# Intra-placental choriocarcinoma: A rare malignancy following an intrauterine death

**Nuryuziliana D, Nur Azimah H, Tham SW**

Department of Obstetrics & Gynaecology, Hospital Melaka, Melaka, Malaysia

**ABSTRACT**

**Introduction:** Choriocarcinoma is a malignant hCG-producing tumour which originates from trophoblastic tissue. It arises following a hydatiform mole, and the incidence after a normal pregnancy is extremely rare. **Case Description:** A 26-year-old lady presented with a six-week history of persistent vaginal bleeding following a caesarean section, for an intrauterine death at 30 weeks of gestation. We proceeded with the evacuation of uterus and HPE showed atypical trophoblastic proliferation with serum hCG > 200,000 IU. She was given single-agent chemotherapy but was not responding well. She had multiple admissions for persistent heavy vaginal bleeding which required a blood transfusion. Ultrasound of pelvis at eight weeks post evacuation showed an intra-uterine mass measuring 6 x 8 cm, mixed echogenicity with high color doppler uptake. She underwent evacuation of uterus, and HPE confirmed choriocarcinoma. Unfortunately, she delayed her chemotherapy and was admitted with hypovolemic shock. She was noted to have high free T4 (52.9) and very low TSH (<0.008), hence carbimazole 20 mg daily and propranolol 40 mg bd was started. She was given a second cycle of chemo EMA but developed community-acquired pneumonia requiring systemic antibiotics. We finally decided to perform a hysterectomy in view of chemo-resistance and the requirement for multiple blood transfusions. **Discussion:** Choriocarcinoma following normal pregnancy is very rare. The initial diagnosis could be difficult, but we should consider persistent trophoblastic disease or choriocarcinoma in women who present with persistent vaginal bleeding with high b-HCG postpartum. High-risk women would require multi-agent chemotherapy and with prompt diagnosis and management, the prognosis is good.



# OHVIRA (Obstructed Hemivagina and Ipsilateral Renal Agenesis) syndrome – a rare anomaly: A case report

**Ong Sheng Yang, Ilyani binti Mohd Alias, Pang Suk Chin**

Department of Obstetrics & Gynaecology, Hospital Kulim, Kedah, Malaysia

**ABSTRACT**

**Introduction:** OHVIRA (Obstructed Hemivagina and Ipsilateral Renal Agenesis) syndrome is a rare Mullerian Ducts Anomalies (MDA), characterised by the triad of uterine didelphys, obstructed hemivagina and ipsilateral renal agenesis. Its incidence is about 2-3% of all MDAs. **Case Description:** A 16-year-old girl presented with lower abdominal pain and acute urinary retention. An indwelling catheter was inserted and she was subsequently referred for an incidental finding of ovarian cyst on ultrasound. Abdominal examination revealed a vague mass equivalent to 14 weeks gestational size uterus. Trans Abdominal Scan (TBS) showed a unilocular cystic lesion measuring 7 x 8 cm with no solid areas. She attained menarche at 13 years old, with normal flow and cycle, with mild dysmenorrhea. She underwent laparoscopy and planned for cystectomy of a suspected ovarian cyst. Intra-operatively, we noted: 1) uterine didelphys, 2) swollen left fallopian tube with bluish discoloration, 3) bulging lower part of the uterus, and 4) normal right ovary and fallopian tube. The per-rectal examination noted a bulging mass anteriorly on the left side, likely hematocolpos. Vaginal Examination was deferred due to her virgo intacta status. Post-op KUB scan noted the absence of left kidney. **Discussion:** Haematometra is not typically associated with acute urinary retention and pelvic mass in the presence of normal menses. The diagnosis of OHVIRA requires a high index of suspicion and knowledge as the condition has a wide range of clinical presentations. Ultrasonography will be helpful in making the diagnosis but MRI is the gold standard. All women with MDAs should be routinely screened for co-existing renal abnormalities.