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PREGNANCY AFTER TREATMENT OF CHORIOCARCINOMA - CASE REPORT

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Abstract:

This is the first case report from its kind to be reported from the Institute of nuclear medicine, Molecular Biology University of Gezira. It is a case report of a 30-years old lady diagnosed as having choriocarcinoma, gestational trophoblastic tumor, and treated with multiple agent chemotherapy for three months. She was advised not to get pregnant during the first two years following chemotherapy. She was on regular follow up for one year after which she disappeared and discontinued the contraceptive pills. Seven months later she presented with a viable pregnancy and was followed till she delivered a normal viable alive boy. Both the lady and her baby are in a good health after six months from delivery.

الملخص:

هذه الحالة هى الأولى من نوعها والتى تقدم من معهد الطب النووى وعلاج الأورام بجامعة الجزيرة. هذه الحالة الطبية لأمراة تبلغ من العمر 30 سنة تم تشخيصها بسرطانة المشمائية وعولجت بالعقاقير الكيميائية المتعددة لمدة ثلاث شهور. تم نصح المريض بضرورة تجنب الحمل مدة سنتين بعد إكمال العلاج. بعد إكمال العام الأول من المتابعة غابت السيدة عن الحضور وأوقفت تناول مانع الحمل. حضرت السيدة بعد ذلك بسبعة أشهر وهى حبلى بجنين حى عمره شهرين وتمت متابعتها حتى وضعت ولداً صحيحاً ذكراً. بعد مرور ستة أشهر من الوضوع حضرت السيدة للمتابعة وهى فى حالة جيدة وكذلك طفلها.

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Introduction

Choriocarcinoma is a malignant disease of gestational trophoblast. It can cause serious localized and metastatic disease. Since discovery of several chemotherapeutics agents against the disease, sustained remission rate approaching 90% in metastatic disease and nearly 100% in localized disease [1, 2, 3]. Pregnancy after successful treatment of Choriocarcinoma can and does occur but, we need not to forget the hazards of these drugs use in treatment of Choriocarcinoma. Patients who achieved primary remission with various kinds of chemotherapy may anticipate a normal future reproductive outcome. As pregnancies occurring within 6 months following remission are at risk of abnormality, a waiting period of at least 6 months after chemotherapy for GTT is recommended [4, 5]. The large number of successful pregnancies reported after treatment reflects the potential high rates of cure and survival [6, 7]. The following is the first case report of a normal pregnancy following treatment of moderate risk case of Choriocarcinoma in our institute.

Case report

A lady of thirty years old married for nine years and had three alive vaginal deliveries. She presented to the Gynecological clinic in Wadmedani teaching hospital with vaginal bleeding and Amenorrhea for 2 months. She was diagnosed as a case of incomplete abortion and evacuation was done but patient didn't take the products for histopathology. Two months later she presented with intermittent vaginal bleeding. On examination she was very ill, pale, uterus size 16 weeks and there was a mass coming through the cervix into the vagina. Investigations showed low haemoglobin and clear lungs on CXR. Sonography revealed a uterine mass with dense vesicles, other abdominal organs were free. Immunologic assay for gonadotrophin (Beta HCG) was reported as greater than 1000000IU/l. Brain imaging was unaffordable. After transfusion of 3 units of blood she had an evacuation operation. The specimen sent to histopathologist who confirmed the diagnosis of Choriocarcinoma. According to modified WHO scoring system she was categorized in the medium risk group. Patient then referred to oncology center and started on single agent Methotrexate

