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RESEARCH ARTICLE

A Rare case of Placental Site Trophoblastic Tumour

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Abstract

Placental site trophoblastic tumour is a rare form of gestational trophoblastic neoplasia where intermediate trophoblasts are found infiltrating myometrium without causing tissue destruction. We hereby report a 26 year old female P2L2 with complaints of on and off per vaginal bleeding for 7 months after her last delivery. She underwent hysteroscopy and D and C with fall in titres of serum hCG , however clinico-pathological correlation and diagnosis made suspicion of trophoblastic tumour and a final decision of hysterectomy considered

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INTRODUCTION

Placental site trophoblastic tumour is a variant of choriocarcinoma, predominantly made of intermediate trophoblasts. The tumours though bigger in size produce small amount of serum hCG and human placental lactogen;are confined mostly to uterus and metastatize late in their course.These patients have persistently low levels of serum hCG levels(100-1000mIU/ml).The treatment is hysterectomy with ovarian conservation.It comprises of less than 2% of all gestational trophoblastic diseases.

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Case Report-

26year old P2L2 came with complaint of per vaginal bleeding since her last delivery in November 2012(since 2 months).She underwent D & C with Diagnostic hysteroscopy in January 2013 and was found to have a highly vascular posterior fibroid. She presented us with similar complaints a month later in March 2013.Ultrasonography revealed a locally invasive gestational trophoblastic disease on posterior wall of uterus but MRI (pelvis) was suggestive of posterior wall fibroid of 3x2cms , hence was kept on T.Sevista(ormeloxifene) 60mg twice weekly for 1month and then once weekly for another month.

The patient returned with excessive per vaginal bleeding in May 2013,with UPT negative and serum hCG levels of 525 IU/ml.

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A decision of repeat D&C and diagnostic hysteroscopy wherein a highly vascular posterior wall fibroid was found with necrotic tissue on anterior uterine wall,histopathology report suggestive of necrotic tissue. Post operatively serum hCG was 10 IU/ml so she was discharged with good counselling to follow up with regular serum hCG levels and USG[1]. Patient was hysterectomised on 1st July 2013 in view of rapid increment in size of the tumour and on histopathology report of uterus was found to have an endometrial tumour[1] with excessive spindle cells.

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DISCUSSION AND RESULT

Our case proves that clinicopathological co relation is essential for the diagnoses and treatment of a rare tumour like placental site trophoblastic tumour[1,2]

Prognosis- 10-20% metastase leading to death[3]

If the tumour recurs or metastases are present at initial diagnoses chemotherapy is administered with variable results. Radiation therapy may provide local control[4]

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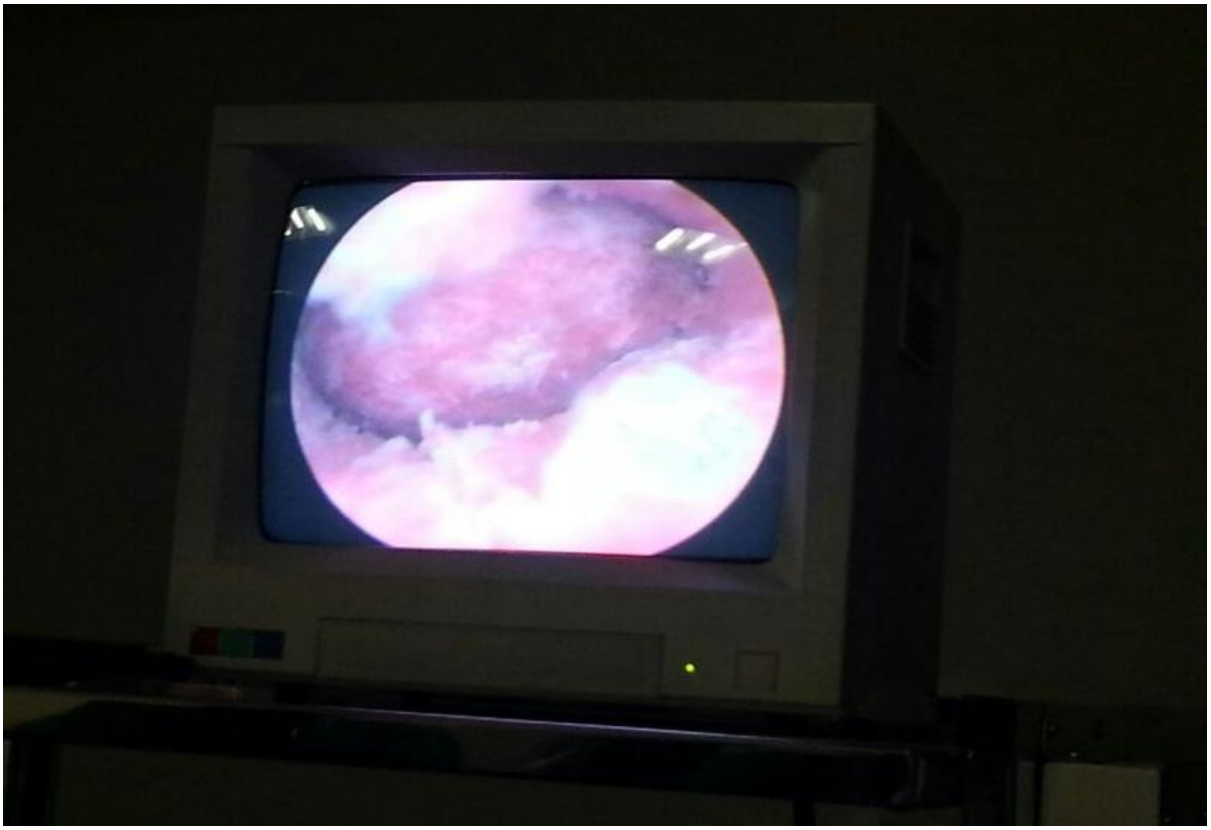

