

# UNUSUAL PRESENTATION OF CHORIOCARCINOMA

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## ABSTRACT

*Choriocarcinoma is a rare malignant genital tract tumor, arising in the uterus or in the testis. These tumors in women usually follows a pregnancy. It is more common after a molar pregnancy. A 35 years old married woman was admitted with two weeks history of bleeding per rectum. Patient was explored via a midline incision. A 2x2 cm polypoidal lesion was found in terminal ileum and a haemorrhagic cystic mass seen in upper pole of right kidney. Uterus was bulky. Ileal lesion was resected and anastomosis done. Excision Biopsy was taken from the renal mass, conserving the kidney. Resected ileal tissue and kidney mass were reported as choriocarcinoma.*

*Key words* Choriocarcinoma, Polypoidal lesion, Bleeding per rectum.

## INTRODUCTION:

Primary or metastatic choriocarcinomas of the gastrointestinal tract are infrequent.<sup>1</sup> Gestational choriocarcinoma is an epithelial malignancy of trophoblastic cells. As teratoma, it arises from the mediastinum, retroperitoneum and pineal gland.<sup>2</sup> Only rarely has this neoplasm been reported in organs such as the prostate, liver, lung, urinary bladder, nose, and gastrointestinal (GI) tract.<sup>3</sup> Choriocarcinoma is a rare form of cancer in the tissues of the reproductive system.

Choriocarcinoma in women usually follows pregnancy. The exact cause of choriocarcinoma is unknown. A woman whose diet is low in protein and other nutrients is known to be at higher risk for molar pregnancies. A woman who has had a molar pregnancy is also at high risk for choriocarcinoma. Choriocarcinoma generally causes no symptoms until the cancer is widespread. Symptoms then will be related to the major organs that are involved.

After a molar pregnancy is diagnosed and removed. beta-HCG, a tumor marker, is measured. If the levels do not drop over time, CT scans is advised. These scans help to locate residual tumor in uterus or one that has spread elsewhere. When tumor is found, a

biopsy is taken to confirm the presence and type of malignancy.

## CASE REPORT:

A 35 years old married woman was admitted with two weeks history of bleeding per rectum, anorexia and weight loss. A detailed history pointed out that she was admitted in a private hospital three days earlier with massive rectal bleeding and was transfused six unit blood. She was married for twenty years with a three years old baby with history of two previous abortions (one six years and the other six months back). Her menstrual cycle was 10/28.

On arrival in our hospital she was severely pale, afebrile with heart rate of 110/min and BP 90/60mmHg. Abdominal examination was unremarkable. The rectum was empty and fingers soaked with blood on digital rectal examination. Investigations revealed haemoglobin 6.7 mg/dl, TLC: 11,000mm<sup>3</sup>. Ultrasound abdomen and pelvis was reported as normal. C.T. scan abdomen showed a soft tissue mass 3x3x3.4 cm in upper pole of right kidney. Soft tissue densities were also present in lower lobe of right lung and one in the upper lobe of left lung. An area measuring 1x1 cm found in spleen and a 2x2 cm dense area in right posterior mediastinum. Upper G.I. endoscopy revealed no lesion while at lower G.I. endoscopy blood was found extending up to the terminal ileum.

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Patient was explored via a midline incision. A 2x2 cm polypoidal lesion was found in terminal ileum and a haemorrhagic cystic mass seen in upper pole of right kidney. Uterus was bulky. Ileal lesion was resected and anastomosis done (Fig. I). Biopsy taken from the renal mass while conserving the kidney. Biopsy report of the resected ileum and kidney mass revealed choriocarcinoma. Patient was then referred to oncology department for further management.



Fig. I Luminal view of polypoidal growth in ileum.

#### DISCUSSION:

Choriocarcinoma is a highly malignant epithelial tumour arising from the trophoblastic tissue. These lesions are suspected when there is an abnormal uterine bleeding following an abortion or hydatidiform mole. This is one of the most frequent presentations of choriocarcinoma. Metastasis of choriocarcinoma occurs most frequently in the lungs, brain and liver. The gastrointestinal tract can also be affected.

Metastatic choriocarcinoma affecting the gastrointestinal tract has been reported. It can present as ileal perforation,<sup>4</sup> intussusception,<sup>5</sup> upper gastrointestinal bleeding,<sup>6</sup> or rectal bleeding.<sup>7</sup> A survey of literature showed a report of a metastatic choriocarcinoma presenting as polypoidal masses in the small intestine and colon with complaints of unexplained severe anaemia.<sup>8</sup> However, there are few reports of testicular choriocarcinoma presenting as polypoidal gastric lesion and occult gastrointestinal blood loss.<sup>9</sup>

A case of two young Nigerian women, who presented with profuse haematuria and renal enlargement secondary to metastatic infiltration from choriocarcinoma in the absence of primary malignant uterine foci has been reported.<sup>10</sup> Primary or metastatic choriocarcinomas of the gastrointestinal tract are infrequent. This case therefore highlights the rare presentation of choriocarcinoma.

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