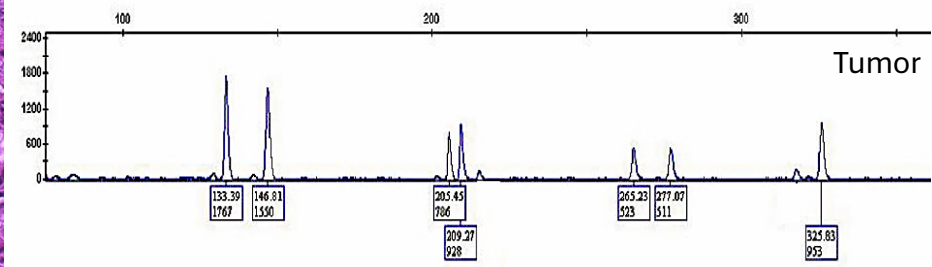
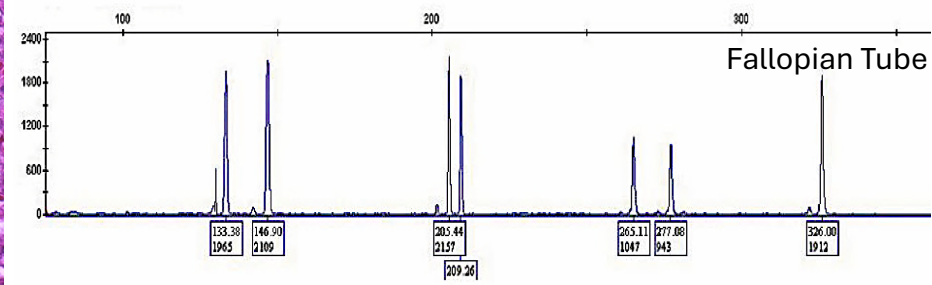
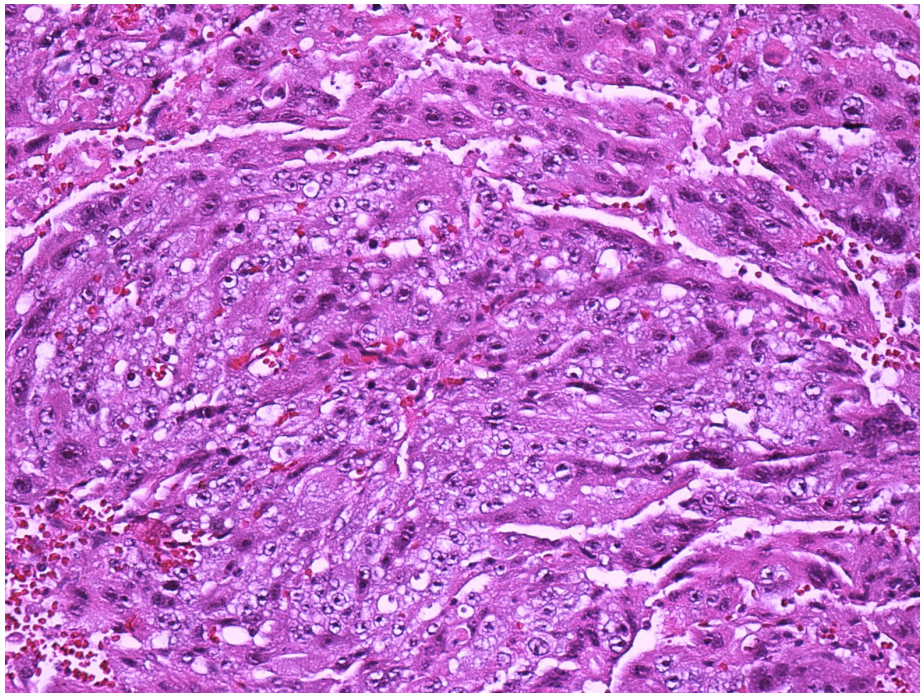
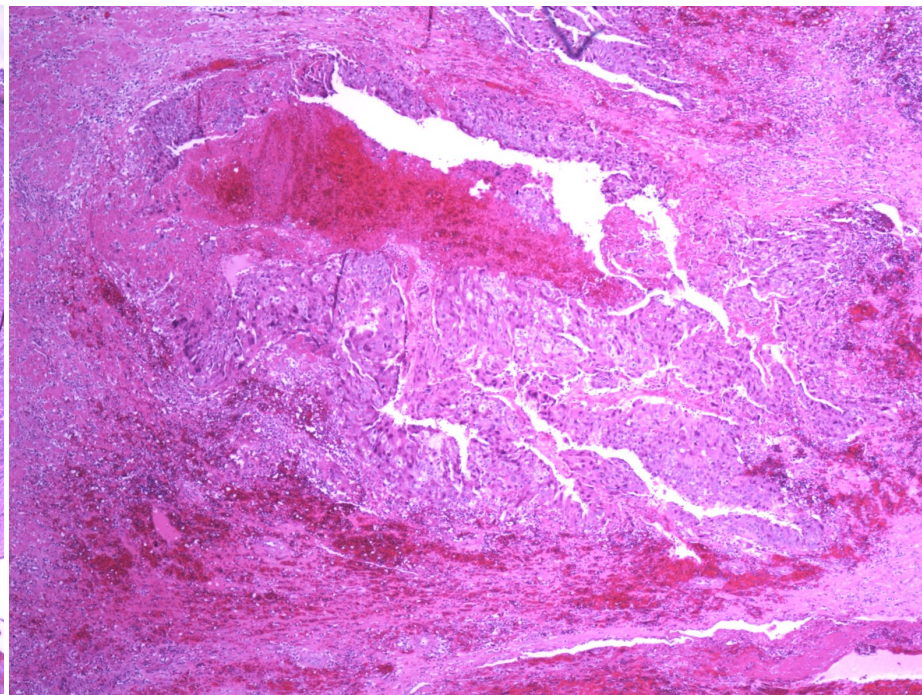
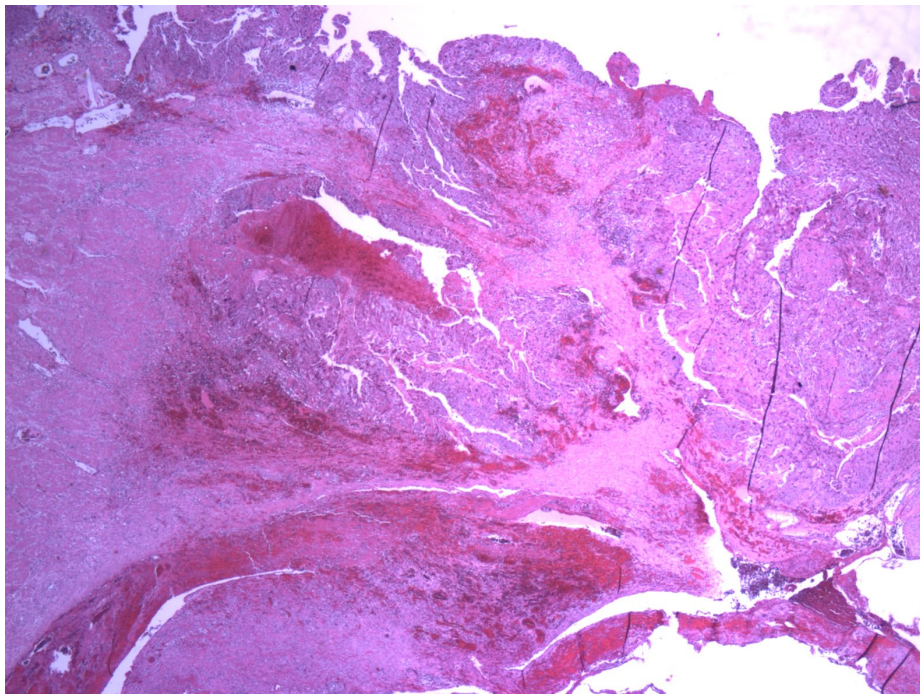




A 22-year-old G1P1 presented with a 9.3-cm right adnexal mass and clinical concern for a ruptured ectopic pregnancy. The serum hCG level was >200,000 mIU/mL. She underwent salpingo-oophorectomy.



Diagnostic Options

- A. CC from ectopic CHM
- B. CC from ectopic non-molar gestation
- C. CC of germ cell origin
- D. CC of somatic origin

Comparative STR genotyping is essential for establishing the correct diagnosis of tumors showing pure choriocarcinoma morphology, particularly when no other germ cell tumor elements or high-grade carcinoma components are present. In this case, an identical allelic pattern in the tumor to that of the paired fallopian tube tissue demonstrated at all STR loci, confirming a non-gestational origin. Given the patient's age and the tumor site, the most appropriate interpretation is a germ cell–derived non-gestational choriocarcinoma (see PMID: 24300537 for additional details). This case is best reviewed in parallel with the Y-GTD case of October 2026, which illustrates a gestational choriocarcinoma arising from a homozygous complete mole.

Final Diagnosis: Non-gestational choriocarcinoma of germ cell origin