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A case report-Atypical presentation of choriocarcinoma following two consecutive dilation and curettage.

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My patient is Mrs.Bhamma bai,35yr/Female,residing at hinodiya nagar,Vidisha,belong to lower socioeconomic status

•Referred for continuous bleeding p/v from 4wks to PCMS, post abortion bleeding in spite of curettage.No histology of curetting,No h/o passing clots,breathlessness,tremors,excess of vomiting,Pregnancy test positive after admission

Family history/Personal history -Nil

Obs History–Married life-11 yrs,Non consanguinous marriage,second gravida,ABORTION 2

1-Spontaneous abortion at 2months with h/o suction evacuation done.5 yrs back,Male partner-oilgospermia

2-Present pregnancy-8 wks pregnancy,According to Record–IUI done with donor insemination,Check curettage were done twice at interval of 2wks for incomplete abortion confirmed by USG

On examination

Patient-sick,No Pallor,Afebrile,No goitre,exophthalmoses,tremors

P/S examination-Blood stained discharge+

P/V examination-Uterus 6-8 weeks soft,fornices clear,cervical motion tenderness absent

Patient was investigated and check curettage was done

Under USG guidance all products were badly adherent and removed with curette

No bleeding in post operative period,After 1wk HPE of products was s/O choriocarcinoma-Atypical Syncytiotrophoblast and Cytotrophoblast,Extensive necrosis and hemorrhage,No chorionic villis

INVESTIGATIONS

HCG titer-51000 mIU/ml

CBC-Hb-11.3gm/dl,Wbc-5600,Plt-396

Blood group-B POSITIVE

USG Pelvis-Large echogenic content 4 x 3.1 cm in cavity at fundus region with internal vascularity i/v/o ,H/o

Dilation and Curettage is suggestive of retained product of conception

S.TSH-2µg

LFT-Bilirubin-0.24-0.17-0.41

S.ALP-64,SGOT/SGPT-32-23U/L

KFT-Blood Urea 24mg/dl

S.Creatinine-.081mg/dl

CT Scan-brain-No intracranial SOL

No focal vasogenic edema

No abnormal meningeal enhancement

CT Scan-chest abdomen and pelvis-Bulky uterus with large heterogeneously enhancing mass lesion 3.1X4cm in right side uterine myometrium with preserved parametrial fat planes – malignant neoplastic mass,It appears inseparable from endometrial cavity

Small hypodense nodular lesion in posterior segment of right upper lobe of lung –metastasis?

FINAL DIAGNOSIS CHORIOCARCINOMA WITH RETAINED TUMOUR MASS /PRODUCTS IN CAVITY?

WITH SECONDARIES IN LUNGS(No live issue)

FOLLOW UP

Patient is on EMACO REGIMEN IS GIVEN FOR 2 WKS,Follow up for PERSISTENT GTN AND PERSISTENT BLEEDING

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