CASE REPORT

CHORIOCARCINOMA AFTER NORMAL VAGINAL DELIVERY; A RARE ENTITY

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Choriocarcinoma is a malignant gestational trophoblastic neoplasm with rare postpartum presentation. Its manifestation after full term delivery is very rare with paucity of data reported from Pakistan. We received a patient in the postpartum period with symptoms of distant metastasis. She was diagnosed with choriocarcinoma based on our workup and was referred for chemotherapy after management. Now she is receiving follow-up care.

Keywords: Choriocarcinoma; Postpartum; Gestational trophoblastic neoplasm; Chemotherapy

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INTRODUCTION

Gestational trophoblastic neoplasms are characterized by abnormal trophoblastic growth with different clinical manifestations.[1]

Choriocarcinoma, included in gestational trophoblastic neoplasms, is a tumour with high malignant potential. Its occurrence following full term delivery with no history of complete mole is very rare.[2] Incidence of postpartum choriocarcinoma is 1 in 150000–160000 pregnancies.[3] Usually it is considered when patient presents with abnormal vaginal bleeding or is symptomatic due to distant metastasis.[2] Gestational trophoblastic neoplasm after a term pregnancy always turns out to be choriocarcinoma.[3]

CASE REPORT

A 30 years old female, P2Ab0Al2, underwent Caesarean section in Afghanistan at term with intrauterine foetal death. After 20 days she presented to a hospital in periphery with shortness of breath, pleuritic chest pain and dry cough. She was referred to tertiary care hospital with suspected cardiac failure.

Her previous delivery was full term normal vaginal delivery after an uncomplicated pregnancy. Her family history, drug history and allergic history were unremarkable.

On examination patient was anaemic, unwell and dyspnoeic. There were bilateral crepitations in the chest. On local examination a vaginal growth was found. There were typical sub-urethral plum coloured secondaries of choriocarcinoma. Beta hCG was found to be 30,000. Chest X-rays showed cannon ball lesions (Figure-1). Examination under anaesthesia showed bluish nodule along left lateral vaginal wall with ulcerated surface measuring 3 into 3 cm (Figure-2). Biopsy was taken and sent for histopathology. Patient was discussed with oncologist and chemotherapy was planned for choriocarcinoma. Her FIGO prognostic score was calculated to be 6. Now the patient is receiving follow-up care.

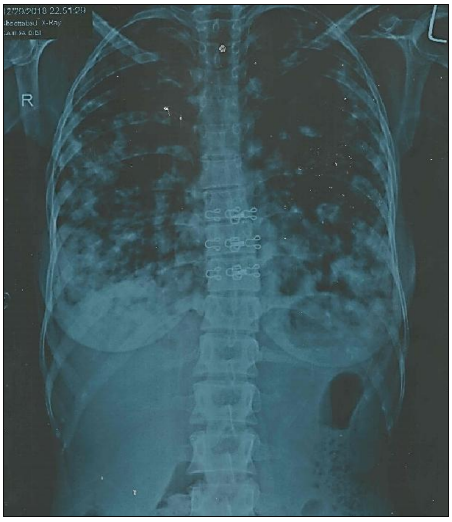

Figure-1: Cannon ball lesions

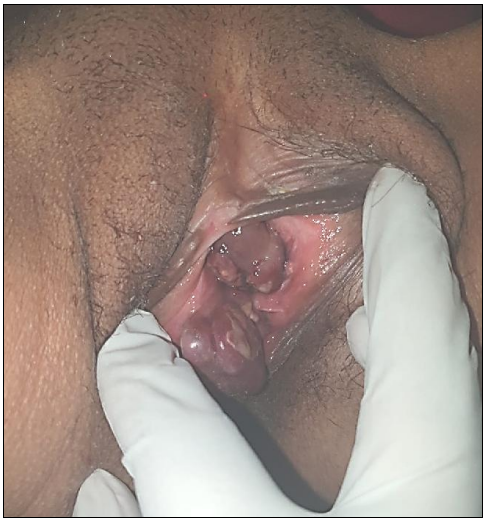

Figure-2: Bluish nodule along left lateral vaginal wall with ulcerated surface.

DISCUSSION

Gestational trophoblastic neoplasms are classified into partial and complete hydatidiform moles, invasive mole, choriocarcinoma, placental site trophoblast tumour, epithelioid trophoblastic tumour and the recently included atypical placental site nodules.[1,4]

Among the gestational trophoblastic neoplasm choriocarcinoma is overtly malignant and is a medical emergency. Chorio is derived from the word chorion, which is the outer foetal membrane.[5] Choriocarcinoma usually follows complete mole but can also occur after a partial mole, miscarriage, ectopic pregnancy or full-term pregnancy. It is rare with an incidence of 1 per 50,000–100,000 conceptions.[1] Occurrence is only about 20 per year in United Kingdom.[5]

Choriocarcinoma commonly presents as haemorrhage or cardiorespiratory distress due to distant metastasis. It advances rapidly and the disease is of sudden onset. It is a tumour that is curable even after advanced metastasis. If timely diagnosis is made, such a severe disease with varied sequelae can also be completely reversed.[6] There is a very high survival for choriocarcinoma. Almost all women treated for the disease are cured.[5]

The level of human chorionic gonadotrophin (hCG) and occurrence of distant metastases are inversely related to the cure rates with single agent chemotherapy. This was first demonstrated by the Bagshawe scoring system published in 1976.[7] This was later updated with the FIGO prognostic scoring system which provides a means of estimated risk assessment.[1]

Complications of choriocarcinoma include intracranial haemorrhage and pulmonary embolism. Based on its severity and possible recovery, it should always be kept in mind while dealing with haemorrhage or cardiorespiratory distress in a patient of reproductive age, especially in the postpartum period.[6]

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