

Chorio carcinoma in Tubal Ectopic Pregnancy. A Rare Coincidence – Case Report

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Choriocarcinoma of fallopian tube in ectopic gestation is a rare entity, but a life threatening combination. In the current era of conservative management of tubal pregnancy, early recognition and management is very important because of aggressive nature of the tumor, high metastatic potential and atypical presentation.

A 36 year old para 1, living 1, abortion 1 presented with a two month history of left lower quadrant abdominal pain, and low grade fever since two weeks. Menstrual history was regular. The last menstrual period was twenty days prior to admission.

On examination an ill defined firm tender mass was palpable in left and posterior fornix. Transvaginal sonography revealed 5x5 cm complex mass to the left of the uterus. Uterus was bulky and cavity was empty. Right ovary was normal. Fluid was present around the uterus. Urine pregnancy test was positive. A provisional diagnosis of ectopic pregnancy was made. On exploration there was a tubal pregnancy ruptured at the ampullary region of the left tube with a friable mass of 10x8 cm adherent to the sigmoid colon and the left ovary. Right adnexa was normal. Left salpingoophorectomy with removal of friable mass and tubal ligation on right side was done. Postoperative period was uneventful.

Histopathology of the specimen was reported as choriocarcinoma (microphotograph I & II). Postoperative beta-hCG was 33144 mu/ml. Metastatic survey showed no evidence of metastasis. Patient was categorized as having medium risk, nonmetastatic choriocarcinoma. She was given multi-drug chemotherapeutic regimen which includes etoposide, hydroxyurea, methotrexate, 6 mercaptopurine and actinomycin. Beta-hCG levels

showed gradual decrease by fifth course (12150 mu/ml), then started rising by sixth course. As the regimen of chemotherapy was ineffective EMA-CO regimen was started. With fourth course of EMA-CO regimen the serum beta-hCG fell to 728mu/ml, but it began to rise yet again. Repeat metastatic survey was negative. Platinum based chemotherapy (PVB) was recommended. By third course of PVB beta-hCG level had fallen to 72.2mu/ml. Before starting the fourth course beta hCG rose to 234mu/ml. After the fourth course patient was lost to follow up. She succumbed to disease three months later.

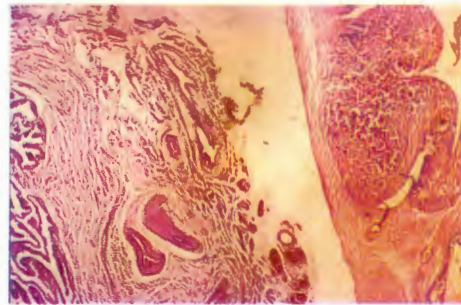


Fig. 1 : Microphotograph showing choriocarcinoma in a tubal ectopic pregnancy (Low power magnification)

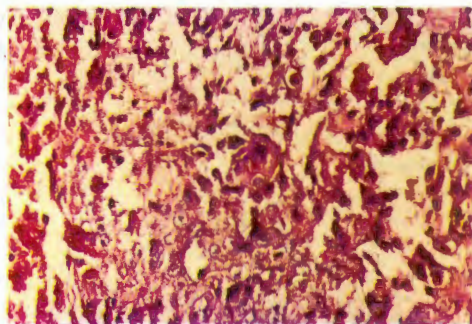


Fig. 2 : Microphotograph showing choriocarcinoma in a tubal ectopic pregnancy (High power magnification)