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TITLE: GESTATIONAL TROPHOBLASTIC TUMOR WITH LUNG SECONDARIES



CASE REPORT

A 29-year-old woman presented to the gynecology department with complaints of irregular vaginal bleeding, persistent cough, and generalized weakness for one week.

Laboratory investigations revealed elevated β -hCG levels.

The patient presented six months ago with a complaint of vaginal bleeding following two months of amenorrhea. On examination, grape-like vesicles were observed, prompting an urgent USG, confirming a diagnosis of complete molar pregnancy. Suction evacuation was performed, and the patient was subsequently monitored through serial beta-hCG levels, which showed a consistent decreasing trend.

Diagnostic Workup

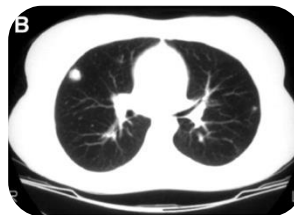
Prognostic Risk Score: The patient was stratified into a high-risk category with a score of >7 .

Imaging Findings:

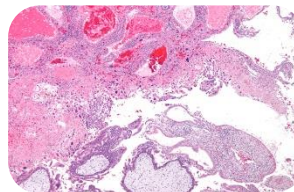
- Chest X-Ray:** Showed a right-sided upper lobe opacity.
- High-Resolution Computed Tomography (HRCT) of the Chest:** Demonstrated multiple well-circumscribed nodules in both lungs, with a prominent subpleural nodule measuring 7×5.5 cm, raising concerns for metastatic disease or lymphoma.

Biopsy: A **trucut biopsy** of the lung revealed markedly pleomorphic tumor cells with vesicular nuclei and abundant cytoplasm. **The histological features were consistent with a diagnosis of gestational trophoblastic tumor.**

Management: Standard EMA/CO chemotherapy regimen was started.



Imaging findings
 (Chest X ray and CT)



Histopathological findings

DISCUSSION & CONCLUSION

- Gestational trophoblastic tumors encompass a range of disorders with varying metastatic potential.
- About 15–20% of complete hydatidiform moles (CHM) progress to gestational trophoblastic neoplasia (GTN), with pulmonary metastases being the most common, typically appearing as multiple nodules on imaging.
- Diagnosis is confirmed by elevated β -hCG levels and characteristic histopathology after molar evacuation.** However, the simultaneous occurrence of CHM and GTN is exceptionally rare.
- This case emphasizes the importance of **prompt recognition and management of gestational trophoblastic tumors with metastatic involvement.**

REFERENCES

- Kumar J et al.** Pulmonary metastases in gestational trophoblastic disease: a review of 97 cases. Br J Obstet Gynaecol. 1988 Jan;95(1):70-4.
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- Khadraoui H et al.** Acute pulmonary complications in the setting of high risk gestational trophoblastic neoplasia and induction of chemotherapy. Gynecol Oncol Rep. 2023 Jun 10;48:101224.