METASTATIC CHORIOCARCINOMA PRESENTING AS ADVANCED RENAL CELL CARCINOMA: A CASE REPORT.

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ABSTRACT.
Choriocarcinoma is an aggressive tumour arising as a malignant transformation of the gestational trophoblastic disease or rarely from the germ cells in the ovary and from testicular mixed germ cell tumour. Renal involvement due to Choriocarcinoma is rare we report here one of such rare cases. A 26yr old woman presented with painful right sided loin swelling with painless total haematuria of 3weeks duration .Abdominal Ultrasound and CT scan showed a solid Right kidney mass with a cystic component. She had right radical nephrectomy.Histopathological examination revealed metastatic choriocarcinoma. The challenges we faced in her management is highlighted and a brief review of literature on the subject is presented.

INTRODUCTION

Choriocarcinoma is a malignant type of gestational trophoblastic disease usually associated with conception,[1] but rarely from the germ cells in the ovary in female. It has an aggressive behaviour and spread mainly by haematogenous route to lungs, liver, brain and lower genital tract including the cervix, vagina and vulva.[2] Renal metastasis is rare. We report a case of metastatic choriocarcinoma presenting clinically as advanced renal cell carcinoma.

CASE REPORT

A 26 yr old woman presented in the urology clinic with dull aching right loin pain and swelling of 3 weeks duration, associated with intermittent gross haematuria of 7 days. There was low grade pyrexia without chills or rigour. She had significant weight loss despite good appetite. There was neither vaginal discharge nor bleeding. Last pregnancy, coital exposure, and menstrual period were 5 years, 8 weeks and 6 weeks before respectively presentation.

On physical examination, she was chronically ill looking, pale, with a huge, ballotable mass palpable in the right loin. The mass was firm-hard with lobulated surface. Vaginal and rectal examinations were grossly normal.

Laboratory investigations showed moderate anaemia (Hb = 8mg/dl) with normal renal and liver function tests. Ultrasound showed a right renal mass with cystic component suggestive of renal abscess or cystic renal cell carcinoma with other intra-abdominal viscera being normal. CT scan showed a huge solid/cystic right renal mass with a solitary canon ball secondary in the right lung. Diagnosis of advanced right renal cell carcinoma was made and she had a successful right radical nephrectomy with intra-operative findings of renal mass and enlarged multiple retroperitoneal lymph nodes.

Histopathological examination of the specimen showed choriocarcinoma of the kidney, post op βHCG level done after histologic diagnosis was markedly elevated. On the 12th day post operation, she developed seizures with right sided hemiplegia and a bleeding vulva nodule with deteriorating clinical condition which precluded use of chemotherapy. She died of cardiopulmonary arrest 21 days post operation. At autopsy, the uterus was bulky containing the primary tumour with multiple sites of metastasis.

DISCUSSION

Gestational Choriocarcinoma is an epithelial

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malignancy of trophoblastic cells. This uncommon condition arises in 1 in 20,000 to 30,000 pregnancies in the United state America and is said to be much more common in Asia and Africa about 1 in 2,500 pregnancies[3]. Preceding conditions are hydatiform mole in 50%, previous abortion in 25%, and normal pregnancy in 22%, in the rest it follows ectopic gestation, genital and extra genital teratoma[3]. Pure extragonadal nongestational choriocarcinoma is extremely rare with limited case reports.[4,5,6,7,8] Only three cases of primary choriocarcinoma of the pancreas have been previously reported in the literature,[9,10,11] one of which was associated with a cystadenocarcinoma.[10]

Choriocarcinoma grows rapidly and metastasise through haematogenous route to the lung, liver and brain.[12] Metastasis to virtually all the organs can occur but renal metastasis is rare with incidence of 6.9% in a post mortem study of patients with gestational choriocarcinoma. When this occurs, it is usually accompanied by other visceral metastases, indicating that renal metastasis is the result of dissemination of tumour cells secondarily from lung metastasis through the general circulation and should be categorized as arterial metastasis.[13] An initial presentation of renal symptoms is uncommon and when these occur it is initially thought to be primary renal cell carcinoma.[14] There are few cases reported from different parts of the world in the literature, but fewer still from Africa. Two cases of Nigerian women with renal metastasis form choriocarcinoma in the absence of primary malignant uterine foci were reported in 1986[15] with our report coming more than 2 decades after, proving the rarity of this disease with its protean manifestation

Diagnostic dilemma has been a recurrent problem in most of the reported cases and most have been wrongly diagnosed and treated as renal cell carcinoma till histologic examination of the specimen or post mortem examination.[1,5] Some researchers have suggested fine needle aspiration for immunocytochemical tests (βHCG) or core needle biopsy for histopathological examination before a radical surgery if there is a high index of suspicion based on radiological and clinical features. This may however be difficult considering the varied presentation of renal cell carcinoma.[16] Others suggested a screening HCG titre to exclude the possibility of choriocarcinoma metastasis in any young female with haematuria and renal mass thought to have a renal carcinoma.[17] FNAC or core tissue biopsy can be delayed till βHCG titre to avoid haemorrhage and other complications of renal biopsy in renal carcinoma.

Choriocarcinoma responds well to treatment by chemotherapy whereas surgery for renal metastatic choriocarcinoma is associated with significant morbidity and mortality, a high index of suspicion is therefore needed if it is to be diagnosed preoperatively so that the patients can be spared a major operation which may make the prognosis worse. However, once the abdominal viscera, kidneys and brain are involved, the prognosis is invariably fatal.[5]

CONCLUSION

Renal metastasis of choriocarcinoma is rare, it is however known. It can present clinically as renal cell carcinoma with a silent primary. It is better diagnosed preoperatively to avoid the morbidity and mortality associated with surgery. A high index of suspicion is however needed if this is to be achieved.

