CASE REPORT OF UTERINE CHORIOCARCINOMA IN AN ELDERLY PATIENT. IS IT GESTATIONAL OR NON-GESTATIONAL?

DR BEETHUE R., DR ELAMIN D.,
LETTERKENNNY UNIVERSITY HOSPITAL, IRELAND

INTRODUCTION

Choriocarcinoma is a well-documented pathology with clear and precise protocols available for the follow-up of molar pregnancy to avoid occurrence of choriocarcinoma. Here, we report an unusual case of an elderly lady who presented with heavy menstrual bleeding and subsequently diagnosed as choriocarcinoma with no antecedent of molar pregnancy.

CASE STUDY

A 51 years old lady was referred to the gynaecology department of a secondary care hospital for menorrhagia persistently present for the past 1 year. The patient was gravida 5 para 2 with 3 miscarriages. Her last pregnancy 8 years ago was suspected to be a molar pregnancy based on radiological appearance however histopathology had excluded it as products of conception was identified. Her examination was unremarkable. Initial imaging with ultrasonography suggested a bulky uterus with small fibroids and a 6cm left adnexal cyst. Meanwhile her urine pregnancy test tested positive and subsequently SBHCG was also found to be elevated. All tumour markers remained normal. Repeat ultrasonography showed an ET of 4.1mm, fibroid uterus and resolution of the adnexal cyst. Computer tomography TAP was also unremarkable. The differential diagnosis of choriocarcinoma and endometrial cancer was considered.

Further expert opinion was sought from the national GTD registry in a tertiary care hospital prior to any endometrial sampling. As per the recommendation of the NGTD registry, a hysteroscopy and D&C was performed. The histopathological exam of the endometrial tissue confirmed a high likelihood of gestational choriocarcinoma however the differential diagnosis included a de-differentiation of an endometrial carcinoma although it was quite unlikely.

The patient was referred to a gynae-oncology care centre where she underwent an urgent TAH+BSO and lymph nodes dissection as her SBHCG reached a peak of 22792. Histology reported the choriocarcinoma to be centered in the lower uterine segment and the endocervix with lymphovascular invasion.

She recovered well. Her follow-up was organised through her referring hospital with weekly SBHCG level until normalisation and monthly thereafter. The patient has a 3 monthly GOPD follow-up and a yearly CT TAP.

DISCUSSION

In this era of advanced medical practice, it would be quite rare to diagnose erratic bleeding in a 51 years old patient with no antecedents of gestational trophoblastic disease as a choriocarcinoma.

Choriocarninoma should always be considered in the differential diagnosis of any patient with erratic vaginal bleed and a history of miscarriage irrespective of the age group.

Regardless of the imaging modality used, choriocarcinoma often appears as a mass enlarging the uterus. Sometimes it manifests as a discrete, central, infiltrative mass. Its heterogeneous appearance correlates with necrosis and haemorrhage that characterize these lesions [1]. However, this case reports shows that choriocarcinoma can still be present without obvious radiological manifestation.

Shortcomings in correctly identifying GTD on histopathology can have catastrophic long-term outcomes. It is of paramount importance that definitive confirmation of choriocarcinoma prompts a referral to the NGTD registry and that will allow adequate follow up to prevent adverse outcomes.

REFERENCES

[1] Radswiki, T., Worsley, C. Uterine choriocarcinoma. Reference article, Radiopaedia.org. (accessed on 30 Dec 2021) https://doi.org/10.53347/rID-13102