An Unusual Presentation of Choriocarcinoma

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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%.
• Malignant disease occurs in 4% of patients after local management of hydatidiform mole and very rarely after term pregnancies/abortion.
• Only 13 cases of primary colorectal choriocarcinoma have been reported till now – Hironitsu Maehira et al. 2013 WJG

2. Case Report

• A 25 Yr female admitted with lower abdomen pain – 2 days 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.

4. Gross Features

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