

In conclusion, I shall give you the summary of the conclusions of Dr. Teacher as taken from his monograph.

1. The so-called deciduoma malignum is a tumor arising in connection with pregnancy, and originating from the chorionic-epithelium (or its fore-runner the trophoblast), which is of fetal epiblastic origin.

2. That these tumors form quite a characteristic group clinically, pathologically and developmentally, and that they should be classified, neither as sarcomata nor as carcinomata, but as a distinct group. The most appropriate name is chorion-epithelioma malignum. Malignant hydatidiform mole may be treated as a variety of this disease.

3. That in addition to the common tumors developing from pregnancy, there are tumors containing precisely similar structures which are not connected with a pregnancy, and may occur in other parts of the body than the uterus, and in either sex. The most probable explanation of them, is that they are teratomata originating from some structure which has the morphological value of an included matured fertilized ovum, and this chorion-epitheliomatous tissue represents the actual trophoblast (chorionic-epithelium) of the included ovum.

4. That special care must be exercised in the diagnosis between cases of hydatidiform mole and chorion-epithelioma arising in connection with that condition.

5. That while the prognosis in all cases of chorion-epithelioma is a very grave one, early recognition, followed by prompt radical operation offers a fair chance of recovery. The fact that metastasis has occurred does not necessarily preclude successful operation, although it materially diminishes the chances of success.

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