

Title:

Metastatic choriocarcinoma in the proximal jejunum, an exceptional cause of massive upper gastrointestinal bleeding

Authors:

Beatriz Arencibia Pérez, Elsa María Gómez Rebordinos, Joaquín Marchena Gómez

DOI: 10.17235/reed.2020.6471/2019

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

Arencibia Pérez Beatriz, Gómez Rebordinos Elsa María, Marchena Gómez Joaquín. Metastatic choriocarcinoma in the proximal jejunum, an exceptional cause of massive upper gastrointestinal bleeding. Rev Esp Enferm Dig 2020. doi: 10.17235/reed.2020.6471/2019.



This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

CC 6471 inglés

Metastatic choriocarcinoma in the proximal jejunum, an exceptional cause of massive upper gastrointestinal bleeding

Beatriz Arencibia Pérez¹, Elsa Gómez Rebordinos² and Joaquín Marchena Gómez¹

¹General Surgery and Digestive Diseases Service and ²Anatomic Pathology Service. Hospital Universitario de Gran Canaria Doctor Negrín. Las Palmas, Spain

Correspondence: Beatriz Arencibia Pérez

e-mail: bearenci@gmail.com

Keywords: Choriocarcinoma. Intestinal metastasis. Massive bleeding.

Dear Editor,

In relation to the interesting article published in your journal entitled “Severe gastrointestinal bleeding secondary to duodenal metastasis from a choriocarcinoma” (1), we want to provide a new clinical case as an exceptional cause of anemia and metastatic implantation.

Case report

The case was of a 34-year-old female with a history of stage IV choriocarcinoma diagnosed two years previously. She underwent a hysterectomy and resection of the right single pulmonary nodule with anatomopathological confirmation of both uterine choriocarcinoma and a pulmonary nodule compatible with metastatic choriocarcinoma. She subsequently received chemotherapy treatment with stability of the disease, until now.

The patient went to the Emergency Room due to melena and asthenia. On physical examination, she presented cutaneous pallor with no other symptoms. Hemoglobin of 5.2 mg and an increased chorionic gonadotrophin of 454.20 mUI/ml stood out in the analytical analysis. In view of the patient’s clinical stability, an urgent upper

gastrointestinal endoscopy was performed. There were no signs of bleeding and a computed tomography (CT) scan of the abdomen identified a nodular image between the fourth duodenal portion and the proximal jejunum of 1.5 x 1.1 cm (Fig. 1A), with signs of active bleeding. Given the findings, an urgent surgical intervention was performed, where an intraluminal lesion in the Treitz angle was observed and a complete resection was performed. The patient presented a favorable postoperative period and the anatomopathological analysis confirmed the presence of an ulcerated trophoblastic tumor, compatible with metastatic choriocarcinoma (Fig. 1B and C).

Discussion

Sears described the first case of metastasis from choriocarcinoma to the small intestine in 1933 (2). Since then, there have been few published cases. Non-gestational choriocarcinoma is a trophoblastic germ cell tumor that spreads through the lymphatic and hematogenous routes from the gonads, retroperitoneum or mediastinum (1). The most frequent metastatic locations are the lung, kidney, brain and liver. Involvement of the gastrointestinal tract is exceptional, with a frequency less than 5% (3). The stomach is the most frequently affected organ and produces hemorrhages through polypoid and ulcerated implants, as in the case presented here.

References

1. Iglesias García J, López García E, Macías García F, et al. Severe gastrointestinal bleeding secondary to duodenal metastasis from a choriocarcinoma. *Rev Esp Enferm Dig* 2009;101:720-2. DOI: 10.4321/S1130-01082009001000008
2. Sears JB. Ectopic chorionepithelioma: report of case in which the lesion was situated in the jejunum. *Ann Surg* 1933;97:910-9. DOI: 10.1097/00000658-193306000-00013
3. Yokoi K, Tanaka N, Furukawa K, et al. Male choriocarcinoma with metastasis to the jejunum: a case report and review of the literature. *J Nippon Med Sch Nippon Ika Daigaku Zasshi* 2008;75:116-21. DOI: 10.1272/jnms.75.116

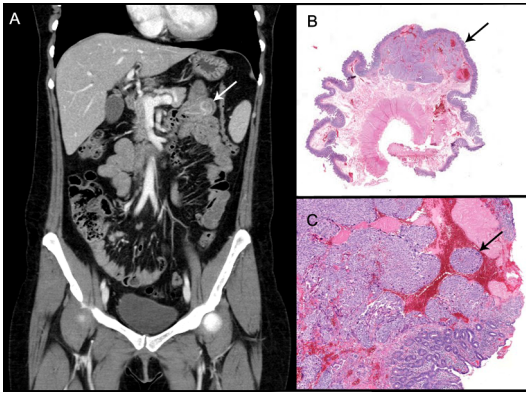


Fig. 1. A. Abdominal CT scan showing an intraluminal nodular lesion in the proximal jejunum, which is enhanced in the arterial phase. B. Histological image under an optical microscope with hematoxylin-eosin staining (HE) 10x showing the wall of the proximal jejunum and the papular lesion with neoplastic proliferation in the mucosa and submucosa. C. Histological image under an optical microscope with hematoxylin-eosin (HE) 50x staining, where the malignant neoplastic proliferation of the trophoblastic nature is shown.