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Endoscopic manifestations of jejunal choriocarcinoma

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CASE REPORT

A 39-year-old female was admitted to our institution because of massive shapeless melena in the past month. She had a history of two cesarean sections, left salpingectomy due to eccyesis and one abortion. Despite receiving gastroscopy and colonoscopy, the cause of bleeding was still not clear. Double-balloon endoscopy (DBE) detected a huge protuberant occupancy over the proximal jejunum (Fig. 1A) and the pathology was malignant. An emergency computed tomography scan showed multiple lesions in the upper jejunum, liver and lung. Aggravated with bloody stools and continuous pain, the patient finally underwent surgical exploration. The histopathological diagnosis was choriocarcinoma of the jejunum (Fig. 1B and C), and the level of serum beta human chorionic gonadotropin (β-HCG) was 37,585 mIU/ml.

DISCUSSION

The first case of jejunal choriocarcinoma revealed by DBE was reported in 2010 (1), but due to lack of enough endoscopic images, the experience in distinguishing

endoscopic choriocarcinoma is insufficient. Small intestine metastasis is considered as a sign of an advanced tumor, suggesting poor prognosis (2). Choriocarcinoma syndrome (CS) is seldomly seen but fatal in patients with choriocarcinoma, and pulmonary bleeding is a common cause of death. However, hemorrhage can occur at any metastatic sites as in case reported here (3).

REFERENCES

1. Suekane T, Oshitani N, Okazaki H, et al. A case of jejunal choriocarcinoma detected by capsule endoscopy and double-balloon endoscopy. Endoscopy 2010;42(S 02):E52-E3. DOI: 10.1055/s-0029-1243869

2. Wang Y, Wang Z, Zhu X, et al. Intestinal metastasis from choriocarcinoma: a case series and literature review. World J Surg Oncol 2022;20(1):173. DOI: 10.1186/s12957-022-02623-0

3. Peng H, Li L, Bi Y. Successful management of nongestational ovarian choriocarcinoma complicated with choriocarcinoma syndrome: a case report and a literature review. Curr Probl Cancer 2020;44(4). DOI: 10.1016/j.currproblcancer.2020.100539

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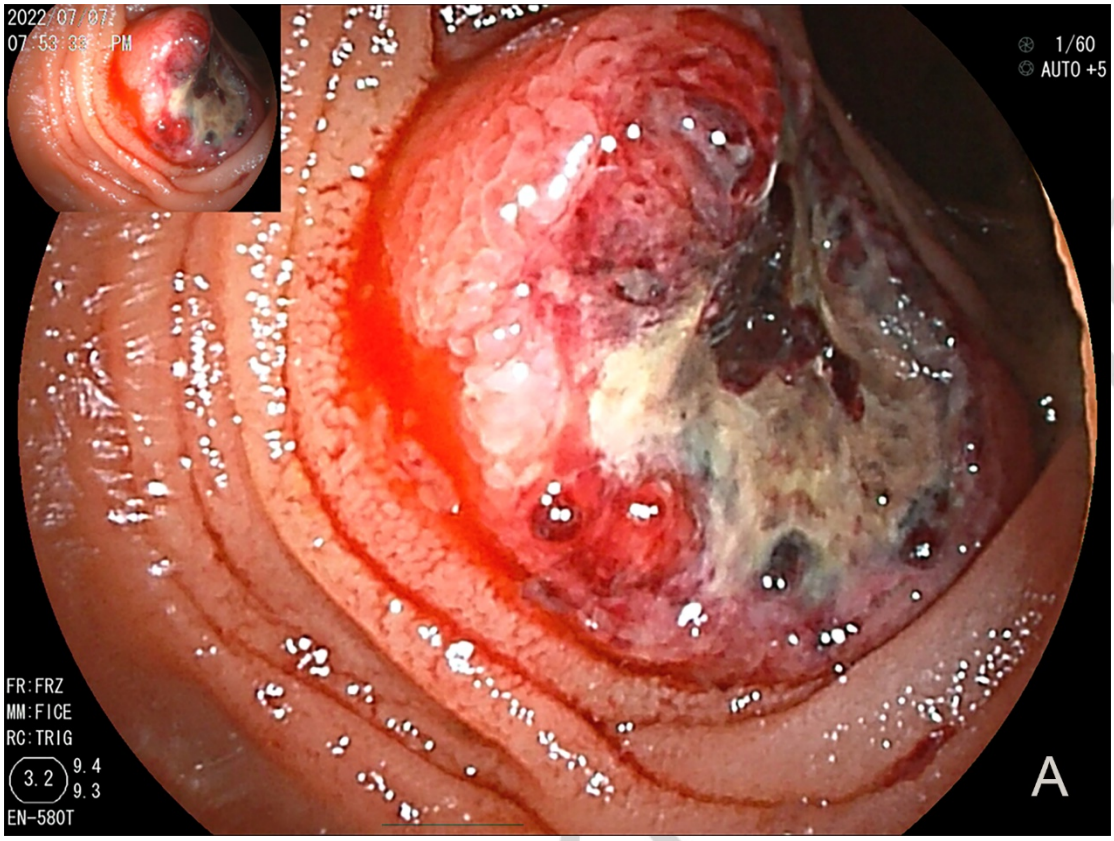

Fig. 1. A. Double-balloon endoscopy (DBE) showed a huge protuberant lesion over the proximal jejunum with hemorrhagic ulcers and blood clots. B. Cytotrophoblasts, syncytiotrophoblasts and intermediate trophoblasts in the background of hemorrhage and necrosis mainly proliferated in the mucosal and submucosal layers. C. Immunohistochemical results revealed that the cells expressed high levels of hCG (hCG immunostaining).