Hysteroscopic view

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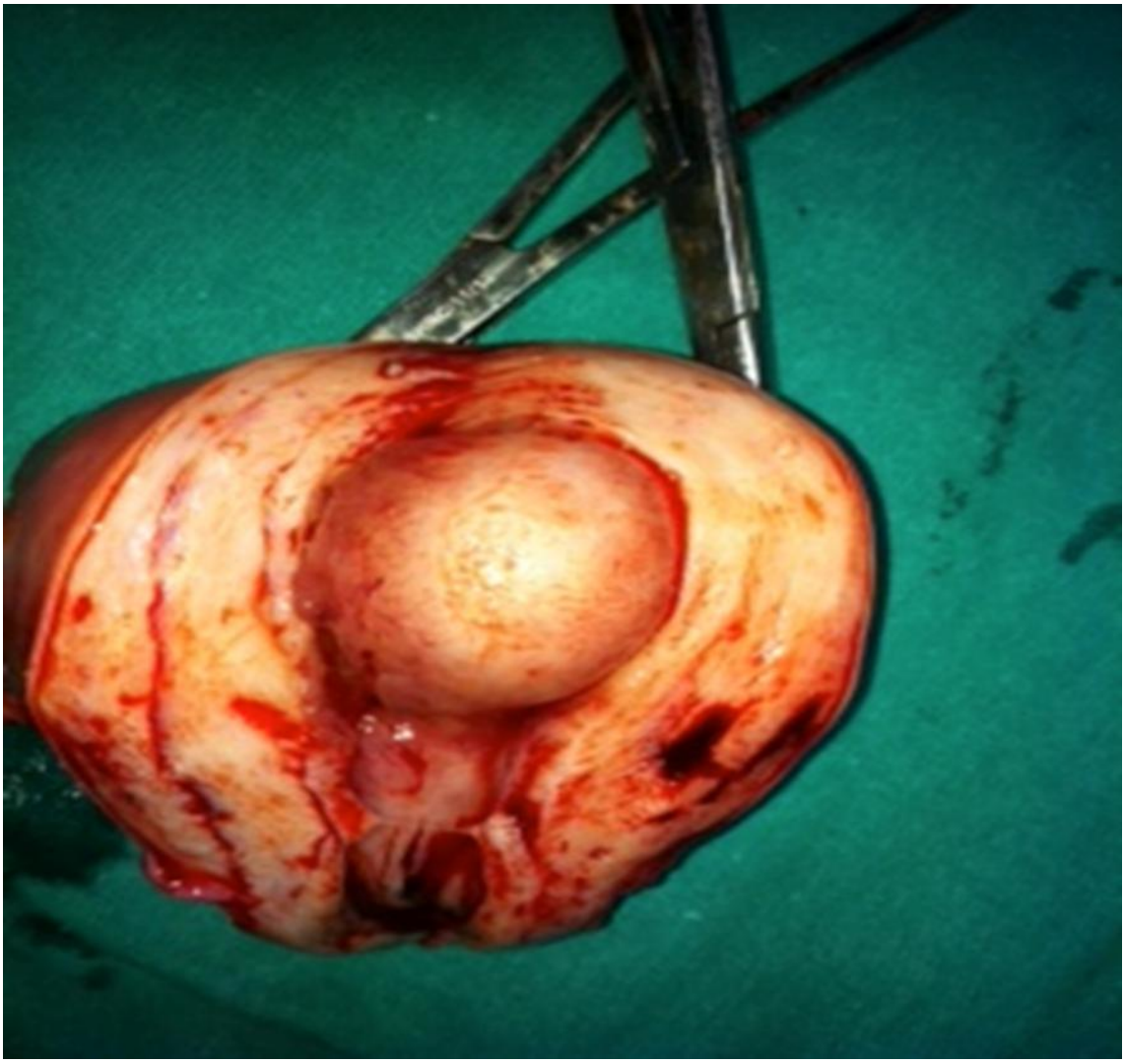

