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MANAGEMENT OF GESTATIONAL CHORIOCARCINOMA

*Essay Submitted for the Partial Fulfillment of the
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بسم الله الرحمن الرحيم

قالوا سبحانك لا علم لنا إلا ما علمتنا،

إنك أنت العليم الحكيم

صدق الله العظيم

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Acknowledgment

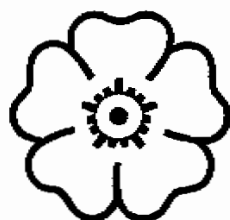
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To my family

Ali Abd El-Aleem

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List of abbreviations

- ACT-D: Actinomycin-D=Dactinomycin
- ADEPT: Antibody directed enzyme prodrug therapy
- CHAMOCA: Cyclophosphamide, hydroxyurea, dactinomycin, methotrexate, vincristine, calcium folinate (folinic acid)
- CHAMOMA: Cyclophosphamide, hydroxyurea, dactinomycin, methotrexate, vincristine, melphalan, adriamycin
- CNS: Central nervous system
- CT: Computerized tomography scan
- CTX: Cyclophosphamide
- Cy: Cyclophosphamide
- EHMMAC: Etoposide, hydroxyurea, methotrexate, mercaptopurine, dactinomycin, cyclophosphamide.
- ELISA: Enzyme-linked immunosorbent assay
- EMA/CO: Etoposide, methotrexate, dactinomycin (EMA), vincristine (oncovine), cyclophosphamide (CO)
- EP: Etoposide, cisplatin
- FIA: Fluoroimmunoassay
- FIGO: The International Federation of Gynecology and Obstetrics
- 5-FU: 5-Fluorouracil
- FSH: Follicle stimulating hormone
- GTD: Gestational trophoblastic disease
- GTN: Gestational trophoblastic neoplasms
- GTT: Gestational Trophoblastic Tumors
- hCG: Human chorionic gonadotropin
- HM: Hydatidiform mole
- IRMA: Immunoradiometric assay
- LH: Lutenizing hormone
- MAC: Methotrexate, Dactinomycin, Chlorambucil or Cyclophosphamide
- MRI: Magnetic resonance imaging
- MTX/FA: Methotrexate/Folinic acid

- MTX: Methotrexate
- NETDC: New England Trophoblastic Disease Center
- NIH: National Institute of Health
- PEA: Cis-platin, etoposide, actinomycin-D
- PEBA: Cisplatin, etoposide, bleomycin, adriamycin
- POMB: Cisplatin, vincristine (oncovine), methotrexate, bleomycin
- PSTT: Placental site trophoblastic tumor
- RIA: Radioimmunoassay
- TSH: Thyroid stimulating hormone
- US: Ultrasound
- VC: Vincristine
- VIP: Etoposide (vepside), ifosfamide, cisplatin
- VP-16: Etoposide
- WBI: Whole brain irradiation
- WHO: World Health Organization

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***Introduction and
Aim of the work***

INTRODUCTION

Choriocarcinoma is a very highly malignant tumor of gestational trophoblastic disease (GTD). GTD includes hydatidiform mole (HM), invasive mole, gestational choriocarcinoma and placental site trophoblastic tumor (PSTT) (*Begent, 1990*).

Gestational choriocarcinoma is a carcinoma arising from the trophoblastic epithelium that shows both cytotrophoblastic and syncytiotrophoblastic elements (*Bagshawe, 1993*).

It is a rare malignant neoplasm. The antecedent pregnancy is a hydatidiform mole in about 57%, a normal pregnancy in about 26% and an abortion or ectopic pregnancy in about 17% (*Bagshawe, 1992*).

In addition to being the first and only disseminated tumor that have proved to be highly curable by chemotherapy, they elaborate a unique and characteristic tumor marker, human chorionic gonadotropin (hCG) (*John, 1990*).

All trophoblastic tumors are dealt with as a group that is divided according to various prognostic factors. They respond to the same cytotoxic drugs. These prognostic factors appear to predict this satisfactorily when applied to the assembled group. PSTT is an exception, showing a substantial degree of drug resistance in all cases (*Begent, 1995*).

AIM OF THE WORK:

The aim of this work is to review the literature for the recent advancement in management of gestational choriocarcinoma, highlighting aspects concerning prognosis.

*Incidence and
Epidemiology*