
Case Report**Choriocarcinoma in elderly male: A rare case report and short review**

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Abstract

A 61 yrs gentleman, old office clerk by profession, presented to his family physician with the chief complaints of abdominal pain, poorly localized, for 8 days. He was investigated outside with and ultrasound, which was suggestive of nodal masses in the retroperitoneum, for which he was referred to our tertiary oncology centre. At presentation to our hospital, he was ECOG performance status 2 with pulse: rate 107/min regular, blood pressure of 100/70mm of Hg, afebrile, respiratory rate of 23/min with 98% saturation at room air. On clinical examination, there were no evidence of any peripheral lymphadenopathy, abdominal examination revealed epigastric mass, which had ill defined margins and deep seated. Rest of the systemic examination including bilateral testis did not reveal abnormality.

On investigation, complete blood count revealed hemoglobin 12.1gm/dl, platelet

count of 4.01 lacs/cu mm, total leucocyte count of 13600/cu mm with differential of N80, L12, M4, E2, B2. Creatinine was 0.9mg/dl, bilirubin 1.05 with ALT and AST 153 and 98U/L respectively, serum potassium 4.2meq/L, serum phosphate 3.4mg/dl, serum calcium 7.9mg/dl and albumin of 2.5gm/dl. serum LDH was 2330U/L, serum beta HCG 1801260.0 mIU/ml, Serum AFP was 3.19 ng/ml, CA19.9 was 208U/ml. Contrast enhanced imaging of the thorax and abdomen revealed multiple retroperitoneal lymphadenopathy (measuring 10cm longitudinally) along with left sided hydronephrosis with multiple liver and lung nodules. Ultrasound of the testis revealed small heterogenous left testis with ill defined hypo echoic areas and well defined cystic lesion as described. CT guided biopsy from the left retroperitoneal adenopathy revealed features of metastatic choriocarcinoma. So, a final diagnosis of

non seminomatous germ cell tumor was made , stage III C , poor risk.

In view of the poor performance status and age, single agent carboplatin AUC 2 along with etoposide 100mg day 1-2 was planned with adequate TLS prophylaxis. On day 4 onwards, he started having progressive rise in bilirubin which reached a peak of 9.78mg/dl on day 8. He developed fever on day 2 of chemotherapy with foleys catheter as the site of suspected focus. He was started on first line antibiotics with cefoperazone /sulbactam and amikacin as per institutional resistance pattern. Blood culture was negative, however urine culture grew MDR E.coli , sensitive only to polymyxin and colistin . He was suspected to have sepsis with liver dysfunction. His clinical condition deteriorated over time and he was discharged following the wishes of relative, after proper explanation of the course of

events and the dismal prognosis.





Review of literature:

Testicular tumors derived from germ cells are the most common solid tumors in men between 15 and 35 years of age. Choriocarcinoma is the most aggressive variant of this group of neoplasias and is characterized serologically by the production of large amounts of HCG. The incidence of choriocarcinoma at the age of 61 is extremely uncommon. There are few case

reports on such occurrence (1). The poor performance status and the unexpected sepsis due to urinary tract infection in our case were the limitations in salvaging the patient. The course of treatment is often complicated by tumor lysis syndrome (2). Another major complication that is expected is massive pulmonary hemorrhage, which frequently occurs after starting treatment (3). In patients having liver and brain metastasis,

the 5 year survival is dismal at 10%, in sharp contrast to the otherwise high cure rates in this disease (4). In our patient, even if he would have tolerated the chemotherapy, the advanced nature may have been a poor prognostic marker in further management. In summary, choriocarcinoma in an elderly male is a rare entity and poses a difficult clinical scenario and should be managed with utmost care, and just not being carried away by the anticipated high cure rates due to the histopathological diagnosis

References:

1. Gohji K, Sugimoto M, Ogawa T, Sugino M, Hamami G, Kamidono S, Takahashi R, Sugiyama T. [A case of pure choriocarcinoma of the testis in an elderly man]. *Hinyokika Kyo.* 1986 Sep;32(9):1298-302
2. Kawai K, Takaoka E, Naoi M, et al. A case of metastatic testicular cancer complicated by tumour lysis syndrome and choriocarcinoma syndrome. *Jpn J Clin Oncol* 2006;36:665–7
3. Shintaku M, Hwang MH, Amitani R. Primary choriocarcinoma of the lung manifesting as diffuse alveolar hemorrhage. *Arch Pathol Lab Med* 2006;130:540–3
4. Crawford RA, Newlands E, Rustin GJ, Holden L, A'Hern R, Bagshawe KD. Gestational trophoblastic disease with liver metastases: the Charing Cross experience. *Br J Obstet Gynaecol.* 1997 Jan;104(1):105-9.

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