Post hysterectomy (uterus with submucosal fibroid)
? placental site tumour

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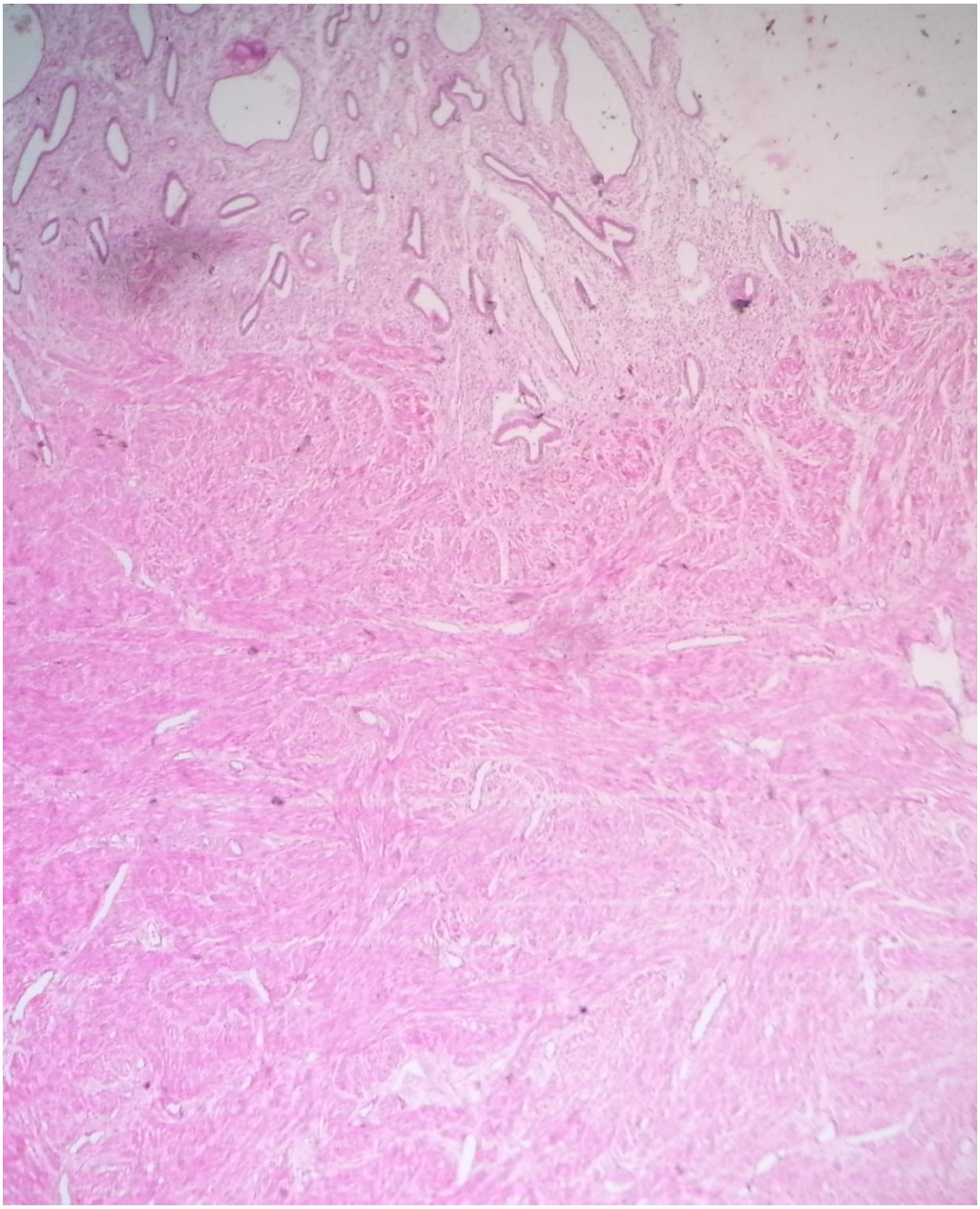

histopathology view showing the stromal spindle shaped cells alongwith cystoglandular hyperplasia of the endometrium

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