

Prevention of Choriocarcinoma after Postmolar Persistent Trophoblastic Disease

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Abstract

Also Chemotherapy was progresses in choriocarcinoma after Methotrexate, still its prevention with the treatment of persistent trophoblastic disease is needed after molar treatment. The prevention was achieved with particular MTX treatment of persistent trophoblastic disease.

Keywords: Choriocarcinoma, prevention, persistent trophoblastic disease, MTX, hydatidiform mole, ultrasound .

Introduction

Choriocarcinoma (Ch-C), miserable malignancy due to multiple metastases in whole body developed in young female patient is effectively treated by Methotrexate and combined chemotherapy until complete remission under the monitoring with human chorionic gonadotropin (hCG). As its frequently preceding disease is complete hydatidiform mole (mole), preventive chemotherapy was tried by us in Department of Obstetrics & Gynecology in 1960s, by us, who was an assistant professor of Prof. Koga of the department.

Methods

The author confirmed the effect of Amethopterin / Methotrexate (MTX) and achieved complete remission of choriocarcinoma with the primary & systemic MTX therapy without hysterectomy, where the complete remission was confirmed by the disappearance of metastases as well as primary uterine focus until normal uterine pregnancy by repeated 200 to 300 mg intensive MTX courses, and confirmed it by the loss of hCG in the serum and urine, Thus, the author intended to prevent choriocarcinoma with MTX therapy in postmolar women.

METHODS: As the Ch-C frequently developed after hydatidiform mole, Ch-C prevention was initiated in 1960s in Kyushu University by the oral administration of MTX generally 10 mg per-day for 7 days at 3 weeks after the mole. In 104 postmolar women after the mole, in cases of negative pregnancy test that was no hCG output, where vaginal examination was detailed, pregnancy test was repeated, some cases received chest X-ray looking for early pulmonary metastasis, where no metastasis was detected, while 3 cases had positive urinary pregnancy test., namely they were postmolar persistent trophoblastic diseases diagnosed by persistent hCG output, The hCG might be originated by trophoblasts remained in patients body after hydatid mole, because the author revealed remained trophoblasts in an endometrial specimen, namely, hCG was sensitive marker of trophoblasts.

Results and Conclusion

Urinary pregnancy test was negative after administration of 340 mg MTX in total in a case, while other 2 cases received 200 - 300 mg MTX in total at negative pregnancy test in the cases of persistent trophoblast cases, where negative hCG test will mean no remained trophoblast cell, namely, malignant trophoblastic disease was prevented by the MTX therapy, actually, no choriocarcinoma developed after the MTX course in 107 cases of MTX treatment in this study, while 81 control cases of no MTX treatment after the mole developed 3 cases of Ch-C (5 %) within 2 years after the mole, which was significantly more than 107 prophylactic MTX therapy and no Ch-C (0%) [1].

Also it will be emphasized that 3 persistent trophoblastic diseases showed no significant difference to 3 Ch-C cases (3 %) in 81 cases, that meant the MTX treatment was effective to prevent Ch-C due to the MTX treatment of persistent trophoblastic disease, namely, postmolar Ch-C is caused by the persistent trophoblastic disease, namely, the persistent trophoblastic disease is the base of gestational choriocarcinoma. Thus, the most important point to prevent gestational choriocarcinoma is MTX treatment of persistent trophoblastic disease after the hydatidiform mole, namely it is important to treat the cases of positive pregnancy test after the mole should be firstly treated with MTX in the prevention of malignant choriocarcinoma. Normal pregnancy should be carefully separated from pathologically positive pregnancy test after hydatidiform mole with ultrasonic imaging. Thus, hydatidiform mole should be correctly diagnosed in early pregnancy, as the mole may be incorrectly diagnosed to missed abortion or blighted ovum to receive the termination of molar pregnancy without the molar diagnosis, which lost the chance of choriocarcinoma prevention without postmolar chemotherapy, which is the treatment of persistent trophoblastic disease after molar pregnancy. Molar pregnancy is correctly diagnosed 2 weeks after the doubtful ultrasound examination. Let us diagnose hydatidiform mole correctly with ultrasound to get the chance to prevent choriocarcinoma after the mole.

References

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