

AN UNUSUAL PRESENTATION OF GESTATIONAL TROPHOBLASTIC NEOPLASIA: A CASE REPORT

Abstract:

Background: Gestational trophoblastic disease (GTD) refers to a group of tumors defined by abnormal trophoblastic proliferation. The non molar or malignant forms of GTD are called gestational trophoblastic neoplasia with an incidence rate of <1% among all tumors and include invasive mole, choriocarcinoma, placental site trophoblastic tumor and epithelioid trophoblastic tumor.(1) Any woman who develops persistent vaginal bleeding after pregnancy is at risk of having GTN and may develop after a molar pregnancy, a non-molar pregnancy or a live birth. Women with GTN may be treated with single-agent or multi-agent chemotherapy.

Case Introduction: A 26 year old P1L1 women with UPT positive presented with complaint of swelling in the vulval region since 1 month. Her LMP was on 7/7/23 in which bleeding was continued for 18-20 days. At private hospital Swelling was mistaken as Bartholin cyst, I & D done and HPE report from swelling s/o persistent gestational trophoblastic disease. Usg (Abdomen + Pelvis) was done s/o multiple cystic lesions in uterus with no fetal tissue. CECT (Abdomen + Thorax + Pelvis) s/o gestational trophoblastic disease with vaginal and pulmonary metastasis followed by CECT brain s/o no brain metastasis. By increasing trend of b hCG and GTN score 10 (>7) she was diagnosed with high risk GTN and started with multidrug therapy EMACO with weekly b hCG follow up which was in falling trend.

Conclusion: The management of GTN requires multidisciplinary approach and is the main cause for reduced mortality over time. Multiagent chemotherapy (EMACO) is responsible for remission in 93 % of high risk GTN patients. Up to 40% of patients with high risk GTN may have incomplete responses and platinum based multiagent chemotherapy can be tried.(1) Future randomized controlled trials must be conducted to assess alternate regimens in these cases.

References:1. Shahzadi, M., Khan, S.R., Tariq, M. et al. Review of current literature on gestational trophoblastic neoplasia. J Egypt Natl Canc Inst 35, 37 (2023). <https://doi.org/10.1186/s43046-023-00195-y>

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