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Multiple primary cancers: About an observation with 3 different tumors: Case report

Çoklu primer kanserler: 3 farklı tümörle yapılan bir gözlem hakkında: Olgu sunumu

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Abstract

The case described in this article concerned a 55 years old woman who presented three different neoplasia during a period of 6 years. They included adenocarcinoma of the left breast, an endometrial leiomyosarcoma, and a lymphoma. For these pathologies, hormonal factors seem to play a role in the genesis of the first two carcinomas.

Keywords: Metachronous cancers, Breast cancer, Leiomyosarcoma, Lymphoma, Radiotherapy

Öz

Bu makalede açıklanan olgu, 6 yıl boyunca üç farklı neoplazi sunan 55 yaşında bir kadın ile ilgilidir. Sol meme adenokarsinomu, endometriyal leiomyosarkom ve lenfoma vardı. Bu patolojiler için hormonal faktörler ilk iki karsinomun oluşumunda rol oynar gibi görünmektedir.

Anahtar kelimeler: Metakron kanser, Meme kanseri, Leiomyosarkom, Lenfoma, Radyoterapi

Introduction

The observation of multiple, simultaneous or successive primary cancers can reach the same individual without presenting links between them [1].

The coexistence of several primary cancers in the same individual is a phenomenon known in the oncological literature with a frequency estimated between 2.6% and 3.9% [2]. Such a pathological event seems rare in our environment.

The purpose of this study was to discuss etiological and clinical aspects; the therapeutic implications and the possible role of certain carcinogenesis factors.

Case presentation

The first localization was in February 2011 by the accidental discovery of a left breast nodule with skin retraction. The clinical examination coupled with a true-cut biopsy followed by histological examination had made it possible to diagnose Grade III medullary adenocarcinoma of Scarff and Bloom.

The extension assessment did not identify a secondary localization. The patient had a mastectomy and left axillary dissection with multidisciplinary therapeutic management: chemotherapy (6 cycles) and external radiotherapy at the dose of 42 Gy in 15 fractions of 2.8 Gy / Fr.

The second localization was diagnosed 2 years after the first one. The clinical examination and the ultrasound data had suspected an endo- uterine mass whose histological analysis of the hysterectomy showed uterine leiomyosarcoma. The extension assessment had not shown secondary local or regional locations, the patient received pelvic irradiation at a dose of 50 Gy in fractions of 2 Gy / Fr.

The third localization was discovered in June 2017, 4 years after the second cancer during the biannual control consultations, by the appearance of a right axillary nodule, the histological and immunohistochemical result was in favor of lymphocytic lymphoma (Patient under chemotherapy).

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Discussion

Metachronous cancers are defined by the occurrence of two or more multiple neoplasms on different organs, they represent 0.5 to 11% of the cancers, with a tendency to increase related to the effectiveness of the treatments, a better follow-up patients, and an improvement in longevity with the possibility of developing other cancers [1]. Both sexes are affected; the age of the first cancer is on average 60 years, the second cancer occurs between 3 and 6 years later, at shorter intervals, which concords with our results [1].

Throughout the literature, the most frequent sites of multiple cancers are successively the digestive, gynecological and ENT sphere [3].

Two of the 3 cancers of our case sit respectively in the breast and the endometrium.

In our case, the hormonal factor seems the most important factor in carcinogenesis, other factors are also incriminated in the genesis of certain cancers [2,3], we mention the familial cancers, colo-rectal cancers in familial rectocolic polyposes .The risk of developing cancer of the bladder, prostate, skin, colon, lung, and breast is higher in a patient with renal cell carcinoma mainly in its tubulo-papillary subtype [4].

Certain gene mutations are responsible for multiple cancers, for example in Li-Fraumeni syndrome (mutation of the P53 gene). In addition to these familial cases, some authors have shown that patients with breast, skin, colon or non-Hodgkin lymphoma have an increased risk of developing some second primary cancers [4].

Concerning this pathology, certain diagnostic errors can appear. There are cancers that give late metastases whose histological structure is different from that of the primary lesion. Bilateral cancers of even organs such as the mammary gland are not multiple cancers per se because they are united by the same biological phenomena or because one can be the metastasis of the other [5].

In conclusion, despite the rarity of this pathology, the presence of any cancer requires a prolonged follow-up of the patient even in case of apparent cure.

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