

CHORIOCARCINOMA OF THE FALLOPIAN TUBE

Pages with reference to book, From 332 To 332

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A case of primary choriocarcinoma in the fallopian tube of a 30 year-old woman is presented.

CASE REPORT

The patient left against medical advise therefore further investigations like HCG titre, X-ray chest and liver scan to determine the extent of disease could not be done. The patient is lost to follow up. A 30 years old female, gravida 3, para 2, was admitted to DHQ Hospital, Abbottabad with amenorrhoea for 55 days, painful abdominal mass and irregular vaginal bleeding for 15 days. On examination, the mass was tender, fixed about 24 week size gestation and was arising from pelvis. Provisional diagnosis of twisted ovarian cyst ectopic tubal pregnancy was made. Exploratory laparotomy showed a large haemorrhagic friable mass in the pelvis which was obliterating the right adnexal ara. The mass was separate from the uterus but was adherent to the right ovary and parts of small intestine. Both ovaries were cystically enlarged to approximately 10.0 x 8.0 cm size. On manipulation of the growth, heavy bleeding started. Gentle attempts were made to separate the mass from the adjacent structures, which separated quite easily and no raw areas were left behind. About 200ml of blood, present in the peritoneal cavity was also removed.

The tumour alongwith the affected tube and right ovary, removed at operation, were sent for histopathological examination.

The histologic diagnosis of (1) choriocarcinoma of the right fallopian tube and (2) corpus luteum and theca lutein cysts of the right ovary was made. Section of the tubal growth showed tumour made up of cytotrophoblast and syncytiotrophoblast. The cytotrophoblast consisted of large round to polyhedral shaped cells with distinct cell borders. The cells were having pale cytoplasm and large round vesicular nuclei with prominent nucleoli. The syncytiotrophoblast consisted of columns of large pleomorphic cells having basophiic cytoplasm and large multiple nuclei.

DISCUSSION

Choriocarcinoma of the fallopian tube is a rare occurrence. According to Fedele et al¹ only 77 such cases have been reported till 1985.

The diagnosis of choriocarcinoma of the fallopian tube is difficult to make before operation and is rarely suspected on gross examination². The same happened in the present case. The diagnosis was first made on histology.

The histogenesis of tubal choriocarcinoma is not clear.² Primary choriocarcinoma of the fallopian tube may arise either from an ectopic tubal pregnancy, an intrauterine pregnancy that has spread to the tube (via embolic spread of chorionic villi to the tube), or from teratogenous change within the tube i.e. unrelated to pregnancy. In the opinion of Riggs et al¹ with whom we agree, tubal choriocarcinoma most probably arises in the trophoblastic tissue of the ectopic tubal gestation.

An unusual characteristic of tubal choriocarcinoma is that it is almost never preceded by a hydatidiform mole.

REFERENCES

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