XXIII World Congress on
Gestational Trophoblastic Disease 2026

Ultra-High-Risk Postpartum Gestational Trophoblastic Neoplasia Following Twin Pregnancy: Diagnostic and Therapeutic Challenges – A Case Report

Elza Maria Hartmann Uberti, Lidia Rosi de Freitas Medeiros, Rosilene Jara Reis, Alex Horbe, Josenel Maria Barcelos Marçal, Manoela Zereu, Eduardo Silveira

Gestational Trophoblastic Disease Referral Center
Santa Casa de Porto Alegre, Brazil

BACKGROUND

Gestational trophoblastic neoplasia (GTN) following a non-molar pregnancy is rare and often presents with nonspecific clinical manifestations, making early diagnosis challenging. This case illustrates the diagnostic and therapeutic challenges of ultra-high-risk postpartum choriocarcinoma following a twin pregnancy.

CASE PRESENTATION

A 29-year-old woman (G1P1) delivered twins by cesarean section at 35 weeks of gestation in December 2025, at a hospital 320 km from our referral center. One month postpartum, without vaginal bleeding, she developed progressive dyspnea and fatigue. She initially received a diagnosis of postpartum depression, hypertihyroidism and later underwent investigation for miliary tuberculosis. In March 26 a lung biopsy established metastatic choriocarcinoma. The patient stated that she was allergic to methotrexate and morphine. In March 2026, she was then referred to the Gestational Trophoblastic Disease Referral Center at Santa Casa de Porto Alegre, Brazil.

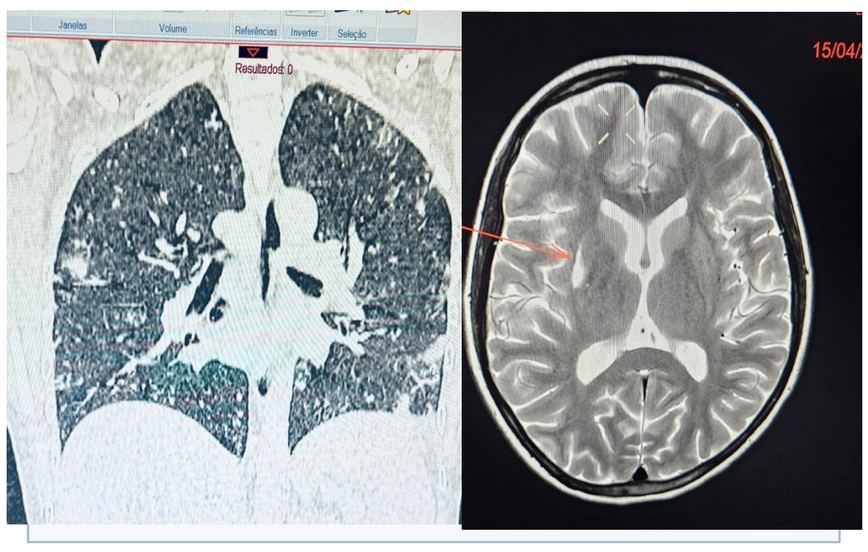


Figure 1. Lung and brain metastases

DIAGNOSTIC FINDINGS

On admission, she had significant vaginal bleeding, an enlarged uterus, severe hyperthyroidism , and high serum human chorionic gonadotropin (hCG)levels of 2,136,133 IU/L. Transvaginal ultrasound showed a large myometrial lesion highly vascularizated. Chest CT demonstrated multiple bilateral pulmonary metastases. Brain MRI revealed multiple small hemorrhagic cerebral metastatic foci. The diagnosis was ultra-high-risk metastatic GTN: FIGO stage IV:14. .

