

Primary ovarian choriocarcinoma: A rare entity

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ABSTRACT

Introduction: Primary ovarian choriocarcinomas are extremely rare yet are aggressive malignancies. There are two types; 1) *gestational* which may arise from an ectopic ovarian pregnancy or present as a metastasis from uterine or tubal choriocarcinoma, or 2) *non-gestational* which is a rare germ cell tumour with trophoblastic differentiation. Herein, we present a case of primary ovarian choriocarcinoma of gestational origin. **Case Description:** A 34-year-old, Indian lady, G6P5, unsure of date, presented with an acute abdomen. Clinical assessment showed a guarded abdomen and enlarged right adnexal mass, with free fluid on pelvic sonography. A working diagnosis of leaking ectopic pregnancy was made and the patient was subjected to surgery. The intra-operative finding was suggestive of a right ovarian ectopic pregnancy with a sac containing the product of conception. We performed a wedge resection and reconstruction of the ovary. The histopathological report confirmed gestational choriocarcinoma. CT scan imaging showed no evidence of residual tumour, which was confirmed during the subsequent laparotomy and right oophorectomy. Serial serum β hCG demonstrated a rapid downward trend and reached a normal level within six weeks of the initial operation. **Discussion:** In view of the rarity of the disease, pre-operative diagnosis is not feasible due to the nonspecific clinical presentation. Information on the clinicopathologic features and serum β hCG level are essential not only for diagnostic purposes but also to monitor response to treatment during follow-up. Appropriate differentiation between the two forms is the key to determining the course of treatment and different types of chemotherapy regimens.

The silent enigma: Unveiling the monstrous ovarian mass

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ABSTRACT

Introduction: Ovarian tumour, benign or malignant, present a myriad of challenges. Among the diverse range of neoplasms, cases involving long-standing, massive tumours are exceedingly rare and warrant special attention. The human body occasionally presents astonishing and captivating phenomena. This is an exceptional case of a very longstanding, huge ovarian tumour with 15 years history. For years, she carried within her a burden too heavy to bear, a colossal tumour growing silently. **Case Description:** A 58-year-old, Para 2 post-menopausal with underlying diabetes mellitus and hypertension, presented with painless, enormous abdominal mass for the past fifteen years. The assessment showed the abdomen to be hugely distended and she was emaciated with signs of cachexia. In this report, a comprehensive diagnostic approach is employed to evaluate the tumour's origin, histopathology, and potential malignancy. Additionally, we describe the intricate surgical procedure undertaken to remove the tumour successfully, highlighting the challenges faced and its outcome. Histopathology confirmed a low-grade serous tumour. **Discussion:** This exceptional case of a long-standing, huge tumour serves as a reminder of the diverse presentations encountered in gynaecological oncology and underscores the significance of multidisciplinary collaboration and timely intervention.