

Haemorrhagic pulmonary metastases due to choriocarcinoma syndrome

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A 55-year-old male patient under chemotherapy for metastatic testicular choriocarcinoma presented in the emergency department of our hospital due to dyspnea and haemoptysis. Chest CT scan revealed a halo of ground glass opacity around most of the preexisting multiple secondary masses and nodules, indicative of peritumoral haemorrhage (CT halo sign) (Fig. 1-3).

Choriocarcinoma is well known to cause haemorrhagic pulmonary metastases, along with angiosarcoma, renal cell carcinoma and melanoma. Testicular choriocarcinoma is a rare aggressive type of non-seminomatous germ cell tumor.

'Choriocarcinoma syndrome' is a special feature of choriocarcinoma, first described by Logothetis in 1984, characterised by markedly elevated serum beta-subunit human chorionic gonadotropin (β -hCG) and bleeding in metastatic sites, due to high volume of choriocarcinomatous elements¹. Similarly to our patient's case, acute pulmonary haemorrhage is choriocarcinoma syndrome's most common manifestation, but bleeding can occur in any metastatic site, always representing a medical emergency, linked to high mortality and requiring prompt and intensive supportive care².

No funding or conflict of interest is declared.

All authors are in agreement with the manuscript.

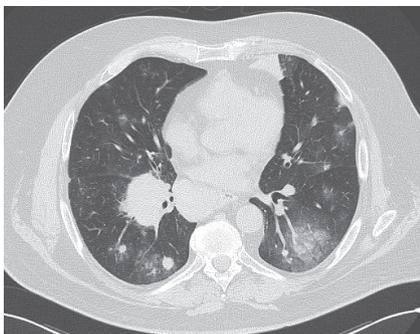


FIGURE 1.

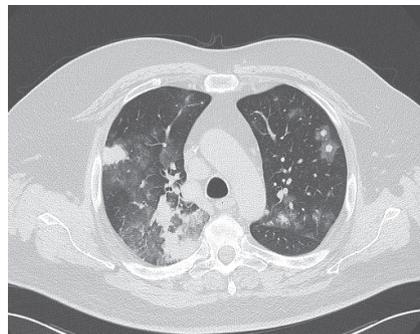


FIGURE 2.



FIGURE 3.

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