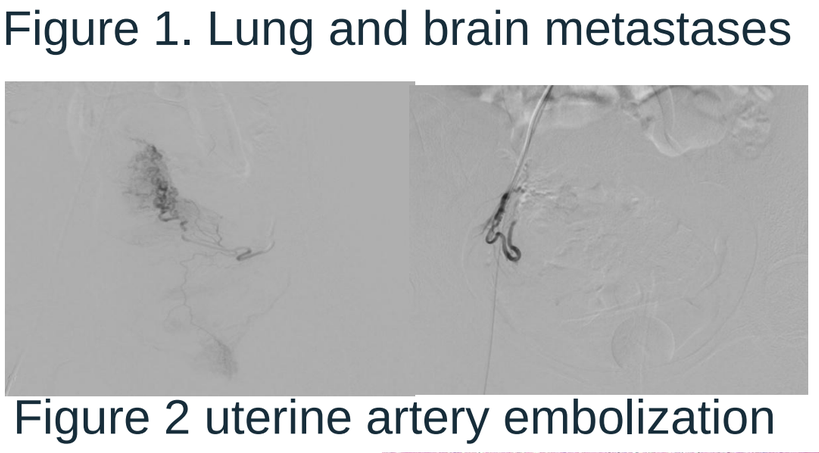


Figure 2 uterine artery embolization

TREATMENT AND RESPONSE

Given the substantial risk of early mortality, low-dose induction chemotherapy with etoposide and cisplatin (EP) began 2 days after admission, with 3 weekly cycles planned. After the second cycle, massive vaginal hemorrhage with severe anemia (hb 5 g/dl) required blood transfusions and uterine artery embolization fbefore an emergency hysterectomy.was performed. Hemostatic control was effective, without surgical complications. The third EP induction cycle followed soon afterward.

Definitive chemotherapy regimen chosen was high-dose Escalated EP. The patient showed na excellent clinical response, with normalização of serum hCG levels and disappearance of pulmonary lesions by the fourth cycle of nthis combination chemotherapy. In October 30,2026 she received the third cycle of pegylated liposomal doxorubicin as consolidation therapy and is very fine.

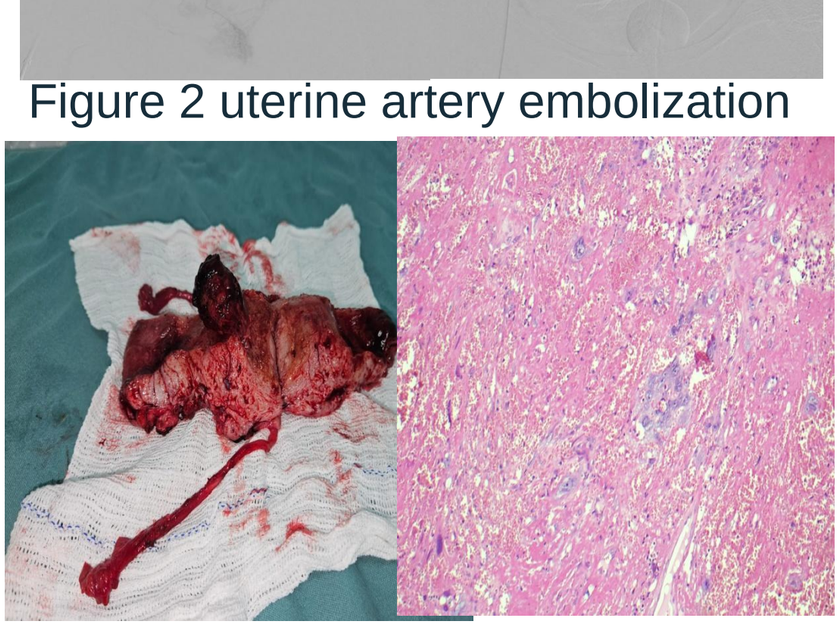


Figure 3: uterus: macro and microscopy

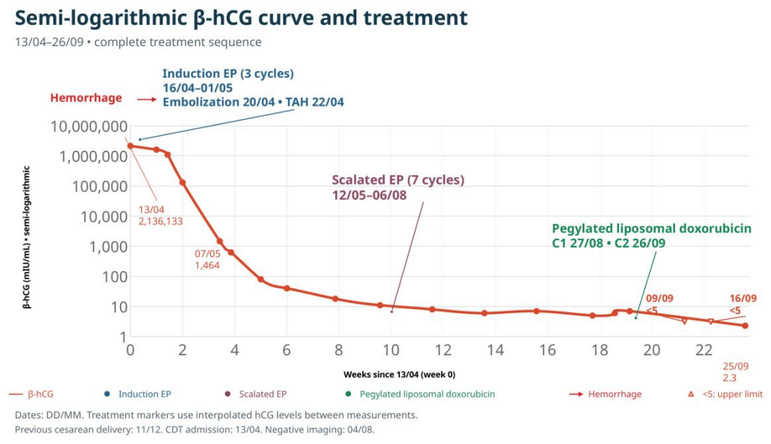


Figure 4. Semi-logarithmic β-hCG curve and treatment timeline.

CONCLUSION

Postpartum choriocarcinoma can mimic infectious disease and delay recognition of metastatic neoplasia. Immediate referral to a specialized GTN center, multidisciplinary management, rapid control of life-threatening hemorrhage, and specific chemotherapy are essential to improve initial management and survival in ultra-high-risk metastatic GTN.

Keywords: Gestational Trophoblastic Neoplasia; Choriocarcinoma; Postpartum; Twin Pregnancy; Ultra-high-risk GTN.