CONFERECE ABSTRACT

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A case report of treating a high-risk gestational trophoblastic disease (GTD)

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Abstract: Background: Gestational trophoblastic disease (GTD) developing after a normal pregnancy is reported in 25% of patients and it is usually choriocarcinoma. It occurs in approximately 5 per 100,000 pregnancies in Southeast Asia. Case: A 34 year-old Malay lady, gravida 4 para 4+0 presented with vaginal bleeding in two weeks after the delivery of her fourth child who was born as full term through LSCS. She admitted to hospital and underwent suction and curettage. The histopathology came back as choriocarcinoma. On post-op day 7, she developed massive hemoperitoneum due to uterine perforation caused by tumour rupture. Therefore, total abdominal hysterectomy was performed. Post-surgery serum beta hCG was 209,320 IU/L. Thyroid function test was normal. Histopathology examination revealed choriocarcinoma at the fundus with haemorrhagic necrotic areas, infiltrating myometrial wall and right fallopian tube stump with serosal breach. Computed tomography (CT) imaging showed normal brain and multiple bilateral lung nodules in upper and lower lobes. She was given first cycle of EMA-CO (Etoposide, Methotrexate, Actinomycin D, Vincristine, Cyclophosphamid) in view of high-risk choriocarcinoma with lungs metastasis, stage III with WHO prognostic scoring 11. Her pre-chemotherapy ßhCG was 263,753 IU/L which gradually went down and became less than 0.1 after cycle-5. CT scan was also normal. After that, another two more cycles of chemotherapy were proceeded. Therefore, she has completed seven cycles of chemotheraphy in March 2016. She has been monitored under oncology follow-up for one year. Monthly ßhCG was always normal until now without signs and symptoms of recurrence. Conclusion: Generally, high-risk GTDs are resistant to single agent chemotherapy and multiple chemotherapy regimens are necessary. Although this patient is a case of choriocarcinoma having high risk features, such as antecedent full-term pregnancy and pre-treatment ßhCG of 263,753 IU/L (more than 100,000), she gained complete remission after seven cycles with EMA-CO. Once the patient has achieved complete remission for one year with normal serum ßhCG, the probability of a late recurrence is less than 1%. Therefore, risk stratification with WHO criteria and appropriate choice of chemotherapy are very important for long-term outcomes.

Keywords: case report; gestational trophoblastic disease; choriocarcinoma


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