Choriocarcinoma with Spinal Metastasis: A Case Report

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ABSTRACT

Introduction: Choriocarcinoma is one of the most aggressive forms of gestational trophoblastic disease. Spinal metastasis secondary to choriocarcinoma is very rare. **Case Presentation:** A 19 years old, nulliparous girl, presented with 3 weeks history of lower back pain and bilateral lower limb weakness. On admission, power of bilateral lower limb were 2/5 and reflexes were normal. Her serum beta HCG level was 76418 IU/l with no intrauterine gestation sac. Her condition deteriorated rapidly and became bed bound. MRI spine and abdomen showed left epidural haematoma resulting in significant cord compression at T11-L2 and no evidence of intrauterine or ectopic pregnancy. CT scan showed suspicious presence of a small heterogenous lesion anterior to the right ovary suspicious of primary tumour focus of choriocarcinoma. Also, noted multiple lung nodules representing metastatic choriocarcinoma. After 6 cycles of chemotherapy, she was able to ambulate. CT surveillance post chemotherapy showed resolution of intraspinal lesions. She is currently in tumour remission nine months after diagnosis. **Discussion:** Incidence of choriocarcinoma in Malaysia is up to 2.8 per 1000 pregnancies. The most common sites of metastasis are lungs (94%), vagina (44%) and brain (28%); spine metastasis is rare. Choriocarcinoma metastasis to the spine demonstrates high remission rate with chemotherapy. Spinal decompressive surgery has a limited role and is only considered if there is any progressive worsening of neurological symptoms. In conclusion, we report a rare case of choriocarcinoma metastasis to spine and chemotherapy is the main treatment of choice.

A Rare Case of Primary Amenorrhea: Ratkhe's Cleft Cyst – A Case Report

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ABSTRACT

Primary amenorrhea is not uncommon encounter in gynaecological practices. It occurs in 1-3% of reproductive age group women. The common causes were anatomical, genetic and hormonal factors. We report a rare case of hypogonadotropic hypogonadism primary amenorrhea due to Rathke's cleft cyst. A 28 years female was referred to our center due to primary amenorrhea. Her height was 137 cm, weight 31 kg with a BMI of 17. Breast development and pubic hair development was Tanner stage 1. Ultrasound examination revealed under developed uterus and ovaries. Her hormonal profile was FSH 0.11 mIU/L, LH 0.17 mIU/L and Estradiol 18, Prolactin 105. Her thyroid function test was normal. Chromosomal analysis showed 46XX with no gross numerical or structural abnormality detected. Clinical examination noted bitemporal hemianopia. MRI showed intracystic nodule measuring 1.6 cm x 1.6 cm x 2 cm at the left posterior aspect of pituitary gland. She was put on hormonal treatment and successfully had withdrawal bleeding after 6 cycles of COCP. She is also co-managed by the Neurosurgical and Ophthalmology teams. Primary amenorrhea incidence is increasing due to better access to health care and public awareness. Rathke's cleft cyst (RCC) is a benign fluid filled cyst in the posterior portion of the anterior pituitary gland and are rarely symptomatic. Mostly patient presented with visual disturbance (47%), diabetes insipidus (21%), amenorrhea and galactorrhea (16%) and panhypopituitarism (11%). Surgical excision is recommended however the recurrence rate reported is around 12.5%. Gynaecologist's ability to recognize pituitary lesion as differential diagnosis of primary amenorrhea is of upmost important.