

CONCURRENT PRIMARY MALIGNANCY OF UTERUS WITH PRIMARY MALIGNANCY OF CERVIX

(A Case Report)

by

D. P. GUPTA,* M.D.

K. K. SHARMA,**M.D.

and

P. L. GUPTA,*** M.S.

Introduction

Multiple primary cancers were first studied by Billroth in 1889 (cited by Mould and Barrett 1976). Some reports regarding concurrent or subsequent primary malignancy with separate primary carcinoma of cervix are available (Spratt and Hoag, 1966; Arneson and Schellas, 1970; Morton and Villasanta, 1973; Mould and Barrett, 1976). Warren and Gates in 1932 (cited by Mould and Barrett, 1976) laid down certain criteria for accepting a diagnosis of another primary malignancy in the presence of an already existing one. These criteria are: (1) Each tumour has to present a definite picture of malignancy. (2) Each has to be distinct. (3) The possibility of one being a metastases of the other has to be excluded.

The authors came across a case of primary leiomyosarcoma of uterus present concurrently with squamous cell carcinoma of cervix. Looking to the rarity of the co-existence in the same patient,

it was considered of academic significance to put it on record.

CASE REPORT

A Hindu female aged 70 years was admitted to the J.L.N. Hospital, Ajmer with the complaints of gradually increasing lump in the abdomen since last 3 years with rapid enlargement and pain since 3 months. She developed yellowish vaginal discharge since 2 months which became pinkish (blood tinged) since 1 month at the time of admission to the hospital. She was a child widow and had menopause about 30 years back. She was previously diagnosed as a case of cancer cervix with fibroid uterus. On examination, patient was of normal built and nourishment. Heart and lungs revealed no abnormality. There was no evidence of diabetes mellitus or hypertension. Vaginal examination under anaesthesia showed that the cervix was hard in consistency and directed backward. The uterus was enlarged to 18-20 weeks' pregnancy size and was hard in consistency and nodular with mobility slightly restricted on the left side. During operation, there were no adhesions anywhere. Total hysterectomy with bilateral salpingo-oophorectomy was performed.

Gross Examination: (Fig. 1) The uterus and cervix were enlarged in size. The uterine cavity showed a submucous leiomyoma with a peduncle about 3.0 cms. in length merging into a tumour mass 10 x 10 cms. in size adherent to the upper portion including fundus. The cut surface, in the lower portion near the peduncle, showed a whorled pattern whereas the rest of the mass showed a homogeneous

*Professor and Head.

**Reader.

Department of Pathology and Bacteriology.

***Reader in Gynaec.

J.L.N. Medical College and Hospital, Ajmer
(Rajasthan).

grayish white appearance with areas of haemorrhage. The cervix was hypertrophied. Its walls were thickened and showed a grayish white appearance with areas of haemorrhage. The cervical lumen was narrowed to a chink. There was no polypoid growth. The right ovary showed a circumscribed metastatic deposit in the form of a grayish white solid area (1.5 x 1.5 cms) replacing about half of the ovary.

Microscopically: Uterus showed leiomyoma going on to leiomyosarcoma. Cervix showed squamous cell carcinoma grade IV (according to the Broders classification) and of the mixed spinal and spindle cell variety, the former predominating, according to the Martzloff's classification. Right ovary showed well defined metastatic squamous cell carcinoma.

Discussion

Involvement of uterus by a malignant neoplasm histologically distinct from malignancy of cervix is an unusual feature. Thus in 4502 cases of carcinoma cervix studied by Mould and Barrett (1976), there were 99 other primary malignancies occurring concurrently or subsequently, out of which uterus was the site in only 2 cases. Similarly in the series studied by Morton and Villasanta (1973), out of 30 second primary malignancies, uterus was involved in 5 cases and in the series analysed by Spratta and Hoag (1966), out of 36 second primary malignancies, uterus was affected in 2 cases only. Pitkin and Scott (1977) observe that 2-4% of patients with invasive carcinoma of cervix subsequently or concurrently develop second primary malignancy. Second primary sites reported include breast, colon, rectum, lungs, bladder, kidney, uterus, parotid, ovaries etc. In our study, out of 161

cases of carcinoma cervix, this is the first case of another histologically distinct concurrent second malignancy.

Leiomyosarcoma of uterus may be preceded by a benign leiomyoma or be malignant from the beginning. At present there are supporters of both views and no unanimity exists. In our case, leiomyosarcoma was preceded by a benign stage as clearly shown by the gross and microscopic examination of the specimen.

Squamous cell carcinoma of cervix in true virgins is a rarity. The present case is unique being a child widow and devoid of aforementioned factors. Ovaries of the patient under report did not show any cystic follicles or follicular cysts.

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See Fig. on Art Paper V