CHORIOCARCINOMA METASTATIC TO SKIN

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CASE REPORT

A 25-year.old woman was admitted to the Bach Christian Hospital, Qalanderabad of Hazara Division. She presented with complaints of chest pain and cough for two months and several subcutaneous nodules on both thighs and left flank for one month. She gave a past history of having been admitted twice 4 months previously to another hospital where she had an operation each time. Hospital discharge slips D&C for vaginal bleeding on first admissbn and, on second admission, laparotomy for a perforation of the uterus. At laparotomy, the peritoneal cavity had been found filled with about 1.5 litres of dark brown blood from the uterus through a perforation near right fallopian tube. The uterus had been repaired by stitching the perforation.

Physical ex arnination revealed several reddish firm nodules on both thighs and left flank which on histological ecamination were found to be choriocarcinoma. The chest on right side was dull on percussion. X-ray chest showed three canton ball shadows in the lungs, two on the right site and one on the left. The urinary excretion of chorionic gonadotrophin was 600/300 IU/24 hours.

The patient was put on chemotherapy consisting of methotrexate, actinomycin D and chlorambucil. She received chemotherapy for about two months during her stay in the hospital but her condition did not improve. Elevated chorionic gonadotrophin levels in the urine persisted (600,000 IU/24 hours). There was no reduction of pulmonary metastases. Then, upon her own request, she was discharged from the hospital with the advice to continue treatment at home and come for follow up. However, the did not return and, therefore, further follow up could not be done.

DISCUSSION

Despite widespread metastases, skin is not commonly affected in cases with choriocarcinoma and only a few cases have been described in litera ture[1-4]

In our case, chorio carcinoma was first diagnosed by the biopsy of a subcutaneous nodule. However, the tumor had manifested itself 4 months previously first as uterine bleeding and then as D & C induced perforation of uterus, but, for some reason, it had not been diagnosed at that time.

DespIte chemotherapy, the patient's condition did not impiove. The most probable reason was widespread metastasis in the lungs (and possibly other internal organs) and skin which had already occurred before the histologic diagnosis was made.

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