

## Pulmonary metastases revealing choriocarcinoma

Leila El Fekih, Hela Hassene, Soraya Fenniche, Hajar Ben Abdelghaffar, Dalenda Belhabib, Mohamed Lamine Megdiche.

Service de pneumologie Ibn Nafiss. Hôpital Abderrhmane MAMI de L'ARIANA

L. El Fekih, H. Hassene, S. Fenniche, H. Ben Abdelghaffar,  
D. Belhabib, M. L. Megdiche.

Méタstases pulmonaires r閏閲latriques d'un choriocarcinome

LA TUNISIE MEDICALE - 2010 ; Vol 88 (n°01) : 48 - 50

El Fekih, H. Hassene, S. Fenniche, H. Ben Abdelghaffar,  
D. Belhabib, M. L. Megdiche.

Pulmonary metastases revealing choriocarcinoma

LA TUNISIE MEDICALE - 2010 ; Vol 88 (n°01) : 48 - 50

### RÉSUMÉ

**Prérequis :** Le choriocarcinome utérin est une tumeur trophoblastique caractérisée par son potentiel métastatique élevé. Les métastases pleuro-pulmonaires peuvent rarement révéler le néoplasme

**But :** Rapporter une nouvelle observation.

**Observation:** Nous rapportons l'observation d'une patiente âgée de 31 ans, sans antécédents pathologiques particuliers admise dans notre service pour des douleurs thoraciques et des hémoptysies survenant deux mois après l'accouchement d'un mort né.

L'imagerie thoracique a mis en évidence de multiples opacités parenchymateuses bilatérales.

Le diagnostic de métastases d'un choriocarcinome a été confirmé par un taux plasmatique de  $\beta$  human chorionic gonadotrophin ( $\beta$  HCG) supérieur à 4000 UI/ml. L'examen gynécologique a révélé une masse latéro-utérine. L'échographie et le scanner abdomino-pelviens ont montré des masses tissulaires latéro utérines et hépatiques. La tomodensitométrie cérébrale était normale.

La patiente est décédée après 3 cures de chimiothérapie par une insuffisance respiratoire aigue secondaire à une embolie pulmonaire.

**Conclusion:** Le Diagnostic d'un choriocarcinome doit être évoqué devant de multiples opacités pulmonaires survenant chez une femme après un accouchement ou un avortement et nécessite le dosage des  $\beta$ HCG.

### MOTS-CLÉS

choriocarcinome, poumon, métastases, chimiothérapie.

### SUMMARY

**Background:** Uterin choriocarcinoma is a trophoblastic tumour characterised by high metastasis potential. Pleuropulmonary metastasis can reveal rarely the neoplasm.

**Aim :** Report a new case.

**Case report:** We report the case of a 31 years- old woman, with no pathological antecedent, admitted in our department for thoracic pain and haemoptysis occurring two months after delivery of a did in child-birth. Chest X ray and thoracic CT scan showed several bilateral opacities.

A diagnosis of metastatic choriocarcinoma was confirmed by plasmatic level of  $\beta$  human chorionic gonadotrophin ( $\beta$  HCG) superior to 4000 UI/ml. Gynaecological exam revealed latero-uterine mass. Abdomino-pelvien ultra sound and CT scan showed tissular latero uterine and hepatic masses. Brain CT scan had been normal. Patient died after 3 cures of chemotherapy because of acute respiratory failure caused by massive pulmonary embolism.

**Conclusion:** Diagnosis of choriocarcinoma must be evoked in front of several pulmonary opacities occurring in genital activity women and necessities the dosage of level of  $\beta$ HCG.

### KEY-WORDS

choriocarcinoma, lung, metastasis,chemotherapy.

Uterine choriocarcinoma is a rare trophoblastic tumour characterised by high metastasis potential (1, 2, 3). Pulmonary metastases were the most frequent (70%) but rarely revealing neoplasm (4, 5).

We report the case of one patient having uterine choriocarcinoma revealed by pulmonary metastasis.

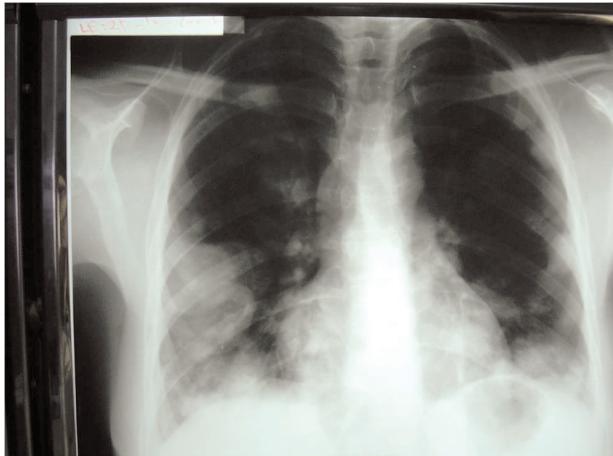
## OBSERVATION

We report the case of a 31 years-old woman, without any pathologic antecedent, admitted in our department for thoracic pain and haemoptysis occurring two months after delivery of a did in child-birth.

At the clinical exam, we note fever at 38°C.

