

Nongestational Choriocarcinoma of Ovary-A Case Report

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Introduction :

Nongestational pure choriocarcinoma of the ovary in childhood is exceedingly rare, accounting for 0.6% of ovarian germ cell tumors. Here we present such a case.

Case Report

An eleven year old female child was admitted with complaints of swelling and pain in abdomen of one month duration. On examination a tender mass was felt in the right iliac fossa crossing over to the midline. Ultrasonography showed an echogenic mass 10x7x7 cm in dimension posterior to uterus but separate from it, along with moderate fluid in peritoneal cavity. An exploratory

laparotomy revealed a left pelvic cyst 11x7 cm. in size, which was excised. Left and right ovaries and tubes were intact. Histopathology showed large areas of necrosis and haemorrhage with intermixed trophoblasts showing biphasic pattern with central cytotrophoblasts and peripheral syncytiotrophoblasts. Cells showed atypia and anaplastic features. Overall, the histologic picture was consistent with diagnosis of choriocarcinoma of ovary (Fig 1 & 2). Serum AFP value was 10.9 ng/ml. (normal range, 0.5-35ng/ml.); Serum β -hcg value was 90.0 mIU/ml. (normal range, <25 mIU/ml.). X-ray chest and USG abdomen were normal. Patient was put on EP regimen (Etoposide 100 mg/m² per day from day 1 to 5, Cisplatin 20 mg/m² day from days 1 to 5.). Patient did not come for follow up.

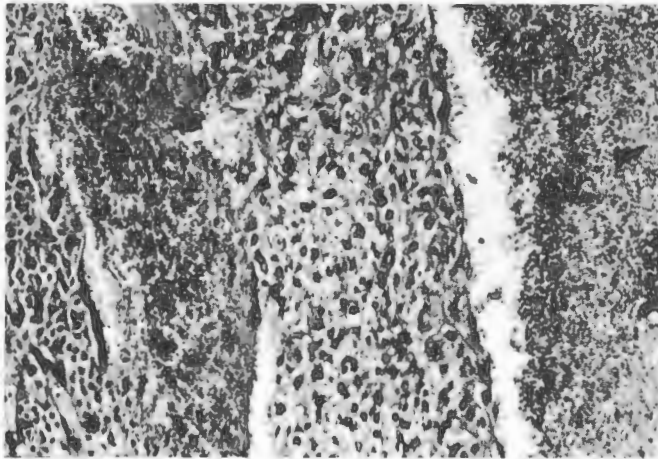


Fig. 1: Histopathology showing large areas of necrosis and haemorrhage with intermixed trophoblasts showing biphasic pattern with central cytotrophoblasts and peripheral syncytiotrophoblasts (10X)

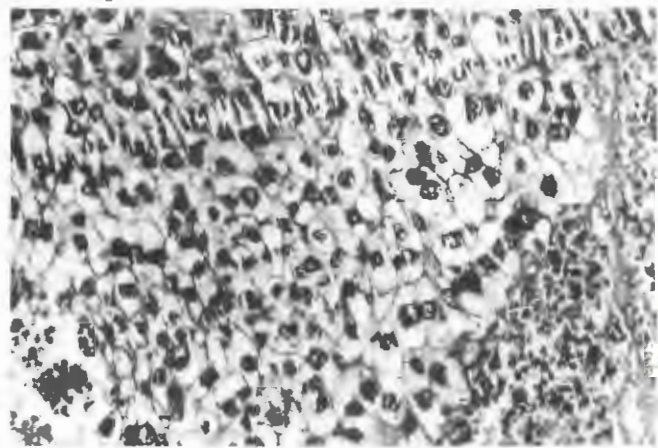


Fig. 2: Histopathology showing large areas of necrosis and haemorrhage, with intermixed trophoblasts showing biphasic pattern with central cytotrophoblasts and peripheral syncytiotrophoblasts. (20x)