

An Unusual Presentation of Choriocarcinoma

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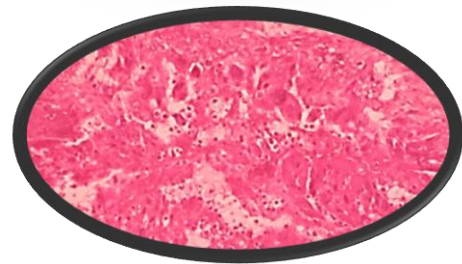
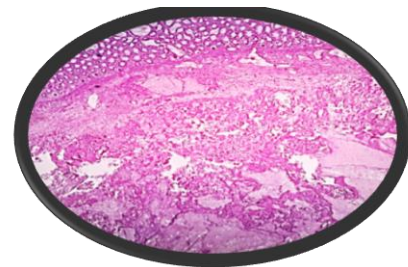
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1. Introduction

- Choriocarcinoma - highly malignant tumor of trophoblastic cells mostly arises in female genital tract.
- Testis is the common site in males.
- Nongestational Primary choriocarcinoma (PCC) is rare.
- Common site in GIT – stomach.
- The **incidence** of hydatidiform mole in India is 1 in 500 and the malignant transformation of the disease is 10-15%.¹
- Mestatic disease occurs in 4% of patients after local management of hydatidiform mole and very rarely after term pregnancies/ abortions.²
- Only 13 cases of primary colorectal choriocarcinoma have been reported till now – Hiromitsu Maehira et al, 2013 WJG

- A grey white to grey brown friable irregular mass of size 16x6 cms with areas of hemorrhages and necrosis.
- Histological features:

10x magnification 40x magnification



2. Case Report

- A 25 Yr female admitted with lower abdomen pain – 2days duration
- H/O abortion 3 months back
- Personal and family history - nil particular.
- General, Systemic and per vaginal examination - nil particular.

3. Investigations

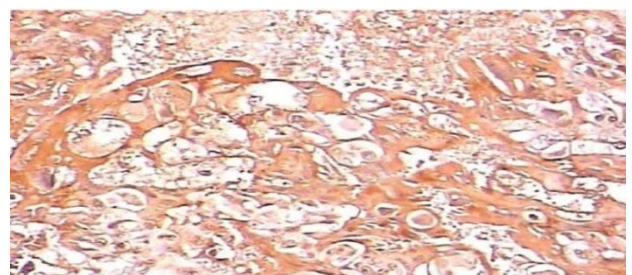
- Routine hematological and biochemical tests – within normal range
- Viral screening - Non reactive.
- Chest X-ray - NAD.
- Ultrasonography of abdomen - mass arising from colon, ? Ovary
- Guided aspiration from mass was done.
- Cytological examination revealed poorly differentiated carcinoma.
- Computed tomographic (CT) scan of the abdomen revealed the mass arising from the ascending colon.
- Patient underwent surgery.

Histopathology shows characteristic dimorphic plexiform pattern of syncytio trophoblastic cells and cytotrophoblastic cells in the back ground of Necrosis & haemorrhage. Tumor invasion - upto serosa. vascular tumor emboli - present. Lymph nodes – metastasis - present.

4. Gross Features



5. Immunohistological features



- ImmunoHistochemical Staining was positive for human chorionic growth hormone.

6. Discussion

- Choriocarcinoma most commonly arises in trophoblastic tissue following gestational events such as molar pregnancy, normal or ectopic pregnancy, and abortion.
- Choriocarcinoma of extragenital origin - retroperitoneum, mediastinum, lung, stomach, colon, pancreas, cervix, ureter and intracalvarium (especially in the pineal gland).

Pathogenesis

- Controversial.
- Several hypotheses have been proposed -
- Develops from retained primordial germ cells that migrated abnormally during embryonic development.
- Metastasis from a latent primary lesion in the genitalia.
- Retrodifferentiation of pre-existing colonic carcinoma.
- B-hcg did not decrease to normal levels after surgery, implying that micrometastatic
- Disease existed.

7. Conclusion

- The prognosis of PCC of the colon is poor.
- In our analysis of literature, median survival time was less than 6 months .
- PCC of colon is usually not identified until tumor has generalized metastasis.
- Death occurs mostly due to hepatocellular failure.

References

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