

A PARTURIENT WITH METASTATIC CHORIOCARCINOMA AND A VIABLE FETUS

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Background



Choriocarcinoma accounts for 5% of gestational trophoblastic neoplasms and represents <1% of female reproductive cancers.³

Gestational trophoblastic neoplasia (GTN) is defined by malignant proliferations of placental trophoblastic cells.

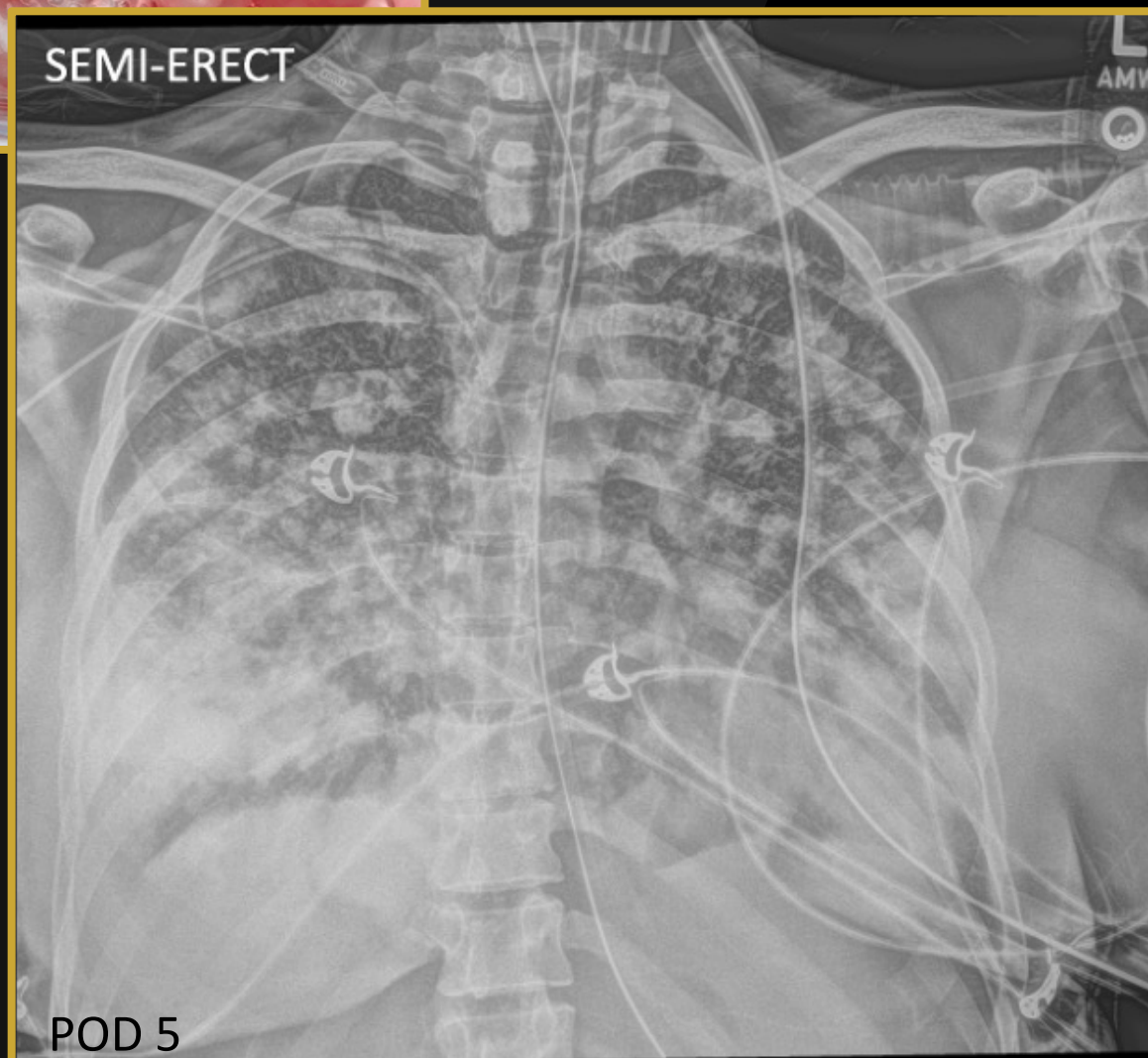
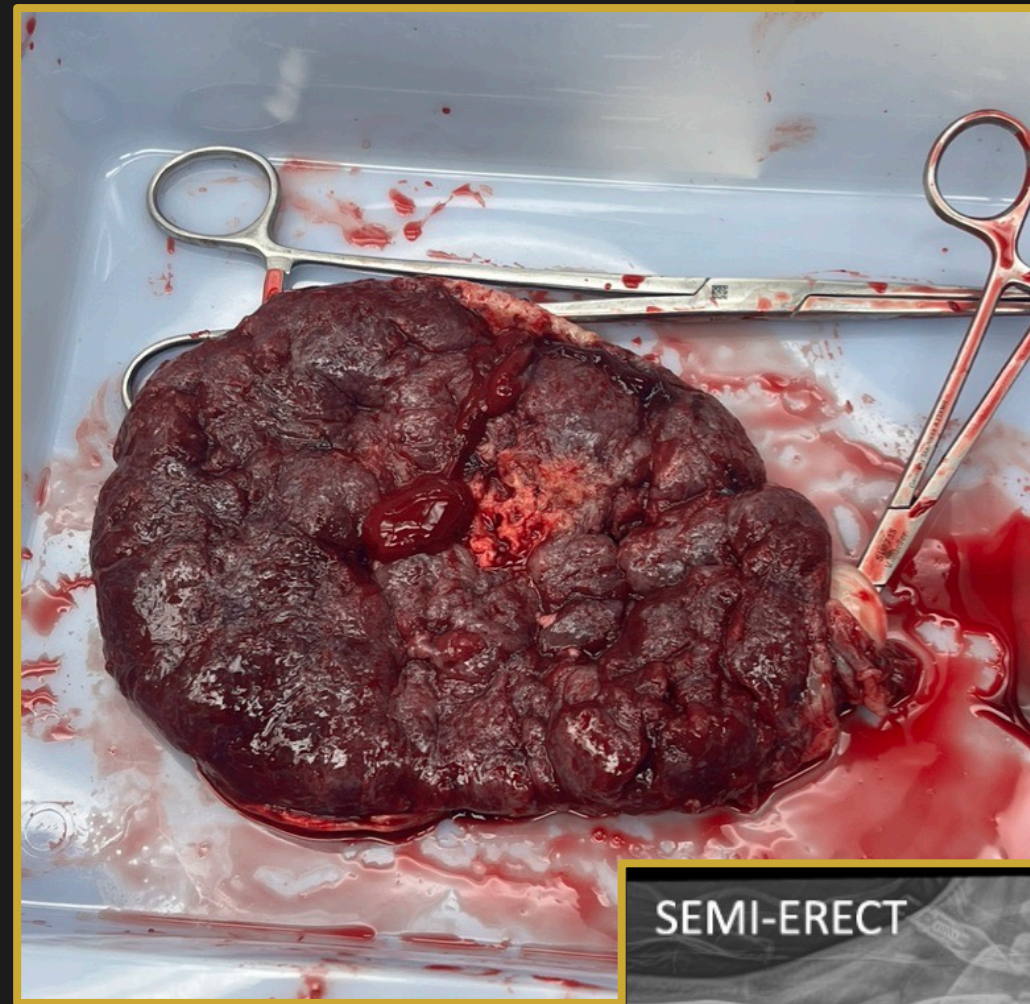
Choriocarcinoma is extremely rare in viable pregnancies and can be easily missed.⁵

