Lymph node staging in apparent early-stage placental site trophoblastic tumours.

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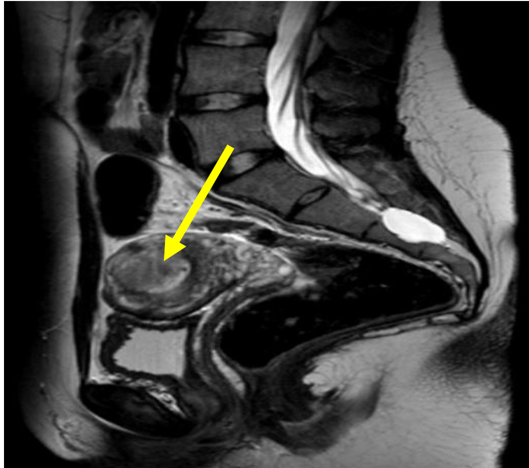
INTRODUCTION: Placental site trophoblastic tumours (PSTT) account for **1-2%** of gestational trophoblastic neoplasia. Surgery is the mainstay of treatment due to their **low chemosensitivity**[1].

CASE REPORT: A 31-year-old female patient was diagnosed with a 3cm uterine mass. Hysteroscopic biopsy revealed a PSTT. Her last pregnancy was 24 months ago and her serum human chorionic gonadotropin level was 109 IU/L. An abdominopelvic MRI, a chest CT and a brain MRI showed no abnormal lymph nodes or distant disease. Experts from the Belgian Reference Centre for Trophoblastic Diseases recommended total hysterectomy with pelvic and para-aortic lymphadenectomy. Final pathological results confirmed a PSTT tumour invading the uterine serosa with positive para-aortic lymph nodes. Adjuvant platinum-based chemotherapy EP/EMA was administered. The patient is in remission.



Abdomino-pelvic MRI: tumoral mass (arrow) infiltrating uterus serosa. No suspicious nodes.

PSTT: **6%** N+

You won't find these positive nodes if you don't search for them!

DISCUSSION:

- **Stage IV** disease is a **poor prognostic factor** for PSTT[2]
- **Lymph node involvement** rate is **3.2 to 6%**[2-3]
- **Para-aortic** nodes are **the most common site**[3]
- **Current guidelines do NOT recommend systematic lymphadenectomy**[1]**, while preoperative imaging sometimes fails to identify positive lymph nodes.**

Para-aortic nodes = n°1

CONCLUSION

Lymph node staging may be useful in some apparently **early-stage PSTT** for nodal detection, FIGO staging and adjuvant therapy.

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2. Schmid P, Nagai Y, Agarwal R et al. Prognostic markers and long-term outcome of placental-site trophoblastic tumours: a retrospective observational study. Lancet. 2009 Jul 4;374(9683):48-55.
3. Lan C, Li Y, He J, Liu J. Placental site trophoblastic tumor: lymphatic spread and possible target markers. Gynecol Oncol. 2010 Mar;116(3):430-7.