Metastatic cerebral choriocarcinoma : a case report of prolonged stabilization with taxol

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This is a case report of an 35 year-old female with metastatic cerebral choriocarcinoma who received multiple chemotherapeutic agents because of multiple remissions and relapses. Recently, high dose taxol has been given resulting with prolonged stabilization of disease. [Journal of Turgut Özal Medical Center 2(2):199-200,1995]
***Key Words** : Choriocarcinoma, taxol, cerebral metastasis.*

Metastatik serebral koriokarsinoma : taxol ile uzun süre stabil kalan bir vaka raporu

Multipl remisyonlu relapsları nedeniyle birçok kemoterapötik ajan alan 35 yaşında metastatik serebral karsinomalı hasta sunulmuştur. Son zamanlarda, yüksek doz taxol kullanılmakta ve hastalıkta uzun süreli stabilizasyon elde edilmektedir. [Turgut Özal Tıp Merkezi Dergisi 2(2):199-200,1995]
***Anahtar Kelimeler** : Koriokarsinoma, taxol, serebral metastaz*

Although cerebral disease is observed clinically in only 7% to 28% of patients with choriocarcinoma[1,2], postmortem examinations demonstrate CNS involvement in as many as 40% of cases[3]. The best therapy for gestational trophoblastic neoplasms (GTN) with CNS involvement remains controversial. The patients who present us with CNS symptoms and elevated intracranial pressure may require surgery to evacuate a hematoma or for decompression. In the absence of intrathecal chemotherapy or whole brain radiotherapy, resection of a brain metastasis is potentially curative when used in conjunction with systemic chemotherapy[4]. Taxol (paclitaxel; Bristol-Myers Squibb) is a new drug which has been found to be effective in the treatment of ovarian cancer, melonoma, non-small cell lung carcinoma, breast carcinoma, leukemia, and head and neck tumors[5]. We reported a patient with multiple remissions and relapses since 1989, who recently received taxol for the treatment of metastatic cerebral choriocarcinoma.

Case report: The patient is a 35 year-old female who was diagnosed in 1989, with molar pregnancy after suction D&C. She received methotrexate and leucoverin since her ß-HCG was 87,000 mIU/mL. She had disease-free interval of 18 months. Since then, she went into multiple remissions and relapses, and received multiple chemotherapies including methotrexate, leucoverin, cisplatin, bleomycin. The patient has been followed up by serum ß-HCG levels, MRI or CT of the brain and pelvis-abdomen. On May 29, 1993, ß-HCG went up 979 mIU/mL. Pelvic examination revealed recurrent tumor at vaginal apex, and she underwent total abdominal hysterectomy and bilateral salpingoophorectomy, and tumor resection of vaginal apex mass. On May 20, 1994, she presented with a history of an episode of speech arrest, followed by transient right-side weakness that lasted for not more than a few minutes. The MRI of brain revealed left posterior-frontal metastatic lesion, and ß-HCG was 45.477 mIU/mL. She underwent left frontal craniotomy and total resection of metastatic tumor. Pathologic report revealed metastatic choriocarcinoma of the brain. After surgery, ß-HCG was 8963 mIU/mL, and we

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started Taxol at 250 mg/m2. Unfortunately, BHCG went up 18.848 mIU/mL after third cycle of chemoterapy, and chest-x-ray revealed a single lesion in her right lower lung in Semptember of 1994. The patient underwent right lower lobe resection, lymph node dissection with posterolateral musclesparing thoracotomy. Histology revealed metastatic choriocarcinoma. She continued to receive taxol until January 3,1995, and BHCG went down to 100.7 mIU/mL.MRI and the other imaging tests were negative. She received total 11 cycles of taxol,but had no complete response serologically.

DISCUSSION

Although the majority of patients with metastatic disease are cured, there remains a subset of patients who demonstrate persistent or recurrent disease after agressive multiagent chemotherapy. These patients require special strategies. One would hope that new chemotherapeutic agents such as the emerging class of topoisomerase I inhibitor (Camptotecin and its derivatives), spindle inhibitors (Taxol-Paclitaxel) and taxotere (Docetaxol), would have actively influence disease[6]. Taxol is a drug extracted from the bark of the western yew tree, Taxus brevifolia, that acts by causing excessive polimerization of tubulin dimmers into microtubules in dividing cells[7]. In patients with refractory ovarian cancer treated with paclitaxel at a dose level of 135 mg/m^2 and 250 mg/m^2 result in response rates of 9% to 20% ,and 48%, respectively[6,8]. To our knowedledge, we are the first to report taxol in treatment of metastatic cerebral choriocarcinoma. The patient has received high dose taxol 250 mg/m^2 for 8 months, and totally 11 cycles of chemotherapy. We have not obtained complete response, but clinically and with imaging tests, stable disease was observed for a long interval. However, after chemotherapy, ß-HCG went from 8980 to 100 mIU/mL and stabilization continues. We believe that further studies are necessary about taxol in the treatment of trophoblastic disease.

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