

Primary Gestational Choriocarcinoma of the uterine cervix and tuba uterina: The diagnosis of ectopic pregnancy is not always a benign condition

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Introduction:

Choriocarcinoma is the most aggressive, malignant form of gestational trophoblastic disease. The most common localization is the uterus. However, in some cases, it can be found in cervix, tuba uterina or ovaries. Here, we present two different clinical cases of which were misdiagnosed as ectopic pregnancy.

Patients and results:

A 36 year-old patient admitted to our department for investigation of irregular vaginal bleeding. On ultrasound examination, the endometrial line was thin and bilateral adnexial structures were normal. B-hcg level was 2815 mIU/L, progesteron was 0.2. On B-hcg follow-up, the levels were 2764 and 2877 at two days intervals. The patient was given methotrexate for the diagnosis of ectopic pregnancy. One week later, B-hcg level increased to the 5373 mIU/l. The patient underwent ultrasound and MRI examination with suspicion of gestational trophoblastic disease. The MRI showed a 25x22 mm cervical mass with parametrial invasion with rectal serosal involvement (Figure 1). Biopsy confirmed the cervical choriocarcinoma. The patient underwent chemotherapy (EMA-CO).

The second case was a 31 year-old woman (gravida 2 para 2) was operated due to the ruptured ectopic with B-hcg of 29.251. On exploration, a ruptured and actively bleeding ectopic mass with size of 4x3 cm was noted on the ampulla of left fallopian tube as well as abundant haemoperitoneum with 600 cc of blood. A complete left salpingectomy was performed (Fig-2,3). The final diagnosis was primary tubal choriocarcinoma of 2 cm in size which involved the whole layer of tubal wall and ruptured into pelvic cavity at the ampulla region. Computed tomography scans were negative for metastasis. Patient underwent monochemotherapy.

Discussion and conclusion:

Data suggest that 0.76%-4% of all cases of gestational choriocarcinoma arise from an ectopic pregnancy. Knowledge of the characteristics of the choriocarcinoma is very important for accurate diagnosis and treatment, especially when the tumor is localized on the rare locations and where a high level of serum B-hcg is absent. We aimed to implicate that when diagnosing the ectopic pregnancy, even very rare, the gestational choriocarcinoma should be kept in mind.

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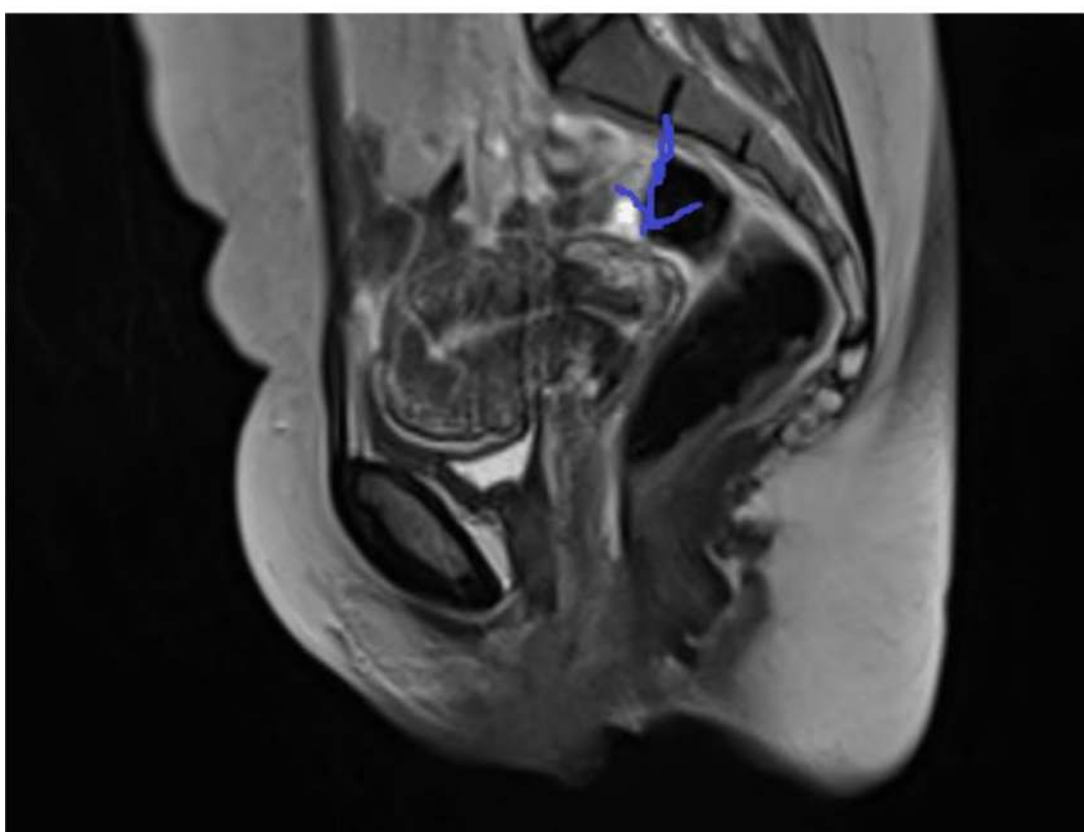


Figure 1



Figure 2