**A CASE REPORT-Atypical presentation of choriocarcinoma following**

**two consecutive dialatation and curettage.**

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**Mrs. Bhamma bai, 35 years old, residing at Vidisha, belonging to lower socioeconomic status .**

* **Referred for continuous bleeding p/v from 4 weeks**
* **persistent post abortion bleeding in spite of curettage .No histology of curetting. No referral letter.**
* **No history of breathlessness, tremors, excess of vomiting.**
* **Pregnancy test positive after admission with retained products on U.S.G.**
* **NO HISTORY OF CHEMOTHERAPY PRIOR.**

**Family history / Personal history - Nil particular.**

**Obstetric History – Married life -11 yrs back, had Non consanguisous marriage.**

**She was -second gravida, ABORTION 2**

* **First --- Spontaneous abortion at 2 months with h/o suction evacuation**

**done.**

* + - 1. **Last abortion event 5 yrs back.**
      2. **Investigated for infertility.**
      3. **Male partner had oilgospermia.**
* **Second ---Present pregnancy events are:**

1. **According to Records –IUI done with donor insemination.**
2. **She had 8 weeks pregnancy, with incomplete abortion.**
3. **Check curettage were done ONE MONTH AFTER ABORTION at interval of 2 weeks for incomplete abortion confirmed by U.S.G.**

**(Last second curettage Histology report was suggestive of v mole NOT**

**DISCLOSED) .**

**On examination**

* **Patient was looking sick.**
* **No Pallor.**
* **A febrile.**
* **Pulse: 98 /minute.**
* **Blood Pressure: 120/80 mm /hg.**
* **No goitre, exophthalmoses, tremors.**
* **No oedema of feet, No icterus.**
* **Both breasts- normal.**
* **Liver spleen not palpable.**
* **P/S examination normal P/V examination Uterus 6-8 weeks soft, NO MASS IN fornices no cervical motion tenderness.**

**TVS -- Large echogenic content 4 x 3.1 cm**

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| **C:\Users\abc\Desktop\Screenshot_2021-09-10_115211.jpg** |

**in cavity at fundus region with internal**

**vascularity and retained product of**

**conception.**

**HB% 11gm % ,Blood group ‘B’ positive and normal urine analysis.**

* **Under U.S.G. guidance THIRD CHECK CURRETAGE WAS DONE, all products were badly adherent and product were removed with curette.**

**AFTER EVACUATION DIAGNOSIS WAS: INTRA UTERINE SYNECHE?**

**WITH RETAINED PRODUCTS/molar tissue?**

* **No bleeding in post operative period.**
* **After one week Histopathology of CURRETTINGS was ---suggestive of choriocarcinoma.**
  + 1. **Atypical Syncytiotrophoblast and Cytotrophoblast.**
    2. **Extensive necrosis and hemorrherage.**
    3. **No chorionic villis.**
* **History of V mole on SECOND curettage was not revealed on admission was disclosed after requesitioning.**

**Hb-11.3gm/dl, Wbc-5600 and Plt-396 EMACO REGIMEN WAS PLANNED**

**Bilirubin-D/ID/T-0.24-0.17-0.41**

**S.ALP.-64, SGOT / SGP-32-23U/L, Blood Urea-24mg/dl, S.Creatinine-.081mg/dl**

**Contrast C.T. Scan -- malignant neoplastic mass, It appears inseparable from the endometrial cavity. Nodular lesion in posterior segment of right upper lobe of lung.LIVER BRAIN KIDNEY NORMAL.**

**FINAL DIAGNOSIS ---**

**Metastatic GTN / good prognosis ,CHORIOCARCINOMA ---FIGO STAGE III**

**WHO SCORE = 1 (<7) , (No live issue ),DURATION OF DISEASE < 3 MONTHS**

**TUMOUR MASS>4 CM, METASTASIS IN LUNGS +**

**Till DATE Patient RECEIVED EMACO REGIMEN FOR TWO CYCLES**

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| --- |
| **PROTOCOL: Day 1 ( E.A.M. )**   * 1. **Inj Etoposide 130 mg in 200 ml of saline in 30 mts +**   2. **Inj -Dactinomycin 0.5 mg IV bolus**   3. **Inj Methotraxate –100 + 300mg IV infusion for 12 hrs** |
| **Day 2 (EA FOLINIC A)**   * 1. **Umfolin 15 mg IM (12 HRLY ---4 DOSES )**   2. **Inj Etoposide 130 mg in 200 ml of saline in 30 mts +**   3. **Inj -Dactinomycin 0.5 mg IV bolus** |
| **DAY 8 EMACO –**  **1. Cyclophosphamide 800mg IV saline over 30 mts**  **2. Vincristin 1.3 mg** |
| **PLAN window of 2 weeks two courses after HCG negative ,Maximum 5 courses.** |

**FOLLOW UP**

**planned for 2 yrs . for PERSISTENT GTN with INJECTABLE contraception advice**.

**DISCUSSION**

1. **When ever post abortion bleeding is continuous GTN/ choriocarcinoma should be suspected as 80% cases main complaint is intermittent bleeding p/v.**
2. **Uterus correspond or less than period of amenorrhea in 30% cases cyst are seen only in 5% cases of vesicular mole and they resolve within 3-4 months with regression HCG in evacuation cases , As such risk of choriocarcinoma is 10 fold in complete mole**

**Low risk GTN <6 choriocarcinoma after 8 weeks is difficult to suspect in post molar evacuation cases if detail history and follow up is not obtained or documente,**

**If proper record of initial value is not maintined in follow up of post post molar**

**pregnancy histology of curretings is the gold standard test to confirm diagnosis of**

**GTN in post molar pregnancy . (1)**

1. **Intraplacental choriocarcinoma is easily under diagnosed but with current treatment, even in the presence of metastasis, the prognosis is excellent.**

1. **Histology is the gold slandered method to diagnose choriocarcinoma**

**REPEAT CHECK CURRETAGE IS MUST IN THESE CASES TO CONFIRM DIAGNOSIS**

**Patient does not accept aggressive treatment of chemotherapy if there is infertility.(2)**

**CONCLUSION**

**Routine microscopic examination of all the placentas of miscarriage will improve early diagnosis .It will also prevent the under treatment of G.T.N .**

**REFRENCES**

**[1] L. Jiao, E. Ghorani, N. J. Sebire, and M. J. Seckl, “Intraplacental choriocarcinoma: systematic review and management guidance,” *Gynecologic Oncology*, vol. 141, no. 3, pp. 624–631, 2016.**

**[2] N. J. Sebire and E. Jauniaux, “Fetal and placental malignancies:prenatal diagnosis and management,” *Ultrasound in Obstetrics* *and Gynecology*, vol. 33, no. 2, pp. 235–244, 2009.**

**LIMITATIONS**

**It is a simple single case report , further larger prospective study is required.**