

# A CASE REPORT OF SUCCESSFUL MANAGEMENT OF GESTATIONAL CHORIOCARCINOMA WITH SUBURETHRAL METASTASIS AND LUNG METASTASIS

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**Presenter - Dr Neha Yadav, Resident At Obstetrics & Gynecology Department At**  
**Pacific Institute Of Medical Sciences, Udaipur**

## 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 describes 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 Amenorrhoea 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 (Figure 1). On trans-abdominal pelvic ultrasound showed Snow storm appearance in the uterine cavity (Figure 2). Laboratory investigations showed Serum B-HCG – 1,95,000 mIU/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 sent for histopathology, which suggestive of choriocarcinoma. Gynaecology 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 months after that every 2-3 months 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 diagnosis, and high-risk GTN is uniquely sensitive to multi-drug chemotherapy with a high cure rate and survival.

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