MULTIPLE PRIMARY CARCINOMA

(2 Case Reports)

by

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Controversy exists regarding the multicentric origin of carcinoma. While Peller (1941) believed that primary neoplasms confer immunity to the development of a second one, Watson (1953) stated that primary neoplasm neither causes immunity nor susceptibility to a second primary lesion. In order to establish the theory of multicentric origin of cancer, it must be proved that the tumours in different organs are primary and not metastatic. Warren and Gates (1932) proposed to distinguish a second primary lesion from a metastasis or recurrence by the following criteria: (a) each of the tumour must present a different picture of malignancy (b) each tumour must be distinct and (c) the probability that one was metastatic tumour from the other must be excluded. Here 2 case reports are presented.

CASE 1

Mrs. W. E., a Chinese, 64 years para 3 + 0 attended Eden Tumor Clinic on 6-6-77 with oedema of legs and oedema of vulva for last 6 months. Her general condition was poor and she was anaemic.

She had bilateral ovariotomy in a nursing home in 1967. Histology showed adenocarcinoma of ovary. She received radiotherapy following operation.

In 1971 she developed right sided carcinoma of breast which was operated in the same year in a nursing home. Biopsy showed schirrous carcinoma of breast. She received deep X'Ray therapy and combined chemotherapy with Endoxan, 5 flurouracil and mitomycin C after that she was well for few years. Now she was suffering from oedema legs and weakness. She was admitted in this hospital but died after few days.

CASE 2

Mrs. S. M., 48 years para 6 + 0 attended Eden tumor clinic on 4-4-78 with a history of white discharge and bleeding per vagina for the last 7 months. An ulcer was present on the left side of introitus for last 5 years. She was anaemic.

Vaginal examination showed that vulval ulcer was half centimetre in diameter situated on left labia minora near clitoris. There was nodular growth of cervix involving parametrium up to lateral pelvic wall on both sides. Uterus was retroverted and fixed. Bladder base was not indurated. Vagina was involved upto 1" posteriorly. Rectal examination revealed that mucous membrane was free.

Cervical biopsy and vulval biopsy showed the picture of squamous cell carcinoma. These two growths were discrete and situated far apart. There was no continuation. Diagnosis was carcinoma of cervix stage III with vulval carcinoma.

She was advised radiotherapy. On completion of radiotherapy, the cervical growth was reduced slightly and vulval growth remained unchanged. She was referred to Chittaranjan

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National Cancer Hospital for chemotherapy with 5 fluorouracil and Mitomycin C. She received the complete course but did not turn up for follow up.

Comments

Two cases reported here supported the theory of multicenteric origin of carcinoma. The multicenteric concept has been applied to neoplasm of breast by Qualtheium and Gall (1957) and those of vulva, cervix or vagina by Marcus (1967). In the 1st case as presented here the criteria laid down by Warren and Gates (1932) have been fulfilled completely. In the second case though both the lesions showed the picture of squamous cell carcinoma, which is the commonest lesion of vulva and cervix, but the two lesions were separate and distinct without any continuity and situated for apart.

In both the cases of the present series, female pelvic organs were involved in multiple neoplasms. Meigs (1934) reported that 10% of the patients with multiple malignant neoplasms had the second primary lesions either in cervix, corpus or ovary as in the present cases.

Besides the unknown carcinogenic factors which may have widespread carcinogenic influence, radiation has been blamed as an etiologic factor for multicentric lesions. In one of the present cases history of postoperative radiotherapy was present. The history underlying the genesis of second primary lesion following radiotherapy as suggested by Chakravorty *et al* (1976) is that the scattered radiation might produce subclinical alteration in cellular biopsy which may be of sufficient magnitude to cause a malignant transformation subsequently.

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