

An Unusual Case of Hemiplegia Following Choriocarcinoma

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Mrs. X, 23 yrs, old, P1 + 1, was admitted to North Bengal Medical College with unconsciousness and paralysis of left upper and lower limbs.

Her past obstetric history was as follows :-

She had one full term normal delivery 3 years back. Six months back she had evacuation for molar pregnancy in a rural hospital. Four months later she underwent D and C for irregular vaginal bleeding. Histopathological examination confirmed choriocarcinoma. But β HCG titer could not be done. The patient was advised to attend North Bengal Medical College. Out of ignorance she did not attend Medical College. On 11.6.98 she was admitted in this hospital in a comatose state. Her treatment was performed in consultation with faculty members of Medicine and Radiotherapy.

Investigations showed Hb. - 7 gm%, T.C. - 70000/Cumm., D.C. - N 64, L-32, E-1, ESR-42mm., liver & renal function tests were within normal limit. Chest X-Ray normal. C.T. Scan brain showed a hyperdense lesion in right parietal white matter. The provisional diagnosis

by sonologist was haematoma of recent onset in right parietal white matter dissecting into ventricular system. Cerebral angiographic evaluation was suggested but could not be done. Serum β HCG was only 160 mIU/ml. P/V examination and pelvic USG did not show any abnormality. Ovaries were normal in size. She was treated with two courses of EMACO regime at 3 weeks interval and she responded well. After two cycles of therapy her neurodeficiency improved with slight residual paralysis. Her serum β HCG value came down to 10 mIU/ml. She went home against our advice. She was in the hospital from 11.6.98 to 24.9.98. She came for only one follow up visit after 6 weeks when her β HCG showed 3 mIU/ml. After 9 month she again came to us to know whether she could conceive again. This time her β HCG was 5mIU/ml. She had some residual weakness on her left side.

We report this high risk case of Chorio-carcinoma because of 3 unusual features :-

1. Very low levels of β HCG
2. Brain metastasis without lung involvement.
3. Apparent cure with only 2 courses of chemotherapy.