Choriocarcinoma

Choriocarcinoma is a rare ovarian germ cell tumor that can develop during or after pregnancy in the mother or baby. Malignancy arises usually in the placenta, but sometimes in the ovary. Malignant trophoblastic tissue will show no chorionic villi, while the frequency of theca-lutein cysts increases. Hematogenous spread to the lungs is common. The most effective tumor marker is increased hCG level and most cases are preceded by a hydatidiform mole.



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Germ-cell tumor
German-ovaries
Choriocarcinoma is a malignant, trophoblastic cancer, usually arising in the placenta but occasionally in the ovary.

Trophoblastic tissue
Trophy-blast
Malignant trophoblastic tissue, usually of the placenta, will have no chorionic villi present.

Hematogenous spread to lungs
Blood Spreading to Lungs
Choriocarcinoma is characterized through spread to the lungs via the blood.

Malignant
Malignant-man
Choriocarcinoma is one of the more malignant types of gestational trophoblastic neoplasia.

Theca-lutein cysts
Thinking of Loot
Theca lutein cysts are seen with increased frequency in choriocarcinoma. They are bilateral, fluid-filled cysts that arise when hCG levels are elevated.

Hydatidiform Mole
Hydro Mole
In most cases, choriocarcinoma is preceded by a hydatidiform mole either complete or partial. A complete mole leading to development of choriocarcinoma occurs in approximately 16-20% of cases, and a partial mole precedes choriocarcinoma in approximately 0.5-1% of cases. Complete moles do not have associated fetal parts and may include a large, boggy uterus and an absence of fetal heart tones during the late first and early second trimester.

hCG
Hard-Core-Gnomes
Elevated levels of human chorionic gonadotropin are seen in choriocarcinoma, thus making it an effective tumor marker.

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