y. L. Nair Hospital, Mumbai

Choriocarcinoma is a malignant neoplasm arising from the trophoblastic epithelium that shows anaplastic cytotrophoblast with absence of villi and extensive haemorrhage and necrosis. The incidence of choriocarcinoma is 1 per 40,000 pregnancies. Upto 50% cases of choriocarcinoma develop from Hydatidiform mole while 25% cases each follow abortion or tubal pregnancy and normal term pregnancy. The most common metastatic sites are the lung (80%), vagina (30%), brain (10%) and liver (10%). Trophoblastic tumors are perfused by a myriad of fragile vessels hence metastases are haemorrhagic. Thus patients may present with signs and symptoms of bleeding from metastases like hemoptysis or acute neurologic deficit. This is clearly seen in our case where Subarachnoid haemorrhage was detected. Cerebral metastases are uncommon unless there is concurrent involvement of lungs and / or vagina.

Hasimunissa Subrati, 35yrs h/w, G3, PI, LI, A2 had come to the OPD at B.Y.L. Nair Hospital Mumbai on 2/9/98, with the chief complaints of bleeding PV off and on for past 4 months. Patients had a spontaneous abortion of 2½ months amenorrhoea 4 months ago following which a check curettage was done in a government hospital in Uttar Pradesh. Patient had no other significant Med/Surg. illness in the past. On admission her vital parameters were normal. Abdomen was soft. P/S-Cx & vagina healthy. P/V-Ut AV/10wks/SFM. Cervical os was closed. Sonography showed that uterus was globular, bulky and had an echogenic central echo with endometrial contents suggestive of ? residual POC's. Both ovaries and adnexae were normal. No free fluid was seen in Cul-de-sac. The investigations were within normal limits. A colour doppler showed retained POC's. Suction evacuation was done on 4/9/98. Few vesicles were obtained along with plenty of material while curetting the endometrial cavity and material was sent for H/P.  $\beta$ -

HCG was 7,76,000mIU/ml and pt. was started on injectible antibiotics.

H/P report showed haemorrhage, fibrin, decidual tissue and trophoblastic tissue which was composed of mononuclear cytotrophoblast and syncytiotrophoblast. Chorionic villi were not seen. Repeat  $\beta$ -HCG on after a week was 1,69,000mIU/ml. Post curettage patient continued to bleed off & on. Hence she was given one cycle of Inj. Methotrexate 1 mg/kg IM and Inj. Citrovorum factor 0.1mg/kg on alternate days.  $\beta$ -HCG repeated after chemotherapy was 1,88,000mIU/ml. Since the  $\beta$ -HCG levels were persistently raised hence TAH & BSO was done on 16/10/98. On exploration uterus was bulky, 10 wks size, both ovaries were unhealthy, peritoneal cavity was free of any deposits. Specimen was cut open and a mass measuring 5x4cm infiltrating the posterior uterine wall was seen. (see photograph).



Photograph showing specimen of uterus cut open showing normal endometrium in upper part and choriocarcinoma in lower part of uterus.

$\beta$  HCG repeated on day 12 of surgery was 1,84,000mIU/ml. Histopathology of wedge biopsy of both ovaries showed normal stroma, follicular cyst and corpus luteum. Wedge biopsy of endometrial growth revealed Choriocarcinoma.

On day 12 of surgery patient complained of mild headache. Meningeal signs were absent. Pulse, BP was maintained. Patient was given symptomatic treatment. Next day she had 2 episodes of vomiting in the evening. X Ray Chest, skull, & long bones were done to rule out metastases.

On day 14 she had convulsion with altered consciousness. Urgent Medical & Neuromedical reference was done. CT Scan of brain was advised but was not done as she started deteriorating. She was given IV Mannitol and Epsolin drip & Decadron. Urgent, Arterial Blood Gas was done which was normal. Within 4 hours she collapsed and could not be revived.

Post-mortem report was Sub arachnoid interventricular bleed with lung metastases. Histopathology report of the organs revealed metastases of Choriocarcinoma in lung with Meningo-encephalitis and Sub arachnoid haemorrhage.