

Unusual presentation of chorion epithelioma malignum

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THIS CASE is reported by us as it is of interest in more than one way. In the first place, the site of the secondary lesion in the nose and nasopharynx, which is a very uncommon one; secondly, there was no evidence in the uterus of a primary lesion; and thirdly, the patient, on her first admission, gave a history that she was unmarried.

SITE OF THE SECONDARY

In the literature, no mention is found of the nose or the nasopharynx as a site of a secondary of chorion epithelioma malignum. Willis, in his book of Pathology of Tumours, gives a list of the organs in which secondaries have been found — commonly, in the lungs, spleen, brain, kidney and liver, and uncommonly, in the adrenals, pancreas, thyroid, etc. It is conceivable, anyhow, that once secondaries establish in the lungs, any part of the body may be the site of further secondaries, spreading through the general circulation.

ABSENCE OF A PRIMARY LESION IN THE UTERUS WITH HISTORY OF NOT MARRIED

The patient sought medical aid, not for any uterine condition, but for cough and blood-stained sputum. Though she said she was unmarried at first admission on 9.9.69, it was later, on further questioning, found that she was married four years back, but divorced three months after marriage. As the patient was not very co-operative, it was found difficult to get any history of pregnancy followed by abortions

or miscarriage. In fact, she absconded on 13.10.69 when she was referred to the gynaecological department, to investigate more completely, to establish whether she was married, any history of pregnancies or signs of a primary lesion, as the gravindex test on her urine was positive and the biopsy report was chorion epithelioma malignum (secondary). Anyhow, further investigations were possible as she got worse and was readmitted to the hospital on 7.11.69 with a history of pain in the right chest, dyspnoea and any primary lesion in the uterus. Gravindex test was repeated on 10.11.69 and was reported positive. The first gravindex test was done on 11.10.69 and was also reported positive.

LESION IN THE LUNG AND NOSE

The patient, when first seen at the outpatient department of the hospital on 23.8.69, gave a history of cough with blood-stained sputum. She was thus X-rayed and also her sputum was examined for acid-fast bacillus.

The Mantoux test was negative. The sputum was negative to acid-fast bacillus. X-ray report of 23.8.69 — "oval shadow 3½" x 2¼" on the mid-zone, posteriorly on the right chest (lung) rest of lung clear. Probably tumour or encysted fluid. Suggest, repeat after chemotherapy."

Patient admitted to the hospital on 9.9.69, as she did not improve with chemotherapy. The complaints were cough with blood-stained sputum, pain in right chest and blocked nose with purulent discharge, at times blood-stained. She was seen by the surgeon, and

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the obstruction of the nose was found to be due to ulcerating growth protruding behind the soft palate. Tonsils were not enlarged, also the glands in the neck. Provisionally diagnosed as nasopharyngeal carcinoma. Punch biopsy of the growth of 21.9.69 was reported – "small bits of vascular tissue with areas of lymphocytic infiltration, please repeat." Excision biopsy of 27.9.69 was reported, "most areas show necrotic tissue and blood clots, with islets of cancer cells, very anaplastic, almost resembling chorionic carcinoma. Not a nasopharyngeal carcinoma (lympho-epithelioma). Suggest urine for pregnancy test."

X-ray report of 9.9.69 – "The shadow is much bigger – 4" x 2¾" Left nose occluded by a mass. Marked mucosal thickening of right maxillary antrum."

X-ray report of 20.9.69 – The shadow getting bigger – 4½" x 3¾"

X-ray report of 10.11.69 – Opacity of the whole of right side.

SHORT SUMMARY OF THE DETAILS OF THE CASE

Malay, female, age 21 years, from Alor Setar district.

First seen at the outpatient department on 23.8.69 with a history of cough with blood-stained sputum.

She was admitted to the hospital on 9.9.69 as she was not improving with treatment.

When the gravindex test was positive and supported the biopsy report of 27.9.69 as chorion epithelioma malignum, the case was transferred to the Gynaecology Department for further investigations but the patient absconded on 13.10.69.

She was readmitted to the hospital on 7.11.69 as she was getting worse, complaining of dyspnoea and pain on right side. X-ray report of 10.11.69 showed shadow on the whole of right side of chest. She died

on 12.11.69. It was not possible to get permission for an autopsy.

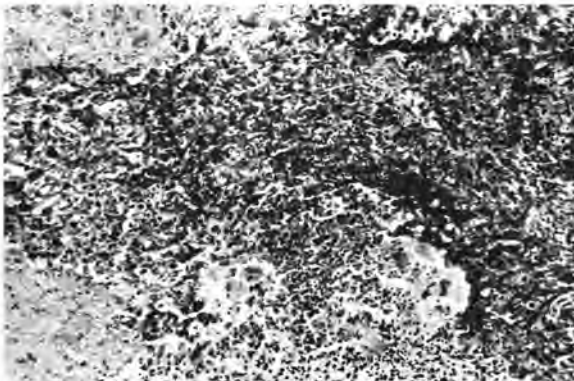
COMMENTS

As already mentioned, this case is reported because of the unusual site of the primary, negative primary lesion in the uterus and misleading history by the patient that she was not married. In the literature, cases have been reported without a primary lesion in the uterus and we, too, have come across similar cases. Since this is a tumour of the trophoblasts of the foetus, the absence of the primary lesion in the uterus, in some cases, is quite explainable and understandable. In this case, the patient was not very intelligent and her social conditions were such that it was not possible to get her full co-operation to get more definite details of the primary lesion in the uterus. Obviously, there must have been conception and the tumour in the lung is a secondary and the nasal lesion is from the secondary in the lung. Probably there may be secondaries elsewhere in the organs, etc. but, as already mentioned, no autopsy was possible, and thus it is not possible to give full detailed findings of the case as regards secondaries.

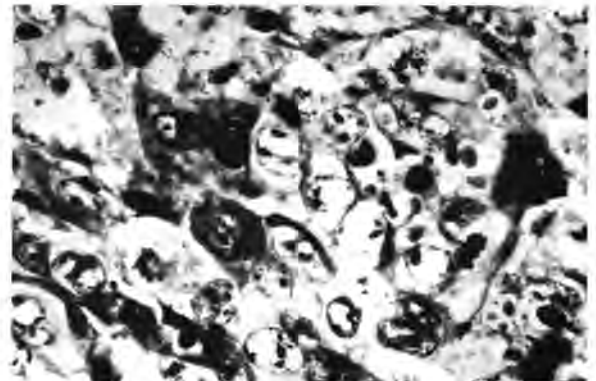
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Magnification x 75 showing islets of cancer cells in the necrotic mass and blood clots.



Magnification x 500 showing cancer cells – Langhans type.