



Choriocarcinoma on C-Section Scar 20 Years after Delivery

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Clinical Image

A 52-year-old woman, G3P3A0, presented with a one year history of a subcutaneous pelvic mass growing on the site of a previous C-section scar. A desmoid tumor or endometriosis were suspected on Doppler ultrasound and MRI, and treated as such by her gynecologist. Also, the mass was complicated by recurring abscesses. Cultures of the abscess revealed multiple bacterial causative pathogens, treated with the adequate antibiotics (Figure 1).

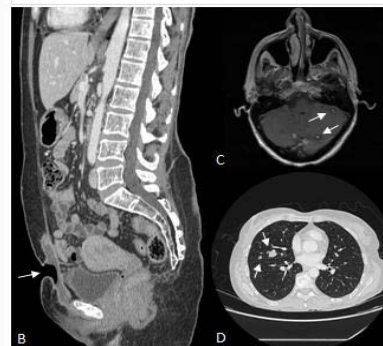
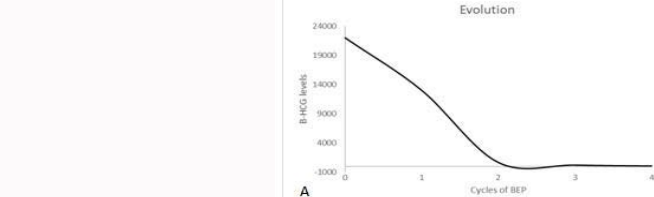
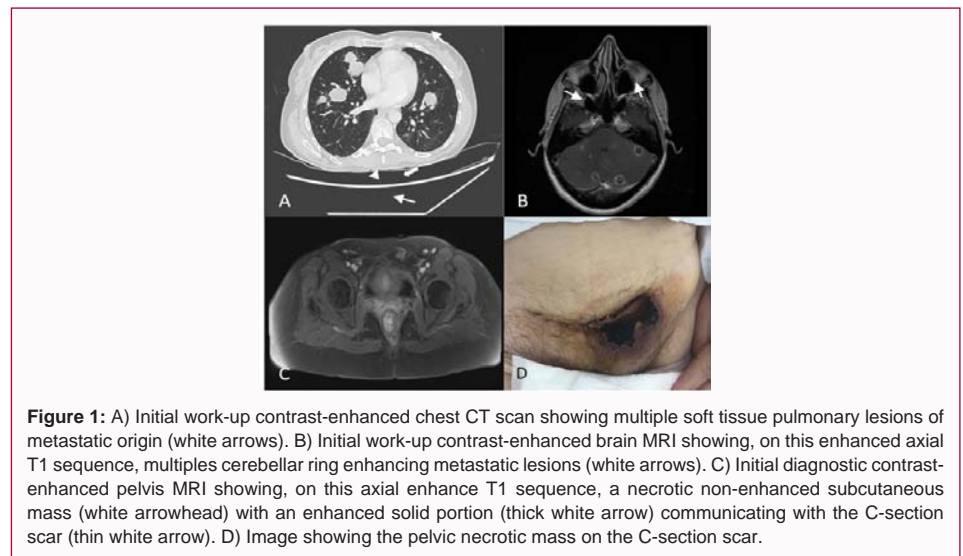


Figure 2: A) Graph showing the reduction of the B-HCG blood levels through multiple BEP chemotherapy cycles. B) Control contrast-enhanced abdominal and pelvic CT scan showing, on this sagittal view, the size reduction of the necrotic pelvic mass (white arrow). C) Control contrast-enhanced brain MRI showing, on this contrast-enhanced axial T1 sequence, a size reduction and non-enhancement of the previously cerebellar ring enhancing lesions (white arrows). D) Control contrast-enhanced chest CT scan showing, a size and number reduction of the pulmonary metastatic lesions (white arrows).

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A surgical intervention was decided upon recurrence. Pre-operative CT scans showed multiple secondary lesions occupying the lung base bilaterally. A biopsy of the mass and pulmonary lesions confirmed the diagnosis of B-HCG secreting choriocarcinoma (B-HCG=22000). Further work-up yielded metastases in the lungs, pancreas, and as well as the brain. The surgical procedure was aborted,

and the patient received 4 cycles of BEP (Bleomycin, Etoposide, and Cisplatin). Recent evaluation showed markedly decreased levels of B-HCG and regression of pulmonary lesions. The latest B-HCG level was 34 (Figure 2).

Keywords: Pelvic mass; Choriocarcinoma; B-HCG; BEP regimen.