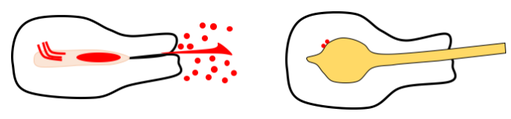
Cervical Foley Catheter Tamponade as a Bridge to Chemotherapy for Massive Hemorrhage in Postpartum Choriocarcinoma

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SUMMARY

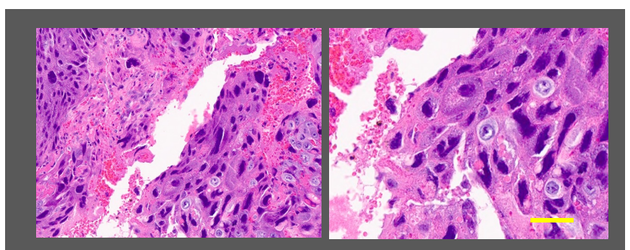
- Postpartum choriocarcinoma can cause rapidly progressive, life-threatening uterine hemorrhage.
- Cervical Foley tamponade reduced bleeding to a clinically manageable level.
- Temporary tamponade allowed prompt initiation of definitive multiagent chemotherapy.
- Uterine artery embolization and hysterectomy were avoided, with uterine preservation.



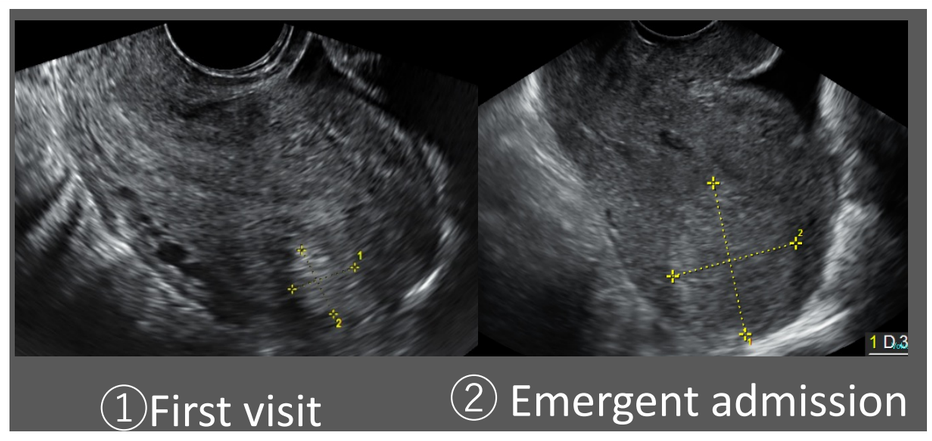
CASE

24 y/o G1P1

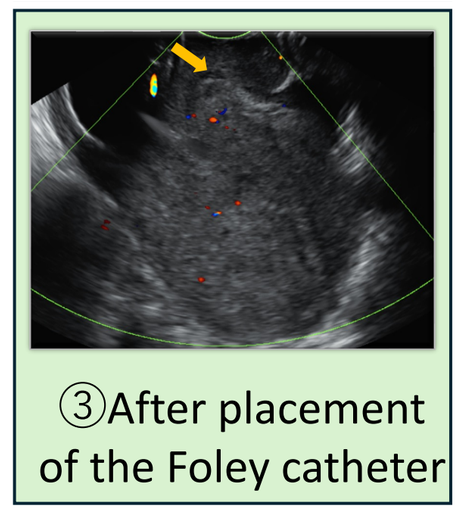
N.S.D. 3,415 g
Healthy boy











FIGO 2000 Stage III:7

Scores	0	1	2	4
Age	<40	≧40		
Antecedent pregnancy	Mole	Abortion	Term	
Interval months	<4	4≦ <7	7≦ <13	≧13
Pre-treatment serum hCG	< 10^3	10^3≦ <10^4	10^4≦ <10^5	≧10^5
Largest tumor size		3≦ <5cm	≧5 cm	
Site of metastases	Lung	Spleen, kidney	Gastro-intestinal	Liver Brain
Number of metastases		1~4	5~8	>8
Previous failed chemotherapy			Single	2 or more

- Uterine bleeding progressively resolved as chemotherapy controlled the underlying disease.
- Neither uterine artery embolization nor hysterectomy was required.
- The patient completed 16 cycles of MEA chemotherapy, including consolidationtherapy, achieved complete remission, and retained her uterus.

DISCUSSION

1. Early initiation of chemotherapy is essential

- Postpartum choriocarcinoma can progress rapidly, requiring prompt initiation of definitive chemotherapy after diagnosis and appropriate staging.
- In our case, the uterine lesion enlarged from 12 to 33 mm, and serum hCG more than doubled within just 72 hours.
- This rapid progression highlights the importance of minimizing the interval between diagnosis and chemotherapy initiation.

2. Cervical Foley tamponade may be attempted before UAE

- Cervical Foley catheter tamponade is a simple, rapidly available, and minimally invasive method for temporary hemorrhage control.
- In hemodynamically stable patients, it may be considered as an initial hemostatic measure before uterine artery embolization (UAE), provided that emergency escalation is readily available.
- Complete hemostasis is not necessarily required; reducing hemorrhage to a manageable level may be sufficient to allow chemotherapy to begin.
- In our case, this approach enabled chemotherapy initiation the following day, avoiding both UAE and hysterectomy.

CONCLUSION

- Prompt chemotherapy is crucial in rapidly progressive postpartum choriocarcinoma. Cervical Foley catheter tamponade may serve as a practical bridge to chemotherapy and can be considered before UAE in carefully selected patients.

Ogawa M, Usui H, Sato A, et al.: Cervical foley tamponade as a bridge to chemotherapy for hemorrhagic postpartum choriocarcinoma. Gynecol Oncol Rep. 2026, 67:102224. 10.1016/j.gore.2026.102224