Chest X ray had been done and it revealed several bilateral opacities (Figure 1). In front of this radiological aspect, a

**Figure 1:** Chest X ray: Several bilateral opacities.



thoracic CT scan was performed and showed multiple pulmonary, and pleural masses. (Figure 2).

**Figure 2:** Thoracic CT: Multiple pulmonary, and pleural masses.



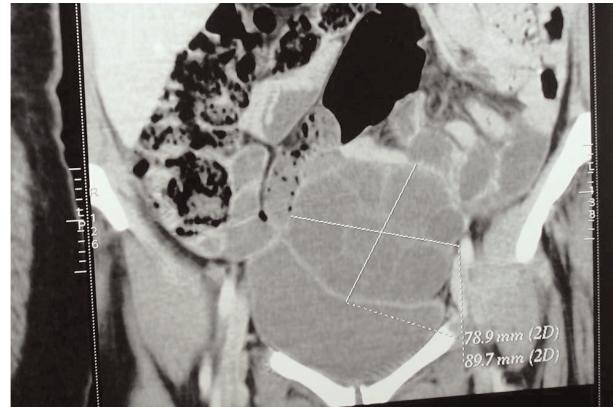
A diagnosis of metastatic choriocarcinoma was evoked and it has been confirmed by plasmatic level of  $\beta$  human chorionic

gonadotrophin ( $\beta$  HCG) superior to 4000 UI/ml.

Gynaecological exam had been done and revealed latero-uterine mass.

Abdomino-pelvien ultra sound and CT scan showed tissular latero uterin and hepatic masses (Figure 3). Brain CT scan had been normal.

**Figure 3:** Abdomino-pelvien CT scan:Tissular latero uterin and hepatic masses..



Patient did after 3 cures of chemotherapy associating methotrexate, etoposide, actinomycine and vincristine because of acute respiratory failure caused by massive pulmonary embolism.

## DISCUSSION

Uterine choriocarcinoma had a high malignancy potential. It constituted by juxtaposition of cytотrophoblasts and syncytiotrophoblasts with absence of chorial villosities (6).

It is a rare trophoblastic tumour. Its frequency is variable between 1/5000 pregnancies at Asiatic South and 1/50000 pregnancies at North America (7).

It can be succeed to hydatidiform mole (50%), an abortion, an extra uterine pregnancy (25%), or a normal pregnancy like our patient (7)

Metastasis occurs between the 6th and 10th month of disease and they reveal it rarely. Pulmonary metastasis were the most frequent (70%). Other metastasis occurs in brain, liver (15%) kidney and lymph nodes (6).

Respiratory manifestations are thoracic pain, haemoptysis and dyspnoea. Bronchopulmonary localisation can however be clinically asymptomatic.

In front of difficulty to confirm histological diagnosis, level of BHCG remains necessary and the diagnosis of trophoblastic neoplasm can be retained when:

- Level of BHCG increase at 3 consecutively dosages
- Level of BHCG remains constant at successively 4 dosages.
- Level of BHCG remains positive 24 weeks after uterine revision (8). It's the case of our patient

Extension investigation is necessary. It needs pelvien ultrasound, chest X ray, abdomino-pelvien and brain CT scan to

classified tumour(9) .

Several protocols of chemotherapy are proposed and survival at 5 years is about 86%.

## CONCLUSION

Diagnosis of choriocarcinoma must be evoked in front of several pulmonary opacities occurring in genital activity women and necessities the dosage of level of BHCG.

Its prognosis had been transformed with chemotherapy even when occurs multiple metastasis.

## Références

1. Malbran CHE, Aupecle M.H, Chaboche Ch, Theodore Ch. Choriocarcinome materno-f?tal après accouchement normal :J Gyn Obst Biol Reprod.1993;33:789-792.
2. Chang WC, Hung YC, Shen HP. Choriocarcinoma with pulmonary metastasis  
J. Reprod Med. 2007 ; 52 : 450-23
3. Fatnassi R, Slimène F, Dhouibi S, Karray T, Nagra R. Choriocarcinome utérin révélé par des métastases pulmonaires. La Tunisie Médicale. 2005 : 645-647
4. Guerin IC, Touraine R, Biron P, Pasquier J. Méタstases pulmonaires révélatrices d'un chorio carcinome placentaire. Rev Mal Resp. 1986; 4: 401-6.
5. Libshitz HT,Baber CE,Hammond CB,FOCOGM D. The pulmonary metastasis of choriocarcinoma.Obstet gynecol 1997, 412-415.
6. Philippe E, Boue J, Boue A. Les maladies trophoblastiques gestationnelles. Ann Anat Path 1980; 1:13-38.
7. Maigre M, Thomas B, Camp G, Theodore CH. Choriocarcinome utérin révélé par des métastases pulmonaires. Sem Hop (Paris) 1992; 68,: 1408-1411.
8. Droz JP, Lhomme C.Les tumeurs trophoblastiques gestationnelles. Rev Prat 1992; 42:7.
9. Golfier F,Raudrant T,Frappar JL et all .Les moles hydatiformes et les tumeurs trophoblastiques :Conduite à tenir pratique :mise à jour en gynécologie et obstétrique :VIGOT 2003 : 53-100.