

- Cancer 1990; 45: 1.
- [8] Korenaga D, Okamura T, Saito A, et al. DNA ploidy is closely linked to tumor invasion, lymph node metastasis and prognosis in clinical gastric cancer. Cancer 1988; 62: 309.
- [9] Watanabe A, Korenaga D, Maehara Y, et al. Nuclear DNA content, tumor cell aggregation, and metastatic events in patients with poorly differentiated adenocarcinoma of the stomach. Cancer 1991; 68: 815

## A CASE OF MAMMARY METASTASIS FROM CHORIOCARCINOMA

SONG Shui-qin 宋水勤, ZHANG Guo-nan 张国楠, WU Yan-li 吴艳丽  
WU Xian-wei 吴显维, XIE Fang 谢芳

*Department of Gynecologic Oncology, Si Chuan Province Cancer Hospital, Chengdu 610041, China*

A 25 years old female was hospitalized because a mass had been found in the right breast more than 5 months and progressively enlarged after delivery for 3 months. 5 months before, a bean-sized nodule found by the patient in her right breast asymptotically. 3 months before the hospitalization, a little boy had been delivered in a natural labor. She had had intermittent postpartum vaginal bleeding, the mass enlarged gradually with a faint pain, coughing and occasional blood sputum. She had been diagnosed "mastitis" in the local county hospital but an anti-inflammation treatment produced little effect. Physical examination: General condition well. Lymph nodes of 1.5cm diameter were palpated in her right armpit. The mass in her right breast found purple blue, spherical, of 10cm diameter, firm, distended, movable and tender. A 2.5cm mass was palpated subcutaneous in her right back. Gynecological examination: no obvious nodules of metastasis in her vulva and vagina. Mild erosion found in cervix. Body of uterus was nearly the size of 50-day gestation, soft, movable, and no tenderness. A 7cm cyst was palpated in the right region of accessory, movable and no tenderness. In-patient chest X-ray film revealed shadow of multiple irregular 0.5- to 3.5-cm nodules scattering in the middle and lower fields of both lungs and mild right pleurisy. US detected an enlarged uterus with intra-uterine moderate echo in a 4.6cm×4.4cm area, and a 6.9cm×5.9cm dark area of liquid in the region of right accessory. Serum  $\beta$ -hCG>50ng/ml. Pathologic report of the right back mass after resection: malignant tumor in right back, probably metastasis of choriocarcinoma. Established diagnosis: Stage IV choriocarcinoma, with metastases in the lungs, right breast and right back. General chemotherapy with 5-Fu+VP-16+DDP administered for 4 cycles. Of which the first 3 cycles together with injection of 5-Fu into the right breast mass.

**Result** After the third cycle, the breast mass diminished completely, serum  $\beta$ -hCG decreased to normal. After the fourth, all supplementary examinations gave normal results except chest X-ray film revealing 1.5cm nodule of metastasis close to the right rib-diaphragm angle. Afterward the patient left hospital on her own accord with no further treatment. 1 year later, a letter follow-up found the patient alive.

**Discussion** One of the characteristics of choriocarcinoma is its early metastasis to anywhere of the body through the blood stream. The most common place of metastasis is the lungs, then the vagina, vulva, etc. The breasts are very rare sites of metastasis. So far, there are only 2 cases of such reports in literature. Mammary metastasis of choriocarcinoma is easy to be misdiagnosed. Especially, our case has clinical manifestations as postpartum mammary swelling and pain and local mass. It is liable to be misled to acute postpartum mastitis. However, there is no difficulty to establish a diagnosis by careful history-taking and physical examination together with measurement of serum  $\beta$ -hCG. Mammary metastasis of choriocarcinoma has got to its advanced stage and is frequently complicated with other metastases, even so it's very sensitive to chemotherapy. Therefore, the option of management is allied chemotherapy. The main approach is general, with local administering of drug supplemented. The chemotherapy should be started as soon as the diagnosis is established. After 3 cycles of therapy, our case has had the mammary mass of metastasis diminished completely, serum  $\beta$ -hCG decreased to normal, that shows that chemotherapy has definite effect on mammary metastasis of choriocarcinoma and its curing can be succeeded.

(Received November 23, 1999, accepted March 12, 2000)