

Post-molar Choriocarcinoma Prevention with MTX Treatment of Persistent Trophoblastic Disease

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Abstract

Aim: Prevention of post molar choriocarcinoma.

Methods: 70 mg Methotrexate (MTX) was administered all post molar cases, whose urinary pregnancy test was negative, while 200-300 mg MTX was administered to two persistent trophoblastic disease, whose pregnancy test was positive by human chorionic gonadotropin (hCG). Control was 37 post molar cases, who received no MTX. Post molar examination were repeated in both groups.

Results: No choriocarcinoma developed in 107 MTX group, while 3 cases developed choriocarcinoma in 37 non-MTX group. Choriocarcinoma case number was significantly less in MTX groups.

Keywords: *Hydatidiform mole; Choriocarcinoma; Persistent trophoblastic diseases; Pregnancy test; MTX therapy; No choriocarcinoma*

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Introduction

Choriocarcinoma is the most malignant female tumor with diffuse hematological metastasis including that of brain. As it appeared frequently after the total hydatidiform mole, post molar examination is quite detailed, though there is post molar choriocarcinoma particularly in Asia including Japan.

Since the MTX was effective to choriocarcinoma not only to its metastases but also to primary uterine focus, and complete remission was reported including uterine primary focus, achieving normal uterine pregnancy after the remission, where hCG disappearance in the serum and urine (pregnancy test) was the sign of complete remission [1], namely the hCG was the best tumor maker of choriocarcinoma. Thus, the pregnancy test was the best indicator of the trophoblasts in the body of post molar woman, actually the author found trophoblasts in the specimen of post-molar endometrium. The residual trophoblasts will be the seed of choriocarcinoma in post molar uterus, which would be the source of trophoblastic neoplasia or persistent

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trophoblastic disease. Thus, the positive hCG detected by pregnancy test should be firstly treated in post-molar women to prevent choriocarcinoma, which actually developed in the control group, who had no MTX.

Methods, Results and Discussion

MTX was administered for 70 mg in cases of negative pregnancy test, while it was administered for 200 mg and 300 mg in two cases of persistent trophoblastic cases until negative pregnancy test. Increased MTX was necessary to obtain negative pregnancy test, which was close to choriocarcinoma treatment, while no side effect appeared, however, there was no recovery of positive pregnancy test, which will confirm complete disappearance of trophoblasts, and namely, it meant prevention of choriocarcinoma in 107 cases of MTX administration [2]. It was close to the treatment of choriocarcinoma, but it was less than the complete remission of choriocarcinoma. More MTX was necessary for the treatment of choriocarcinoma, and MTX side effect may develop in choriocarcinoma treatment, thus, it would be the MTX therapy of persistent trophoblastic disease in the present study.

Conclusion

Post-molar choriocarcinoma did not develop after disappearance of positive pregnancy test, particularly, after treatment of persisted trophoblastic disease, namely, the treatment of persisted trophoblastic disease will be important factor of the prevention of choriocarcinoma among post molar cases. The MTX treatment of persistent trophoblastic disease needed more doses of MTX than the prevention of choriocarcinoma in negative pregnancy test cases, namely, positive pregnancy test is very important for the prevention of post molar choriocarcinoma, and namely, persistent trophoblastic disease should be treated with MTX until negative pregnancy test to prevent post molar choriocarcinoma.

References

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