A silent threat: Unmasking postpartum choriocarcinoma

Munisha Ravindran, Thenmolee Subramonie, Norlelawati Ab Latip

Department of Obstetrics and Gynaecology, Hospital Sultanah Aminah, Johor Bahru, Malaysia

ABSTRACT

Introduction: Choriocarcinoma is a rare and aggressive form of gestational trophoblastic neoplasia (GTN), with an incidence of approximately 1 in 40,000 pregnancies. It is even more uncommon following a term vaginal delivery, making early recognition particularly difficult. The nonspecific symptoms often mimic more common postpartum complications, requiring a high index of suspicion and timely clinical assessment. **Case Description:** A 36-year-old woman, para 8, who presented on postpartum day 40 with per vaginal bleeding and a presyncopal episode. She was found to have symptomatic, severe anaemia and required multiple blood transfusions. Suction and curettage were performed for suspected retained products of conception. Despite intervention, she experienced persistent bleeding and was readmitted multiple times. Histopathological examination confirmed choriocarcinoma, and CT imaging revealed pulmonary metastases. In view of continued bleeding despite massive transfusions, the case was referred to a multidisciplinary team and total abdominal hysterectomy (TAH) was performed, with an initially uneventful postoperative course. However, on postoperative day 8, the patient re-presented with recurrent vaginal bleeding. Chemotherapy was promptly initiated by the gynaecologic oncology team. **Discussion:** Diagnosing postpartum choriocarcinoma remains a clinical challenge due to its rarity and overlapping presentation with other obstetric conditions. This case underscores the importance of maintaining clinical vigilance, utilising beta-hCG testing, imaging, and histopathology for diagnosis. Multidisciplinary collaboration is essential to ensure timely treatment and improve patient outcomes.