

## Metastatic Choriocarcinoma of the Small Intestine Presenting as Refractory Anemia and Melena

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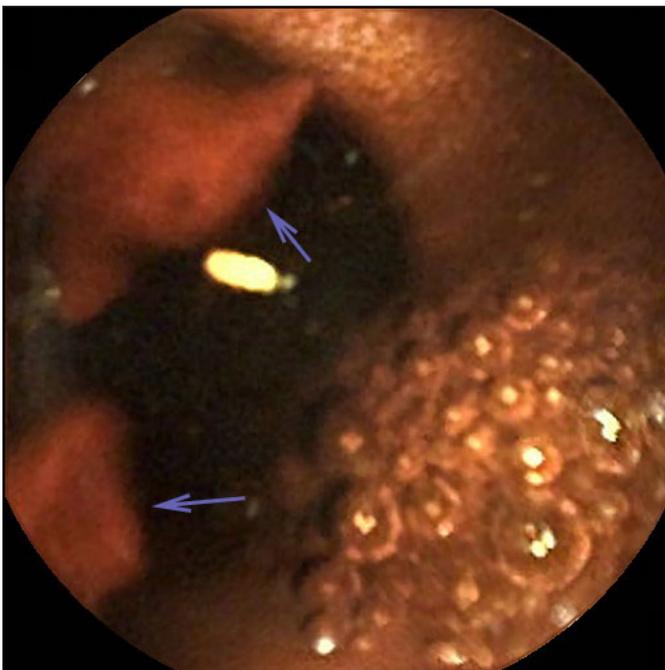
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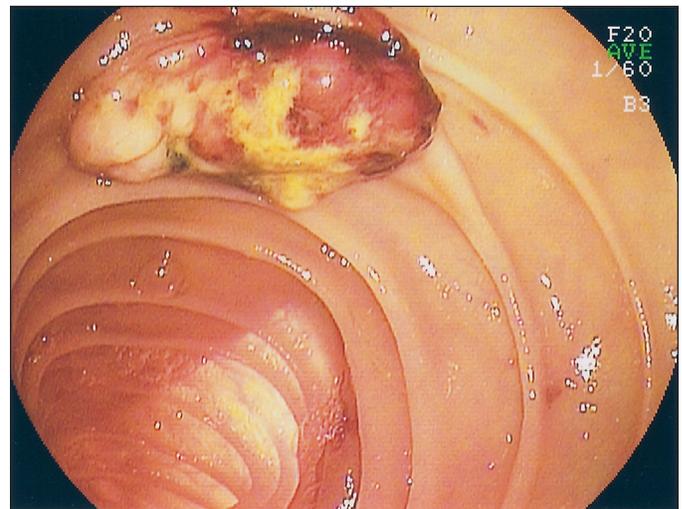
### Case Report

A 57-year-old man presented with fatigue and 2-week history of melena. Medical history included acromegaly and a desmoid tumor invading the superior mesenteric artery, causing a cardiac arrest 11 years earlier. Exam revealed no abdominal tenderness, melena in the rectum, and a hemoglobin of 4.8 gm/dL. An esophagogastroduodenoscopy and colonoscopy revealed no source of bleeding. Capsule endoscopy showed a mass in the small bowel (Figure 1). An antegrade double balloon enteroscopy demonstrated a 4–5-cm mass 300 cm past the pylorus (Figure 2). Biopsies were consistent with a fibrinopurulent exudate. He underwent surgical resection of the mass, and histologic examination revealed a focal high-grade carcinoma with choriocarcinoma features, with clear margins without lymph node involvement (Figure 3). Serum  $\beta$ -hCG level was 9169 mIU/mL (normal <5 mIU/mL). An ultrasound of both testicles was normal. The patient died 7 weeks later due to multiple intracranial metastases.

There have only been 14 reported cases of choriocarcinoma of the small intestine; 9 were believed to be metastatic lesions.<sup>1</sup> Choriocarcinoma most commonly presents in females with hydatidiform moles, spontaneous abortions, and ectopic pregnancy.<sup>2</sup> On rare occurrences, it presents in males, with the most common site of origin being the testes. Most experts state that before



**Figure 1.** Small bowel video capsule endoscopy showing mass at 1 hour and 43 minutes.



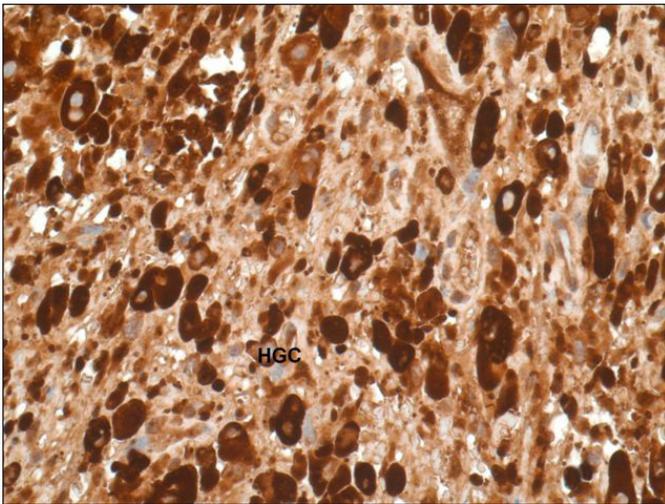
**Figure 2.** Antegrade double balloon enteroscopy demonstrating mass 300 cm past the pylorus.

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**Figure 3.** Immunoperoxidase stain of the post-surgical specimen was positive for  $\beta$ -hCG.

a choriocarcinoma in male patients can be considered to have originated in extragenital structures, multiple sections from serial blocks of the testes must be found free of cysts, scars, or tumors.<sup>3</sup> Our patient's family declined an autopsy, so this may still be a likely site of the primary tumor. Extragonadal primary choriocarcinomas typically occur at midline structures such as the mediastinum, retroperitoneum, or pineal body.<sup>4</sup> Microscopically, the specimen should have cytotrophoblast and syncytiotrophoblast, usually in alternating layers, without villi.  $\beta$ -hCG immunoperoxidase stain may be used to support the diagnosis of choriocarcinoma. Once the diagnosis of a gastrointestinal tract choriocarcinoma is established, the survival time is very short, ranging from days to 15 months.<sup>3</sup>

## Disclosures

Author contributions: R. Heil wrote the manuscript, reviewed the literature, and is the article guarantor. T. Tran wrote and reviewed the manuscript. L. Stawick and B. Herschman reviewed the manuscript.

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Informed consent was obtained for this case report.

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