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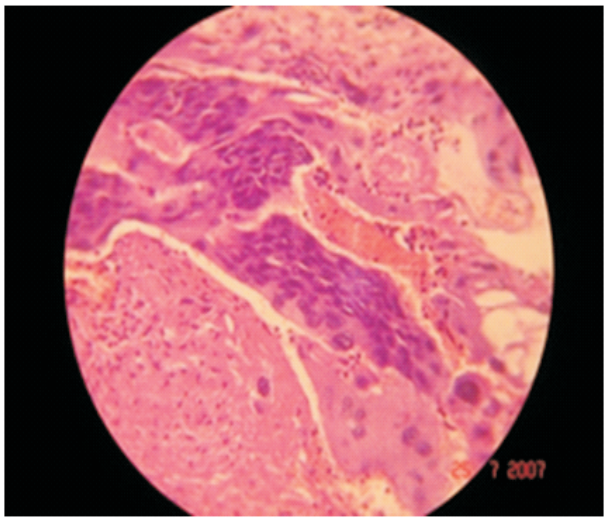
PICTURES
FIG 1: HISTOPATHOLOGY



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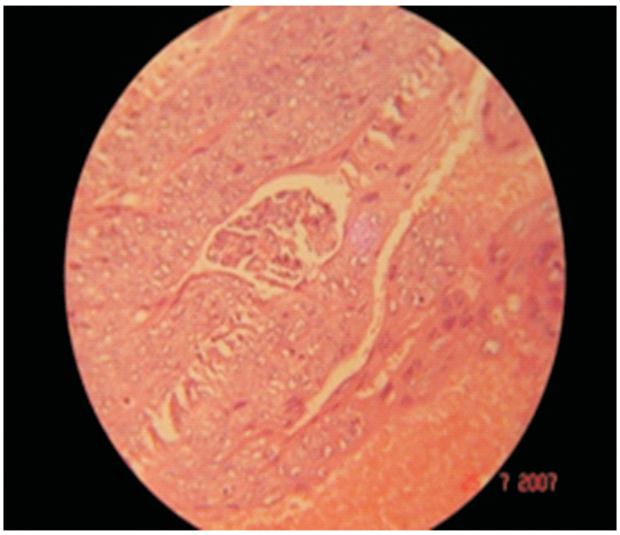

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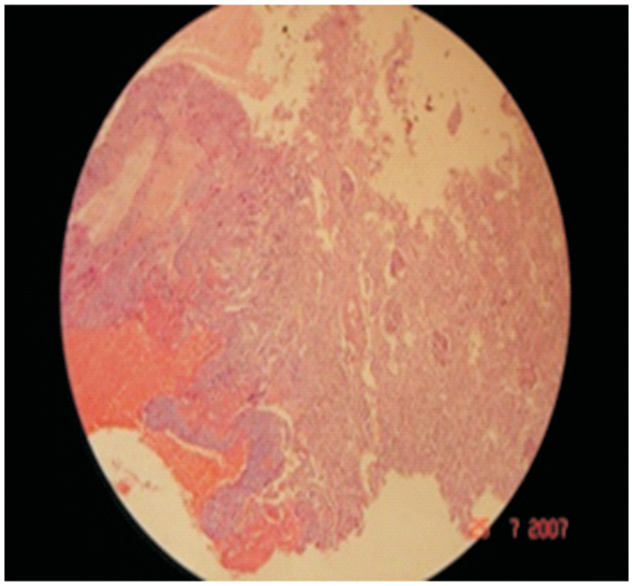
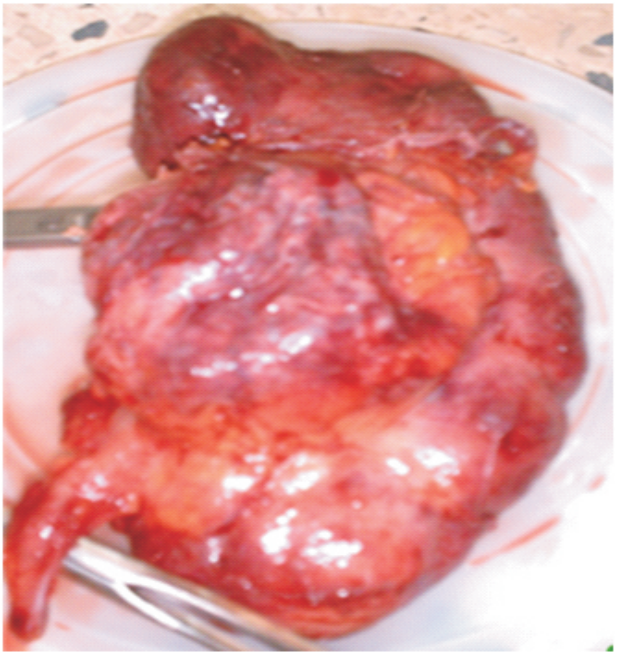


FIG 2: SPECIMEN



LEGEND TO THE PICTURES:

Fig 1:
Histopathologic Slides Of The Specimen Showing Syncithiotrophoblasts And Cytotrophoblasts In The Renal Tissue

Fig Ii: Specimen After Nephrectomy