

# A CASE REPORT OF SUCCESSFUL MANAGEMENT OF GESTATIONAL

## CHORIOCARCINOMA WITH SUBURETHRAL METASTASIS AND LUNG METASTASIS





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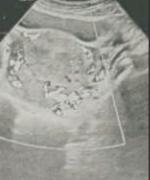
#### INTRODUCTION

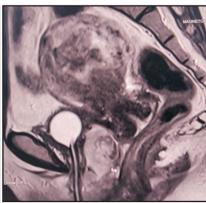
Gestational choriocarcinoma is a highly malignant form of gestational trophoblastic neoplasia often seen with local and distant metastasis. It can arise from any type of pregnancy and presents with varied clinical signs and symptoms. This report describe the case of 30 yr old female with choriocarcinoma.

#### **CASE DESCRIPTION**

A 30 yr old female with gravida 2 para 1 live 1 with 2 months Amenhorrhea presented with early pregnancy symptoms and 5 days history of Vaginal Bleeding P/V along with urinary incontinence. Abdominal Pain associated with Nausea and vomiting was seen since 8 days. Patient denied any personal or family history malignancy. On per abdominal examination abdomen was soft and non tender. On per vaginal examination bleeding present with sub urethral bluish nodule (Figure1). On trans-abdominal pelvic ultrasound showed Snow storm appearance in the uterine cavity (Figure2). Laboratory investigations showed Serum B-HCG — 1,95,000mIU/mL. In addition to abdominal sonography, MRI — PELVIS suggestive of Invasive Molar Pregnancy with metastasis of urethra and anterior wall of vagina. (Figure 3). On Chest X-ray showed Metastasis (Figure 4). Thus choriocarcinoma is diagnosed. Biopsy sample was taken and send for histopathology ,which suggestive of choriocarcinoma. Gynae oncology opinion is done and chemotherapy (EMACO regime) is given to patient (3 episode) and reassess beta-hCG levels and other investigation (USG, MRI), and done beta-hCG every month for 6 month after that every 2-3 month annually.









#### **DISCUSSION**

Gestational choriocarcinoma is a highly malignant and aggressive trophoblastic tumor. About 50% of GTN arise from hydatidiform mole. The common gynecological presentations are abnormal vaginal bleeding and pelvic mass. Gestational trophoblastic neoplasia (GTN) including choriocarcinoma is highly sensitive to chemotherapy. Patients with high-risk diseases are generally given multi-agent EMACO regimen, and cure rate approaches 80–90%.

#### CONCLUSION

A variety of clinical signs, symptoms, and complications can be associated with gestational choriocarcinoma. A high degree of clinical suspicion is essential for early diag-nosis, and high-risk GTN is uniquely sensitive to multi-drug chemotherapy with a high cure rate and survival.

### **Acknowledgement**

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#### References

- 1. Ys E Dian W. Jiang X. A Successfully Tested Metastatic Chirtocarcinoma Coexistent With Pregnancy: A Case Report of a 4-Year Follow-Up Medicine (Baltimore) 2016: ¥:95(21)
- 2. Secki MJ. Newlands ES. Treatment of gestational trophoblastic disease (review). Gen Diagn Pathol 1997, 143-138-171
- 3. Alened A. De Goest K. Viim Natta T, Soroaky J. Metastatic choriocarcinoma to the land coexisting with a viable pregnancy. Int J Gynaecole 2006, 14:36-57