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chemotherapy for two weeks but bleeding continued, so she was shifted to poly-chemotherapy (EMA CO) which is composed of Etoposide, Methotrexate, Vincristine, Cyclophosphamide and cisplatinum plus Folinic acid as rescue drug for methotrexate. After one cycle the bleeding stopped completely and after four cycles the Beta HCG became normal (3.05IU/l). Additional two cycles were given after Beta HCG normalization, then treatment stopped. She remained on regular follow up using clinical examination monthly and Beta HCG assay every 2-4 weeks. Patient was advised not to get pregnant for at least 2 years and was put on oral contraception. Patient remained free for 1 year after that she disappeared and lost follow up for 7 months. Seven months later she presented carrying a viable pregnancy with gestation age of 9 weeks. Total period between cessation of chemotherapy and conceiving was 17 months. Uneventful pregnancy was followed and she delivered vaginally a term normal viable male baby. The placenta and membranes were delivered complete and normal. Immediate after delivery value of Beta HCG was 40 U/L. Patient was last seen two months after delivery, both she and her baby were healthy and the Value of Beta HCG was normal (1.02IU/l).

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Discussion:

Gestational trophoblastic diseases describe a dynamic interrelated biological process involving the fetal chorion. It is of great importance to identify and separate the high risk cases in order to establish prompt and adequate treatment. Prolongation of the duration between treatment and antecedent pregnancy has negative impact on prognosis [8]. .Beta HCG has a central role in diagnosis; management and prognosis of patients with gestational trophoblastic neoplasm and it represents an ideal tumor marker. Several diagnostic procedures are to be followed to determine the extension of disease. These include periodical physical examination, Beta HCG assay, CXR and imaging for liver and brain. Transvaginal Doppler ultrasonographic findings are not always in correlation with Beta HCG level in the beginning of the diagnosis and during various stages of treatment [9]. It was suggest that contraception for 1 year is necessary in patients with GTT after successful chemotherapy. However, in the case of a patient who conceives within 1 year, it is not necessary to terminate pregnancy, but the pregnancy must be carefully watched[10].

Nicolic from University of Belgrade reported four successful pregnancies among 14 cases of malignant trophoblastic disease during the period from 1999-2004 without complication[11]. This case shows that successful therapy can be obtained with preservation of fertility.

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References

1. Bagshawe KD. Treatment of trophoblastic tumors. Recent results. Cancer Res; 1977; 38: 1373-1385.

2. Brewer JI, Halpern B, Torok EE. Gestational trophoblastic disease: Selected clinical aspects and chorionic gonadotrophin test methods. In: current problems in cancer. Vol 8. Chicago-London: year book medical publishers, Inc. 1979; 10: 4-42.

3. Jones WB, Lewis JL, Jr. Treatment of gestational trophoblasic disease. Am J Obstet Gynecol; 1974; 120; 14-20.

4. Matsui H, Iitsuka Y, Suzuka K, Yamazawa K, Tanaka N, Mitsuhashi A, Sekiya S. Early pregnancy outcomes after chemotherapy for gestational trophoblastic tumor. J Reprod Med; 2004; 49 (7): 531-534.

5. Matsui H, Iitsukaa Y, Suzukaa K, Yamazawaa K, Tanakaa N, Sekia K, Sekiyaa S. Risk of abnormal pregnancy completing chemotherapy for gestational trophoblastic tumor. Gynecol Oncol; 2004; 88 (2): 104-107.

6. Lewis JL, Jr. current status of treatment of gestational trophoblastic disease. Cancer; 1976; 38: 620-626.

7. Walden PAM, Bagshawe KD. Reproductive performance of women successfully treated for gestational trophoblastic tumors. Am J Obstet Gynecol; 1976; 125: 1108-1114.

8. Walter B J. trophobastic tumors-prognostic factors. Cancer; 1981; 48: 602-607.

9. Yalcin OT, Oyalp SS, Tanir HM. Assessment of gestational trophoblastic disease by Dopplr ultrasonography. Eur J Obstet gynecol reprod Biol; 2002; 103: 83-87.

10. Zhu Lan, Song Hongzhao, Yang Xiuyu and Xiang Yang. Pregnancy Outcomes of Patients Who Conceived within 1 Year after Chemotherapy for Gestational Trophoblastic Tumor: A Clinical Report of 22 Patients. China Med J; 1998; 111: 1004-1006.

11. Nikolic B. pregnancy post choriocarcinoma treatment. Cancer Therapy; 2004; 2: 549-552.