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TITLE

RECIDIVANT CHORIOCARCINOMA METASTASES AFTER CERVICAL POORLY DIFFERENTIATED ADENOCARCINOMA WITH DOMINANT CHORIOCARCINOMATOUS PATTERN

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ABSTRACT

Case report

Patient 48 y 4 G, 2P, was hospitalised for operative treatment because of cervical carcinoma (Dg: Ca PVU FIGO st I B1). Radical hysterectomy done.

Hystologycal findings confirmed pleomorphic tumour &Cervical choriocarcinoma with extensive vascular invasion and apoptosis was also described . Cervical adenocarCa and GTN was confirmed after imunohistochemical examinations

The planomorphic tumour that invades the endocervical tissue with biphasic intimate mixture of cytotrophoblast and syncytial trophoblast was found. Some mononuclear cells were positive for HPL which was likely to be an intermediate trophoblast component.

The final diagnosis was Poorly differentiated adenocarcinoma with a dominant choriocarcinomatous pattern.

This patient did not have a pre-operative hCG .

The first hCG monitoring was done two months after the operation and found negative (< 1 IU/l)). Chest and head x-rays done and metastases excluded.

Patient rejected the chemotherapy and returned after one month when hCG level was 58,3 IU/l.

MTX+FA has been used to treat this nonmetastatictrophoblastic neoplasm

After the first MTX+FA treatment hCG level was negative, as well as after the second chemotherapy treatment.

Patient received two MTX+FA regimens before irradiation therapy for adenoca and 1after the irradiation. 7months after the operation beta hCG was negative.

*Five years later she had thoracotomy with left pulmonum lobectomy with histopathological confirmation of Choriocarcinoma metastases. Three cycles of Chemotherapy were administrated until negative level of serum betahCG

* Three years after the Chemo therapy she had rethoracothomy because of diagnosed tumor in mediastinum and histopathological confirmation of Choriocarcinoma metastases following the increasing serum betahCG after tumorectomy.

INSTITUTE

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