Chemotherapy is the mainstay of treatment

- Associated with excellent oncologic outcomes, with a cure rate of 91–93%³

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ER

- 35y G4P3003 at 28w5d presented with hemoptysis
- Extensive pulmonary lesions on chest CT

Work-up

- β -hCG: 5.2 million & significantly elevated thyroid levels
- OB ultrasound showed no fetal or placental abnormalities

OR

- Neuraxial anesthesia
- Abnormal placenta and masses were discovered

Post-partum

- Chemotherapy initiated postoperative day (POD) 2
- Intubation on POD 6 for worsening respiratory status
- Discharged on POD 25

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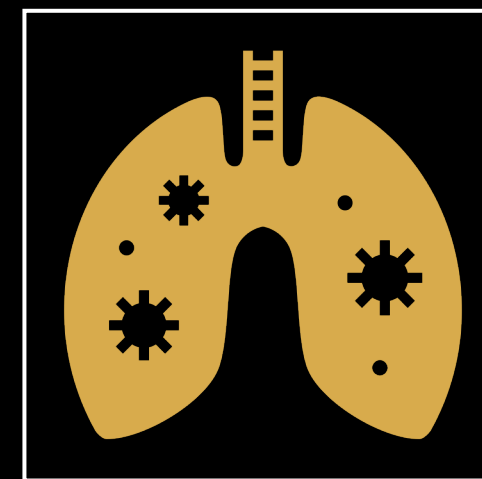
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Teaching Points



Significant Risk to Mother & Fetus

Pre-eclampsia
Thyroid storm
Preterm delivery



Metastatic Choriocarcinoma

Lungs & Brain
Hemorrhagic tumor lysis



Highly Treatable

Cure rate of 91-93%
Low relapse risk (<5%)



References