

Uterine perforation- a rare complication of gestational trophoblastic disease

Priyanka Vaidya^{1,2}, Greet Hoet¹

¹ Townsville University Hospital, Townsville, Australia

² Toowoomba Hospital, Toowoomba, Australia

Case Presentation

We present the case of a 31-year-old Japanese woman, G1P0, with stage III high risk gestational trophoblastic neoplasm (GTN) and lung metastasis complicated by a spontaneous uterine perforation.

Investigation

Suction D&C was performed for an ultrasound demonstrating complete molar pregnancy and corresponding HCG of 622680. The initial histopathology reported a partial mole with negative ploidy studies, however, a negative p57 staining confirmed a complete mole.

Diagnosis

The patient was discussed at Queensland Trophoblast Centre (QTc) MDT and diagnosed with a stage III high risk GTN with lung metastasis and was recommended for EMACO chemotherapy.

Clinical Course

40 days post D&C, the patient had a Code Blue for collapse at the hospital carpark. She was GCS 10, hemodynamically unstable with a Hb of 58 and an urgent CT abdomen revealed a massive hemoperitoneum. She was resuscitated in Emergency Department and required a red blanket total abdominal hysterectomy and bilateral salpingectomy. Intraoperatively, she was found to have an anterofundal uterine perforation with approximately 3 litre hemoperitoneum.

Discussion

GTN is a group of malignant neoplasms that consist of abnormal proliferation of trophoblastic tissue. 15-20% of complete hydatidiform moles (CHMs) have malignant changes, while 5% have metastasis.¹ Deep myometrial invasion can occur, which when untreated leads to uterine rupture and life-threatening haemorrhage.^{2,3}

Therefore, although recent advances in oncology have allowed GTN to be curable, it is crucial that patients are referred to trophoblastic disease centres at the earliest, without waiting for histopathology report, to reduce the risk of poor outcomes.⁴

References

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