



[Home](#) → [Medical Encyclopedia](#) → Choriocarcinoma

URL of this page: [//medlineplus.gov/ency/article/001496.htm](https://medlineplus.gov/ency/article/001496.htm)

## Choriocarcinoma

Choriocarcinoma is a fast-growing cancer that occurs in a woman's uterus (womb). The abnormal cells start in the tissue that would normally become the placenta. The placenta is the organ that develops during pregnancy to feed the fetus.

Choriocarcinoma is a type of gestational trophoblastic disease.

### Causes

Choriocarcinoma is a rare cancer that occurs as an abnormal pregnancy. A baby may or may not develop in this type of pregnancy.

The cancer may also occur shortly after a normal pregnancy. But it most often occurs with a complete hydatidiform mole. This is a growth that forms inside the womb at the beginning of a pregnancy. The abnormal tissue from the mole can continue to grow even after attempted removal, and can become cancerous. About one half of all women with a choriocarcinoma had a hydatidiform mole, or molar pregnancy.

Choriocarcinomas may also occur after an early pregnancy that does not continue (miscarriage). They may also occur after an ectopic pregnancy or genital tumor.

### Symptoms

A possible symptom is abnormal or irregular vaginal bleeding in a woman who recently had a hydatidiform mole or pregnancy.

Other symptoms may include:

- Irregular vaginal bleeding
- Pain, which may be associated with the bleeding, or due to enlargement of the ovaries that often occurs with a choriocarcinoma

### Exams and Tests

A pregnancy test will be positive, even if you are not pregnant. The pregnancy hormone (HCG or human chorionic gonadotropin) level will be high.

A pelvic exam may find an enlarged uterus and ovaries.

Blood tests that may be done include:

- Quantitative serum HCG
- Complete blood count
- Kidney function tests
- Liver function tests

Imaging tests that may be done include:

- CT scan
- MRI
- Pelvic ultrasound
- Chest x-ray

You should be carefully monitored after a hydatidiform mole or at the end of a pregnancy. Early diagnosis of choriocarcinoma can improve the outcome.

## **Treatment**

After you are diagnosed, a careful history and exam will be done to make sure the cancer has not spread to other organs. Chemotherapy is the main type of treatment. It is usually effective.

Hysterectomy to remove the womb and radiation treatment are rarely needed.

## **Support Groups**

You can ease the stress of illness by joining a cancer support group. Sharing with others who have common experiences and problems can help you not feel alone.

## **Outlook (Prognosis)**

Most women whose cancer has not spread can be cured and will still be able to have children. A choriocarcinoma may come back within a few months to 3 years after treatment.

The condition is harder to cure if the cancer has spread and one or more of the following happens:

- Disease spreads to the liver or brain
- Pregnancy hormone (HCG) level is higher than 40,000 mIU/mL when treatment begins
- Cancer returns after having chemotherapy
- Symptoms or pregnancy occurred for more than 4 months before treatment began
- Choriocarcinoma occurred after a pregnancy that resulted in the birth of a child

Many women (about 70%) who have a poor outlook at first go into remission (a disease-free state).

## **When to Contact a Medical Professional**

Contact your health care provider if you develop symptoms within 1 year after a hydatidiform mole or pregnancy.

# Alternative Names

Chorioblastoma; Trophoblastic tumor; Chorioepithelioma; Gestational trophoblastic neoplasia; Cancer - choriocarcinoma

# References

National Cancer Institute website. Gestational trophoblastic disease treatment (PDQ) - health professional version. [www.cancer.gov/types/gestational-trophoblastic/hp/gtd-treatment-pdq](https://www.cancer.gov/types/gestational-trophoblastic/hp/gtd-treatment-pdq) [https://www.cancer.gov/types/gestational-trophoblastic/hp/gtd-treatment-pdq]  
. Updated October 20, 2022. Accessed April 22, 2024.

Salani R, Bixel K, Copeland LJ. Malignant diseases and pregnancy. In: Landon MB, Galan HL, Jauniaux ERM, et al, eds. *Gabbe's Obstetrics: Normal and Problem Pregnancies*. 7th ed. Philadelphia, PA: Elsevier; 2021:chap 55.

# Review Date 4/16/2024

Updated by: John D. Jacobson, MD, Professor Emeritus, Department of Obstetrics and Gynecology, Loma Linda University School of Medicine, Loma Linda, CA. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

Learn how to cite this page



A.D.A.M., Inc. is accredited by URAC, for Health Content Provider ([www.urac.org](http://www.urac.org)). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#), and [privacy policy](#).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Links to other sites are provided for information only – they do not constitute endorsements of those other sites. No warranty of any kind, either expressed or implied, is made as to the accuracy, reliability, timeliness, or correctness of any translations made by a third-party service of the information provided herein into any other language. © 1997-2025 A.D.A.M., a business unit of Ebix, Inc. Any duplication or distribution of the information contained herein is strictly prohibited.

