

Extremely High Quantitative HCG and Abnormal Uterine Bleeding: A Case Report that Expedited Diagnosis of Gestational Trophoblastic Disease

Dr Carla Pecoraro¹, Dr Sarika Bhadange¹

¹ Ipswich Hospital Obstetrics and Gynaecology

Background

Gestational trophoblastic disease (GTD) refers to a spectrum of disease, ranging from molar pregnancy to locally invasive and disseminated choriocarcinoma. Clinical findings include vaginal bleeding and larger than expected uterus. Lab results include elevated human chorionic gonadotropin (hCG).

Case

A case report of a 44-year-old woman who presented to a busy Emergency Department with heavy vaginal bleeding and symptomatic anaemia. Quantitative HCG was extremely elevated, at 588,730. This prompted an immediate Pelvic Ultrasound and workup of GTD, including CT CAP (Figures 1 and 2)

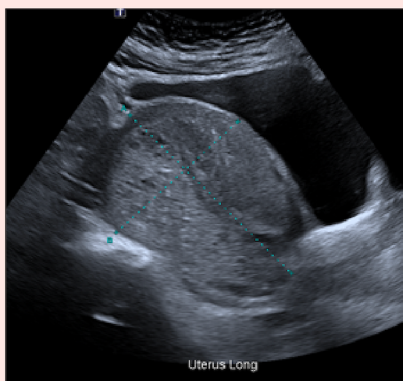


Figure 1: Pelvic USS



Figure 2: Slice from CT Chest/Abdo/Pelvis

Results

Tissue diagnosis was obtained and confirmed complete molar pregnancy.

Discussion

Without this HCG value, she could have had simple outpatient menorrhagia workup while disease progressed. Quantitative HCG in women with abnormal uterine bleeding is pertinent in early diagnosis of GTD, regardless of age or likelihood of pregnancy. Thus, it should be done in all settings, to expedite investigation and management of this rare but deadly disease.