

## Choriocarcinoma Presenting as Bilateral Renal Tumor: a Case Report

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### Introduction

Gestational trophoblastic diseases (GTDs) are disorders with abnormal growth of the placenta. They are always associated with a conception.<sup>(1)</sup> Choriocarcinoma that is a malignant type of GTD, can spread virtually anywhere in the body through hematogenous or lymphatic route, but it most commonly spreads to lung, lower genital tract (cervix, vagina, and vulva), brain, and liver.<sup>(2)</sup> We report a case of choriocarcinoma, presented with bilateral renal masses.

### Case Report

A 28-year-old woman presented with painless gross hematuria, fatigue, and pallor for three months without any complaint of abnormal bleeding or history of coagulopathy, medication, or trauma. She had no pregnancy and no abnormal medical history except for an abortion in the 6th week of pregnancy, 7 years ago. On physical examination, she was pale and a mobile mass was palpated on her right flank. Vaginal examination revealed no abnormal finding. Laboratory tests showed severe anemia (Hb = 7.2 mg/dL), elevated ESR, and normal renal and liver function tests. Ultrasonography demonstrated bilateral renal masses, suggestive for angiomyoma or renal cell carcinoma. CT scan revealed bilateral renal masses without fat component (fig. 1,2). On angiography, bilateral hypervascular renal masses without any arteriovenous malformation was seen, suggestive for angiomyolipoma.

She underwent right radical nephrectomy with

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FIG. 1. CT scan with oral and IV contrast showed a large tumor in the right kidney.

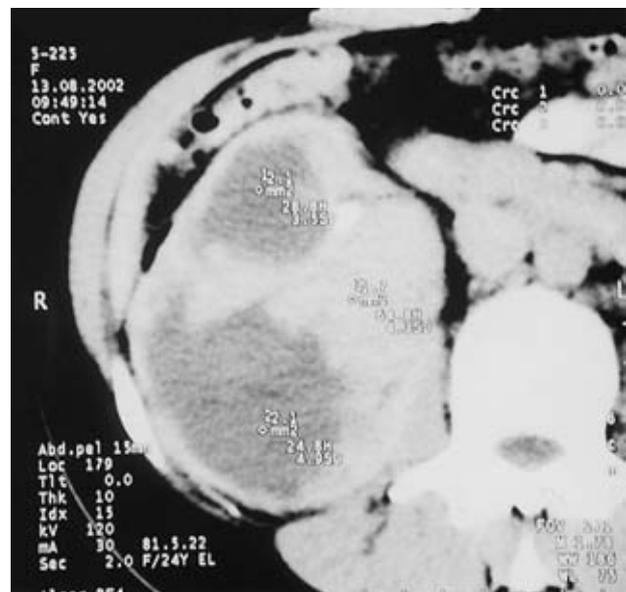


FIG. 2. Another cut of CT scan with oral and IV contrast showed bilateral renal tumors.

primary differential diagnoses of bilateral renal cell carcinoma and angiomyolipoma. Pathologic examinations revealed choriocarcinoma of kidney without extension to Gerota fascia. Serum beta-HCG level after radical nephrectomy was 1625 IU and investigations of brain, chest and internal genitalia were unremarkable. She was referred to oncologist for chemotherapy for the contralateral renal mass, but she did not accept. Six weeks later, she developed a seizure attack, resulting in cardiopulmonary arrest, and died. Her family refused autopsy.

### Discussion

Choriocarcinoma is the most malignant tumor of gestational trophoblastic neoplasia. It grows rapidly and metastasizes to lung, liver, and, less frequently, brain.<sup>(3)</sup> Renal involvement is rare and primary renal choriocarcinoma is scarce. Its primary presentation with hematuria and renal mass is even less common.<sup>(2)</sup> Ogunbiyi reported two young Nigerian women in 1986, who presented with profuse haematuria and renal enlargement secondary to metastatic infiltration from choriocarcinoma in the absence of primary malignant uterine foci.<sup>(4)</sup> Soper reported eight cases of renal metastases of gestational trophoblastic disease with primary uterine tumors,<sup>(5)</sup> and Wang presented a clinicopathological study on 31 cases of renal metastases of choriocarcinoma in 1991.<sup>(6)</sup> Tai reported one case of renal choriocarcinoma diagnosed by magnetic resonance imaging (MRI) and proposed that MRI is a useful modality to image the affected tissue.<sup>(3)</sup> Altiparmak reported one case of choriocarcinoma manifested as nephritic syndrome with biopsy-proven glomerulopathy. Before his report, only two cases of trophoblastic tumor manifesting as nephritic syndrome had been reported in literature.<sup>(7)</sup> Our patient is the first case of choriocarcinoma that presented with bilateral renal masses without previous proven involvement of uterus. We must notice that although our patient had no apparent

source of choriocarcinoma in our evaluations, it is possible that she is actually an unusual presentation of an occult primary trophoblastic tumor with an isolated metastasis to her kidneys.

Special attention should be given to puerperant women with unusual clinical presentation of hematuria.<sup>(8)</sup> In young women, with gross hematuria, menstrual irregularity, and atypical renal tumor, choriocarcinoma of the kidney should be suspected.<sup>(9)</sup> Chemotherapy and/or surgery must be performed immediately after diagnosis, since they both cure the malignancy.<sup>(10)</sup>

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