

가 -hCG

=Abstract=

Two Cases of Complete Remission of Gestational Trophoblastic Disease in Oophorectomized Patients

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Although chemotherapy remains to be the mainstay of treatment of trophoblastic disease, hysterectomy has been performed as the primary management of nonmetastatic trophoblastic disease who desire sterilization and for uterine disease resistant to chemotherapy. Clinically, the documentation of disease regression is provided by serial quantitative serum β -hCG assays and the persistent disease may be indicated when the serum β -hCG values rise for 2 weeks or plateau for 3 weeks or more.

Because of similarity in molecular structure, the confounding effect of an elevated LH on β -hCG assessment in castrated women after treatment for trophoblastic disease has been documented. This LH cross-reactivity may be suspected in women with bilateral oophorectomy demonstrating persistent low levels of β -hCG. It is particularly true when the assay is performed by conventional polyclonal radioimmunoassay.

We have experienced two cases of nonmetastatic trophoblastic disease whose serum β -hCG assay plateaued at a low level after total abdominal hysterectomy with bilateral salpingo-oophorectomy and chemotherapy. Clinical and radiologic work-ups were done for metastatic lesion in dose patients, but the results were negative. The quantitative LH assays (Serono LH MAIAclone kit, Roma, Italy) were performed with the sera obtained from the patients; the results were 37 and 31 mIU/ml (1st IRP) with β -hCG of 14 and 13 mIU/ml (1st IRP), respectively. With the initiation of oral estrogen replacement therapy to those patients, the quantitative β -hCG values fell below 5 mIU/ml (1st IRP) and they remained in complete chemical remission without any additional chemotherapy for one year. The persistent low titers of β -hCG in those patients were considered to be result of LH cross-reactivity on β -hCG assessment.

[illegible]

(Fig. 2).

Fig. 1. Log graph of weekly hCG concentration.

: 5 +5
 : 5-2-2-3
 : 16 28
 : 95 9 9
 :
 가 :
 : 12
 :
 : 7 × 5 × 5 cm
 가
 : -hCG-395000 mIU/ml
 :
 95 10 23
 :
 -hCG 6
 53 mIU/ml 12 18 -hCG
 68 mIU/ml 가 12 26
 1 24 5 -hCG 44
 mIU/ml, 19 mIU/ml, 18 mIU/ml, 38 mIU/ml, 33 mIU/
 ml 가
 1 29 4 mbucil
 -hCG 5.0 mIU/ml (0.8 mIU/ml)
 , -hCG 5.0
 mIU/ml (3 7 0.8 mIU/ml, 3 14 1.0 mIU/
 ml, 3 28 0.3 mIU/ml, 4 22 0.1 mIU/ml, 5
 17 0.7 mIU/ml) -hCG
 . Premarin
 98 4 -hCG

Fig. 2. Log graph of weekly hCG concentration.

.
 가 100% .1) 가 .2)
 , .3)
 -hCG
 -hCG
 hCG 3 가 2 가
 가
 가
 -hCG 가
 . -hCG , .4)
 -hCG
 가 가 .5)
 , cyclophosphamide chlo-
 alkylating agents
 .
 (dilatation and curettage)
 -hCG
 가
 -hCG

hCG 2 (subunit) -hCG 92 (glycoprotein) , (glycoprotein) (subunits)가 .6 (hCG-like hormone) 가 .19

-subunit 145 (glycoprotein) -hCG 30 가

-hCG 가 4 , 8 .21

-hCG가 가 .7 (radioimmunoassay, RIA)8 , 2

가 -hCG .9 (homogeneity), (specificity), 가 (availability) , -hCG 가 (large cell carcinoma) .21

.1011) Cole nicked hCG .21

-hCG가 가 12-15

1983 (monoclonal antibody) (radioimmunoassay)

가

.16 (reference standard), (specificity of antibody), (matrix), (methodology), (multiple species of ligand) 17

-hCG 가 130 mIU/ml 가 46

6% -hCG 8 mIU/ml 가 5% -hCG

가 40 mIU/ml 2

-hCG 2 mIU/ml .18 -hCG 가

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