Choriocarcinoma has two important characters: It rarely appears in the population and it is a very aggressive tumor. Although it usually appears as a placental carcinoma it may also develop in testes and ovaries (1). Other locations are very rare. Twenty-one cases of choriocarcinoma were registered in the Cancer Registry of Vojvodina, Institute of Oncology in Sremska Kamenica, from 1989 to 1998. The population of Vojvodina is about 2 100 000 inhabitants. The average incidence rate for the observed period was 0.1/100 000/year, and female: male ratio among diseased was 3.2:1.0, respectively. The age peak among diseased was between 30 and 34 years of age. The median age of diseased population was 33.4 years - 30 years in men and 34.5 years in women (2). This age difference indicates the well-known fact that choriocarcinoma in men mostly frequently appears from 20 to 30 years of age, and that the possibility for development of this disease is higher in pregnant women of older age. Out of 5 choriocarcinomas in men one was located in ectopic testis; out of 16 cases in women one developed in ovary (2). As fifty percent of choriocarcinoma cases develop because of hydatidiform mole and other twenty-five percent after an abortion, the regular follow-up of pregnancy is important for opportune detection of abnormal conception, and also for the identification of target population group at risk for this anaplastic tumor. Our data show that choriocarcinoma is rare disease of mainly placental origin but with a significant number of cases among male population.

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