A CASE REPORT-Atypical presentation of choriocarcinoma following two consecutive dialatation and curettage.

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Patient, 35 years old female.

- **Referred for continuous bleeding p/v from 4 weeks**
- **persistent post abortion bleeding in spite of curettage .No histology of curetting.**
- **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

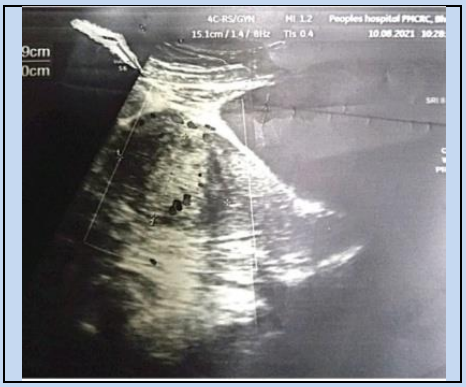
- **First --- Spontaneous abortion at 2 months with h/o suction evacuation done.**
  - **I. Last abortion event 5 yrs back.**
  - **II. Investigated for infertility.**
  - **III. Male partner had oilgospermia.**
- **Second ---Present pregnancy events are:**

i. According to Records –IUI done with donor insemination.
ii. She had 8 weeks pregnancy, with incomplete abortion.
iii. 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 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.**

i. **Atypical Syncytiotrophoblast and Cytotrophoblast.**
ii. **Extensive necrosis and hemorrherage.**
iii. **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

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)**

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

4. **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.