

METASTATIC CHORIOCARCINOMA TO THE BRAIN PRESENTING AS INTRACTABLE HEADACHES AND SYNCOPE

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Introduction: Headache and syncope are relatively benign symptoms that may be prodromes for a more serious underlying disease process. Red flags include severe, intractable headache and new onset syncope without underlying risk factors or inciting events.

Design/Subjects: 25year old Caucasian male with a history of headaches presented to the emergency room for witnessed collapse. The patient had loss of consciousness for approximately one minute without any preceding symptoms, reported seizure activity or disorientation. He had a chronic history of headaches responsive to simple analgesics and occurring once or twice per month. At presentation, however the headache had persisted for several days and was associated with intractable vomiting. Additional symptoms included 3 episodes of frank hemoptysis and an unintentional weight loss of 30lbs. On exam, patient had bilateral papilledema, symmetric lower extremity hyperreflexia and a right testicular mass. CT head revealed an obstructing mass in the center of the third ventricle with diffuse cerebral edema. CXR showed bilateral pulmonary masses. Testicular biopsy was positive for choriocarcinoma. Family and social history were non-contributory. The patient died in 1week.

Discussion: Choriocarcinomas is a subset of testicular cancer that more predominantly metastasizes to the brain, with a predilection for the cerebellum. Spread from choriocarcinoma is generally widespread with early involvement of the lungs. Amongst testicular tumors, choriocarcinoma has the worst prognosis because of early hematogenous and lymphatic spread. Cisplatin-based therapy is the treatment of choice. Poor prognostic factors include trophoblastic elements in the testicular tumor and high HCG levels. The 5year survival is 48%.