

Abstract

Recurrent bleeding of gestational trophoblastic tumor with vaginal metastases even normal serum hCG : a case report

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Background : Gestational trophoblastic tumor is uncommon disease but favorable outcome. Vagina is the second most common site of metastases and may need multimodality treatments.

Case : A 25-year-old woman with a history of Molar pregnancy. Initial β -hCG was 270,293 mIU/ml and decreased to 110,920 mIU/ml after sectional curettage then loss to follow up. She came two months later with abnormal uterine bleeding and total abdominal hysterectomy was done after complete evaluation. Single methotrexate 50 mg IM was used and after first course of treatment, she presented with excessive bleeding per vagina and vaginal lesion was identified then selective uterine arteries embolization was performed. She received chemotherapy during a 2-month period and serum β -hCG decreased gradually to normal. She came with excessive vaginal bleeding from persistent vaginal lesion so selective hypogastric arteries embolization

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and pelvic irradiation was performed. She recovered well and secondary remission was achieved.

Conclusion : Gestational trophoblastic disease can be treated with chemotherapy with good outcome. But vaginal metastasis may be missed and cause life-threatening bleeding. However, many procedures could be performed to control bleeding successfully.

Key words : gestational trophoblastic disease, vaginal metastasis

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