**INTRODUCTION**

- Choriocarcinoma is a rare and one of the most malignant and aggressive neoplasms of all the GTD.
- Most common after hydatidiform mole.
- Mostly intra-uterine and of gestational origin.
- Extrauterine choriocarcinoma is a rare form of GTD.

**CASE**

- A 35 year old P2L2 female presented to Gynae OPD with h/o Laparoscopic right salpingectomy for right tubal ectopic pregnancy 8 months back, confirmed on histopathology. Followed by she had irregular menses, UPT was positive, Serum b-hCG was 10,304 IU but no gestational sac (intra/extra uterine) seen on USG.
- She received two doses of Inj. Mtx outside, but her beta-hCG level was persistently high.

**INVESTIGATIONS**

- Routine blood investigations, chest X-ray, CT chest, abdomen & brain were normal.
- Two more cycle of single agent chemotherapy (Mtx) was given, inspite of that beta-hCG value remained high.
- Finally PET-CT done, which was s/o active malignant lesion of 4x3 cm in bowel mesentry.
- Planned for surgery in view of persistently high beta-hCG.

**SURGERY**

- Patient underwent exploratory laparotomy and excision of lump.
- I/O - Fig. 1 & 2 - A 8x6 cm firm well circumscribed and encapsulated mass over greater omentum

**FOLLOW UP**

- Postoperatively serum beta-hCG value decreased upto 1073 IU/L.
- She didn’t required adjuvant chemotherapy.
- Follow up done with weekly beta-hCG value till three negative value and now she is on monthly follow up which will be completed in 24 months.

**CONCLUSION**

- Appropriate monitoring of beta-hCG titres following management of ectopic pregnancy is important not only to diagnose persistent ectopic gestation as well as to avoid missing trophoblastic disease.
- Surgical excision ± combined chemotherapy is effective for extrauterine choriocarcinoma of the greater omentum.

**REFERENCES**


**DISCUSSION**

- Primary extrauterine localization of choriocarcinoma is very rare, only few cases are reported.
- Extrauterine choriocarcinoma is found mostly in the genital tract (tube, ovary, cervix, and vagina).
- Locally invasive choriocarcinoma may develop from the greater omentum trophoblastic tissue implants secondary to tubal pregnancy, or it may arise immediately from early stage trophoblasts of a new concept as that was implanted on the omentum.
- Choriocarcinoma of the greater omentum is extremely rare in the literature, only two cases has been cited, to the best of our knowledge.