

Images in Clinical Oncology

Placental Site Trophoblastic Tumour

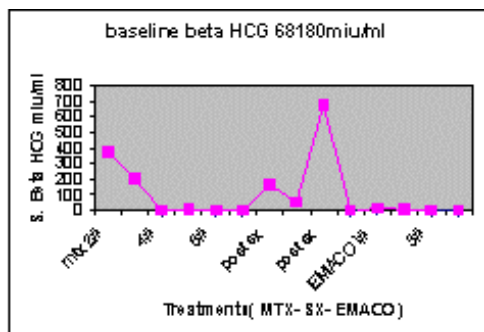


Fig 1: Graph showing serum β HCG changes during therapy.

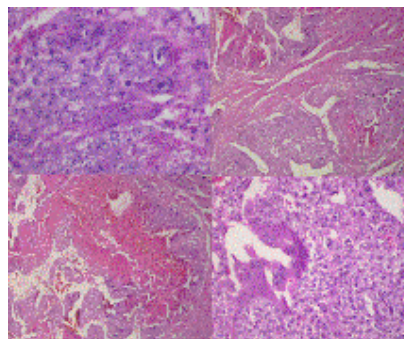


Fig 2: photomicrograph showing large trophoblastic cells infiltrating myometrium.

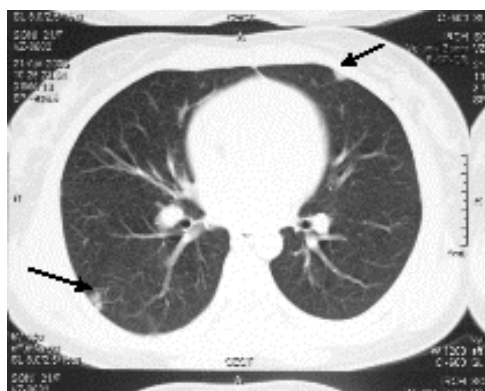


Fig 3: CAT scan chest showing pleural-based nodules in right lower lobe & Left upper lobe

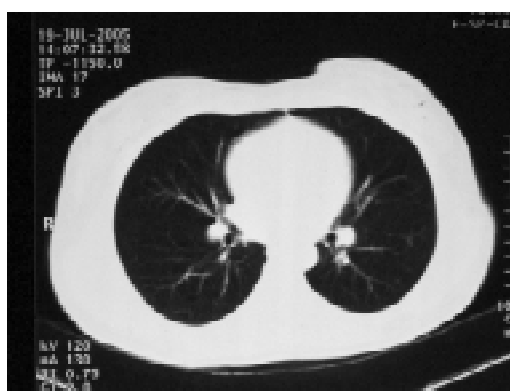


Fig 4: CAT scan chest showing disappearance of nodules after EMACO chemotherapy

A 21 year old primipara presented with bleeding per vagina following 20 days of full term vaginal delivery. Suction evacuation was done twice at private hospital and histopathology was reported as retained products of conception. Since bleeding did not stop she was referred here. On presentation she had severe pallor, per abdomen examination revealed; uterus was 12 weeks size and the same was confirmed by per vaginal examination. Serum β HCG was 68180 mIU/ml. CAT scan head/abdomen/pelvis did not show any other lesion apart from uterine enlargement. She was diagnosed as gestational trophoblastic disease, low risk by WHO scoring. She received single agent Methotrexate with leucovorin rescue. Her serum β HCG titers started falling and became undetectable after 4 cycles of Methotrexate (fig1). She had severe vaginal bleeding 8 weeks after stopping the therapy. Emergency hysterectomy was done. Histopathology revealed placental site trophoblastic tumour (fig 2). Her Serum β HCG titers started rising 4 weeks of surgery. CAT scan head and abdomen was normal. CAT scan chest showed 2 pleural based nodules (fig 3). She received 4 cycles of combination chemotherapy using EMACO regime. Her Serum β HCG levels became undetectable and lung nodules disappeared (fig 4). She remains disease free till date.

Placental site trophoblastic tumour is very rare gestational trophoblastic neoplasm. 75% of cases follow a normal pregnancy. It is usually confined to uterus & 15-20% behave in a malignant fashion. Hysterectomy is the primary mode of treatment in the majority of cases. Chemotherapy is indicated for patients with metastases and may be indicated when the mitotic index is >5 mitoses/10 HPF.

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