

Gestational Trophoblastic Neoplasia with Brain Metastasis Presented with Initial Presentation of Dyspnea: A Case Report

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ABSTRACT

Background: Choriocarcinoma is the most aggressive kind of gestational trophoblastic neoplasia (GTN). Although the risk of brain metastasis in GTN is rare, in patients with choriocarcinoma, the incidence of brain metastasis is 11%. In this paper, we reported a case of choriocarcinoma with brain metastasis, which was successfully treated with an etoposide, methotrexate, actinomycin D, cyclophosphamide, and vincristine (EMACO) regimen.

Case presentation: A 34-year-old woman was presented with vaginal bleeding, dyspnea, and moderate abdominal pain. She had a menstrual delay of about two weeks. She had a primary β -human chorionic gonadotropin (β -hCG) of 132600 ml U/mL. On lung computed tomography (CT) scan images, a metastatic lesion with a size of 68×50 mm was observed in the lower lobe of the left lung. The patient underwent dilation and curettage (D&C) that revealed choriocarcinoma. Brain magnetic resonance imaging (MRI) also showed a small metastatic mass with a size of 7 mm at the right occipital lobe. The patient was started on chemotherapy with an EMACO regimen. The patient's β -hCG decreased continuously, and it was negative after the fourth cycle and six sessions of radiotherapy. It also remained negative six months after chemotherapy. The final examinations of the patient had no abnormal findings.

Conclusion: Brain metastasis may be relatively asymptomatic in patients with choriocarcinoma, and it should be considered by physicians, even when there are no neurological symptoms. Also, the EMACO regimen seems to be an appropriate regimen for the treatment of metastatic choriocarcinoma.

Keywords: Gestational trophoblastic neoplasm, Metastasis, Pleural effusion, Dyspnea

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