Metastatic Choriocarcinoma Without Evidence of a Primary Tumour

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BACKGROUND

Choriocarcinoma is a rare malignancy of trophoblastic cells characterised by early widespread metastases and secretion of human chorionic gonadotropin (HCG). Common metastatic sites include lung, liver, brain and large bowel. Incidence in Australia is approximately 7 in 100,000 pregnancies (1) or 3 in 100,000 live births (2) with most cases occurring following molar pregnancy (3).

AIMS

We describe a case of choriocarcinoma in a post-partum woman with atypical metastases to the small bowel and axilla and no radiological or histological evidence of placental or uterine disease.

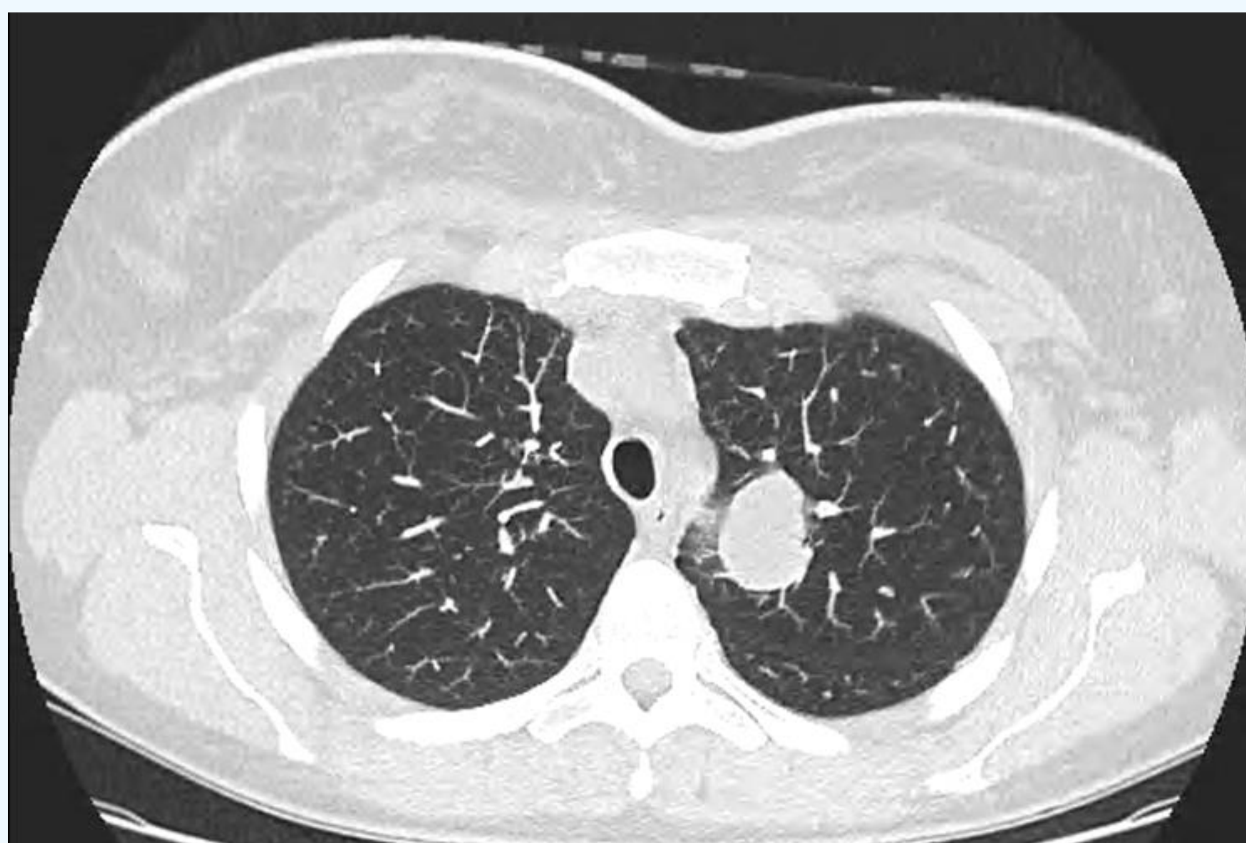

Figure 1. CT demonstrating left upper lobe lung metastases

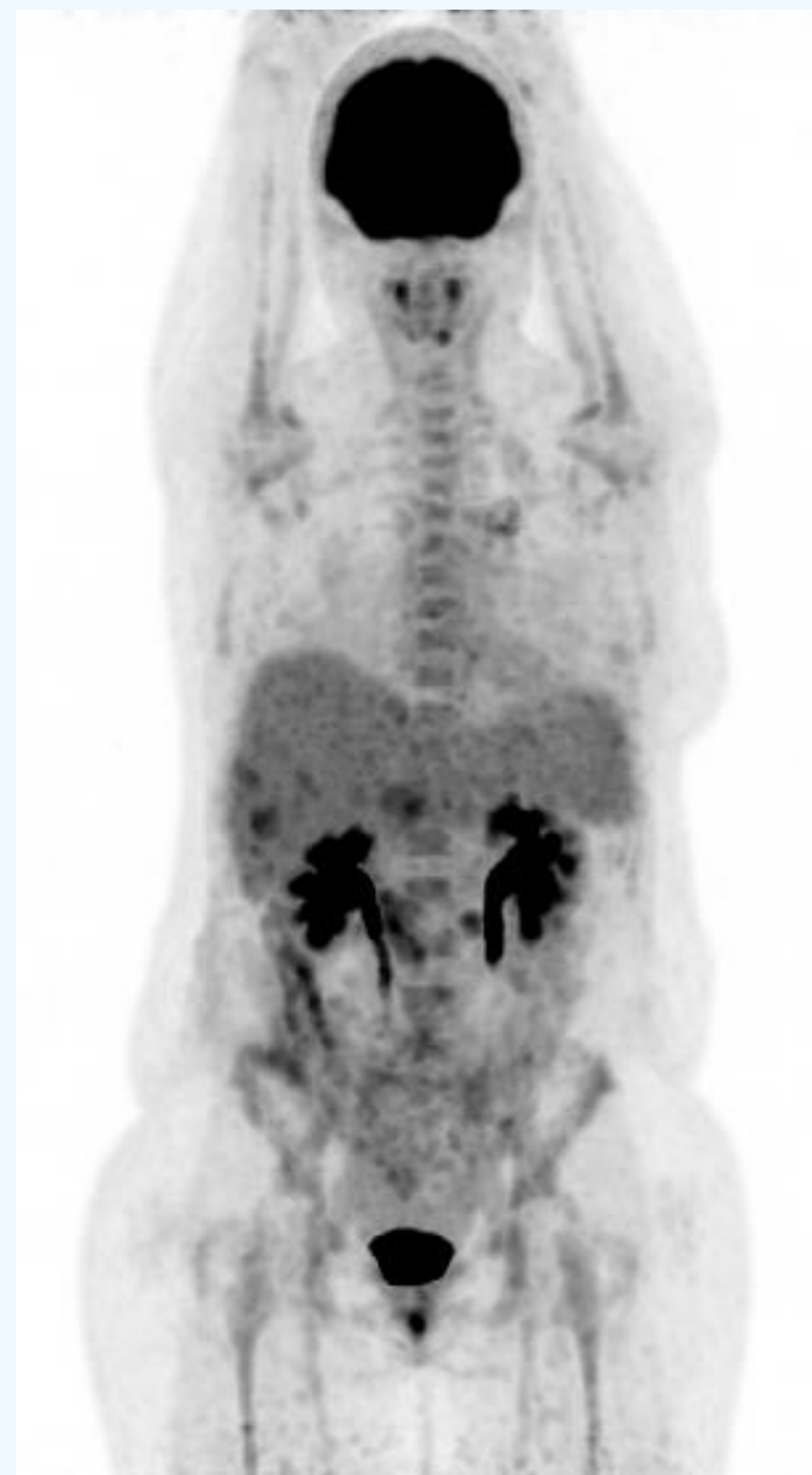

Figure 2. 18F-FDG PET demonstrating lung and liver metastases and a non-specific gastric focus

CASE

A 39 year old multiparous woman 11 months post-partum presented with acute abdominal pain, hypotension and tachycardia. HCG was elevated (2,161IU/L) and haemoglobin was 67g/L. Pelvic ultrasound demonstrated an empty uterus and 5mL of intra-abdominal free fluid. Obstetric history included three spontaneous vaginal births at term. Medical history included iron deficiency anaemia and melaena, presumed secondary to a gastric ulcer awaiting biopsy result from a recent gastroscopy-colonoscopy.

A provisional diagnosis of ectopic pregnancy was made and a diagnostic laparoscopy performed. No ectopic pregnancy was identified however there was a 4cm small bowel lesion which was resected due to concern for malignancy. A dilation and curettage was also performed.

Small bowel histopathology reported choriocarcinoma however was confounded by the gastric ulcer biopsy which resembled primary breast carcinoma. This was supported by clinical findings of right breast and axillary masses. Biopsies of the axillary lesion and gastric ulcer subsequently confirmed metastatic choriocarcinoma. CT and PET scans demonstrated numerous metastases in the lung, liver and stomach however no uterine lesion. Endometrial curettings were benign. The patient had stored her placenta frozen which also demonstrated no evidence of malignancy on histological examination.

RESULTS

The patient was diagnosed with stage IV choriocarcinoma and referred to the gynaecological oncology multidisciplinary team. She was treated with chemotherapy and remains in remission.

DISCUSSION

This case demonstrates the varying and atypical presentation of choriocarcinoma, often due to symptoms of metastatic disease, making diagnosis difficult (4,5). Clinicians should consider choriocarcinoma where HCG is unexpectedly elevated including in the absence of primary placental or uterine disease.

References

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