EMA-CO regimen in a patient with cisplatin-refractory primary retroperitoneal choriocarcinoma

Division of Hematology–Oncology, Department of Internal Medicine, Soonchunhyang University Bucheon Hospital, Korea

*Sanguk Ko, Jina Yun, Se Hyung Kim, Hyun Jung Kim, Chan Kyu Kim, Seong Kyu Park, Dae Sik Hong

Primary retroperitoneal choriocarcinoma is an uncommon extragonadal germ cell tumor that generally has a very poor prognosis because of early hematogenous and lymphatic metastatic spread and inherent resistance to anticancer drugs. We experienced a case of cisplatin-refractory primary retroperitoneal choriocarcinoma treated successfully with a second-line regimen of etoposide, methotrexate, actinomycin D, cyclophosphamide and vincristine (EMA-CO), followed by residual surgical resection. A 32-year-old man presented with a huge palpable mass in the left upper quadrant (LUQ). He had a 1-month history of intermittent dyspepsia and LUQ pain. Computed tomography showed a 16×11-cm retroperitoneal mass and multiple liver and lung metastases. A heterogenous mass in the left testis was found on ultrasonography. However, the orchiectomy showed a subalbugineal fibrous scar close to the rete testis. We regarded this as a “burned-out” phenomenon. A liver biopsy revealed pure choriocarcinoma. Furthermore, the human chorionic gonadotropin \( \beta \)-subunit was elevated at 317,449 ng/ml, while the \( \alpha \)-fetoprotein was normal, resulting in a diagnosis of primary retroperitoneal choriocarcinoma. He was given bleomycin, etoposide, and cisplatin (BEP) chemotherapy. After two chemotherapy cycles, the response evaluation revealed progressive disease. We used EMA-CO as a second-line regimen, as it is the regimen used most widely for gestational trophoblastic tumors. After eight cycles, the patient attained a potentially resectable state. We surgically removed all of the residual masses in the liver and retroperitoneum. Histologically, these proved to be necrotic fibrous tissue. He has remained disease-free 20 months after surgery without additional therapy. An EMA-CO regimen is a reasonable therapeutic option for cisplatin-refractory primary retroperitoneal choriocarcinoma.

A case of metastatic low grade endometrial stromal sarcoma treated with hormone therapy

Inje University Ilsan-Paik Hospital Internal medicine department

*Kyung Ho Yaung, Sung Yun LEE, Jung A Shin

Endometrial stromal sarcoma (ESS) is a rare uterine tumor. It represent 10-15% of uterine sarcoma and 0.2-1.5% of all malignant uterine neoplasm. Two-thirds of Endometrial stromal sarcoma appears as low-grade ESS and one-third appears as undifferentiated ESS. We describe a case of multiple metastate low-grade ESS with response to hormonal treatment. A 50-year-old women patient underwent simple hysterectomy because of menorrhagia, dysmenorrhea. One year later she diagnosed with multiple nodules in both lungs on CXR and Chest-CT. We performed Video-assisted thoracic surgery for diagnosis. 4 frozen fragments were obtained on left upper & lower lobe. They was a well circumscribed tumor showing gray yellow, solid appearance. According to pathology, the nodules were diagnosed as Low grade endometrial stromal sarcoma. The patient underwent ovarian ablation by radiotherapy. After radiotherapy she took 2.5 mg letrozole once a day. The three months later, Her residual metastatic nodules in both lungs were decreased. The patient has been followed up for 15 months after systemic hormone therapy. And she has maintained a partial remission. We report here on a rare case of metastatic low grade endometrial stromal sarcoma treated with hormone therapy and ovarian ablation by radiotherapy after simple hysterectomy. The standard treatment for ESS is total abdominal hysterectomy with bilateral salpingo-oophorectomy. In this case she underwent simple hysterectomy, so we considered ovarian ablation by radiotherapy. Aromatase inhibitors reduce estrogen levels by inhibiting estrogen synthesis in tissue, which leads to reduced receptor mediated growth stimulation. In this case treatment with letrozole made partial remission on multiple metastatic low grade ESS after ovarian ablation by radiotherapy. In conclusion, Endocrine treatment with aromatase inhibitors may be reasonable therapeutic option for metastatic low-grade ESS. And ovarian ablation by radiotherapy can be considered substitution of bilateral salpingo-oophorectomy for inhibit sex-steroid hormone production capacity of ovary on Low-grade ESS.