



Choriocarcinoma on C-Section Scar 20 Years after Delivery

Ramy Samaha*, Najib Chalhouh, Hady Samaha and Joseph Kattan

Hotel-Dieu de France University Hospital, Lebanon

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).

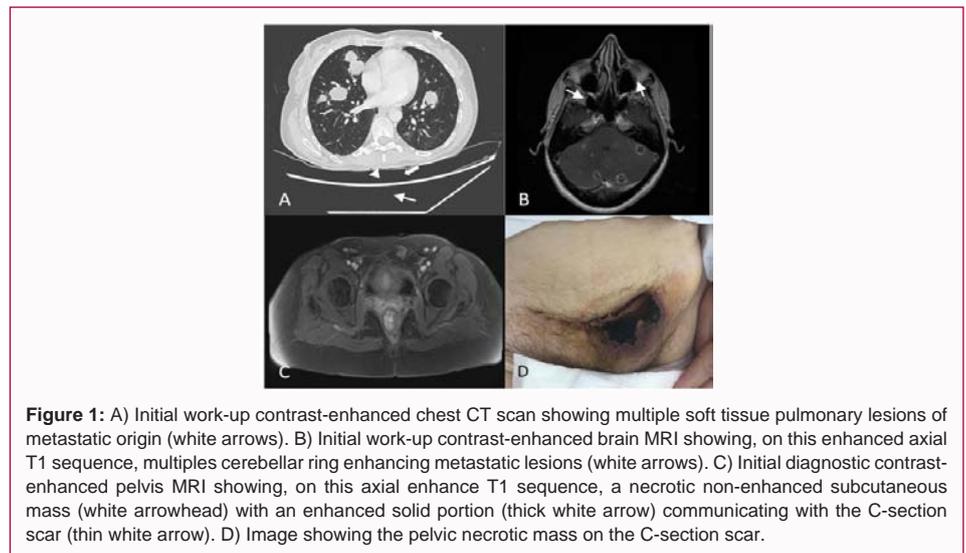


Figure 1: A) Initial work-up contrast-enhanced chest CT scan showing multiple soft tissue pulmonary lesions of metastatic origin (white arrows). B) Initial work-up contrast-enhanced brain MRI showing, on this enhanced axial T1 sequence, multiples cerebellar ring enhancing metastatic lesions (white arrows). C) Initial diagnostic contrast-enhanced pelvis MRI showing, on this axial enhance T1 sequence, a necrotic non-enhanced subcutaneous mass (white arrowhead) with an enhanced solid portion (thick white arrow) communicating with the C-section scar (thin white arrow). D) Image showing the pelvic necrotic mass on the C-section scar.

OPEN ACCESS

*Correspondence:

Ramy Samaha, Hotel-Dieu de France University Hospital, Saint Joseph University, Beirut, Lebanon, Tel: 009613069134;

E-mail: ramy.samaha@hotmail.com

Received Date: 18 Dec 2020

Accepted Date: 08 Jan 2021

Published Date: 12 Jan 2021

Citation:

Samaha R, Chalhouh N, Samaha H, Kattan J. Choriocarcinoma on C-Section Scar 20 Years after Delivery. Clin Oncol. 2021; 6: 1765.

Copyright © 2021 Ramy Samaha. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

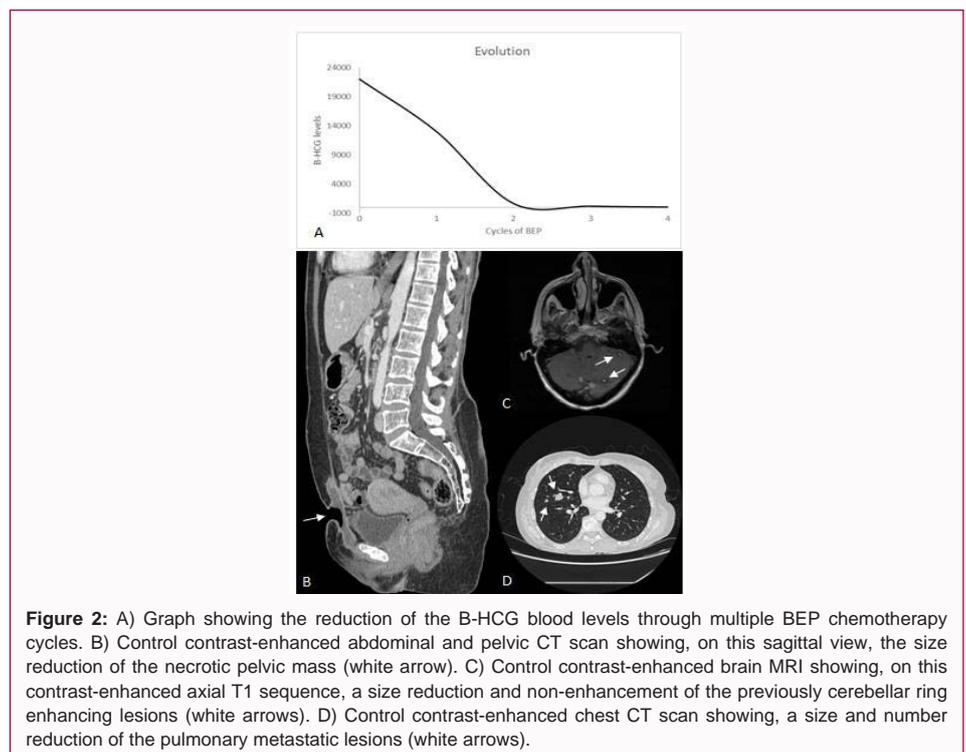


Figure 2: A) Graph showing the reduction of the B-HCG blood levels through multiple BEP chemotherapy cycles. B) Control contrast-enhanced abdominal and pelvic CT scan showing, on this sagittal view, the size reduction of the necrotic pelvic mass (white arrow). C) Control contrast-enhanced brain MRI showing, 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).

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.