

## METASTATIC SOFT TISSUE SARCOMA IN A PREVIOUSLY TREATED SYNCHRONOUS DOUBLE PRIMARY COLONIC AND ENDOMETRIAL CARCINOMA: A CASE REPORT



### Oncology

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### ABSTRACT

Multiple primary malignant neoplasms (MPMNs) are rare in daily clinical scenario, however, the occurrence of Soft Tissue Sarcomas (STSs) post treatment are among rarest of incidences.

A 61 year old female with complaints of malena and severe abdominal pain since December 2007 was diagnosed with Colonic Adenocarcinoma. With associated complaint of severe menorrhagia for similar duration, she underwent extended right hemicolectomy (with ileocolic anastomosis) with total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAHBSO) with bilateral pelvic node and retroperitoneal lymph node dissection. The HPE showed Endometrial Adenoarcinoma.

From January 2008, she received six cycles of Adjuvant chemotherapy and was put on regular monthly follow-up thereafter with another review colonoscopy (July 2009), findings were within normal limit. She became lost to follow-up after November 2009. She presented with a hard lump over the calf region of her left leg in October 2016 and underwent a local resection without HPE. The lump recurred over anterolateral surface of her left leg in April 2017. She underwent an excisional biopsy and metastatic workup. The HPE showed High Grade Pleomorphic Sarcoma and CECT abdomen showed features of metastatic disease. The lump being fungating, she underwent a palliative resection and is currently receiving palliative chemotherapy.

We present a rare case presenting with soft tissue sarcoma along with lung metastasis, after a disease free interval (DFI) of almost 7 years being treated for synchronous double primary colon and endometrial cancer.

### KEYWORDS

#### Introduction

Soft tissue sarcomas (STSs) are malignant tumors of mesenchymal origin supporting tissues of the body, except bone or cartilage. Multiple primary malignant neoplasms (MPMNs) are defined as a diagnosis of two or more independent primary malignancies of different histology/origin in an individual at almost the same time (synchronous), or follow one another regardless of a fixed period of time (metachronous). The incidence of MPMNs among all cancers ranges between 0.7% to 11.7% in literature. However, the occurrence of a STS in such cases, is extremely rare.

#### Brief history & Management

A 51 year old, retired female nurse P1+2 with long standing history of menorrhagia, presented with complaints of malena with severe abdominal pain and was hospitalized in December 2007. She was diagnosed with Colonic Adenocarcinoma (pT2N1M0) by a CECT followed by colonoscopy guided biopsy and histopathological examination (HPE) of the specimen. She underwent extended right hemicolectomy (with ileocolic anastomosis) with total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAHBSO) with bilateral pelvic node and retroperitoneal lymph node dissection. HPE revealed, superficial endometrial adenocarcinoma Grade II (FIGO IIC2) with upper cervical infiltration, metastatic adenocarcinoma of right ovary and left para-aortic lymph node infiltration by papillary adenocarcinoma. The hemicolectomy specimen matched the pre-operative HPE.

From January 2008, she received six cycles of Adjuvant chemotherapy (Capecitabine+Oxaliplatin) and was put on regular monthly follow-up thereafter with another review colonoscopy (July 2009), which showed no features of recurrence. She became lost to follow-up after November 2009. She presented with a hard lump over the calf region of her left leg in October 2016 and underwent a local resection without HPE. The wound healed well but the lump recurred over anterolateral surface of her left leg in April 2017. She underwent an excisional biopsy and a CECT thorax and whole abdomen. The HPE report revealed High Grade Pleomorphic Sarcoma and CECT abdomen showed features of inoperable liver metastases. The lump being fungating, she underwent a palliative resection and is currently receiving palliative chemotherapy (CYVADIC regime).

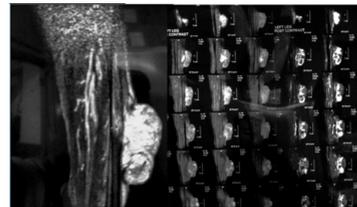
#### Discussion

We present a rare case of soft tissue sarcoma along with lung metastasis after a disease free interval (DFI) of almost 7 years being treated for

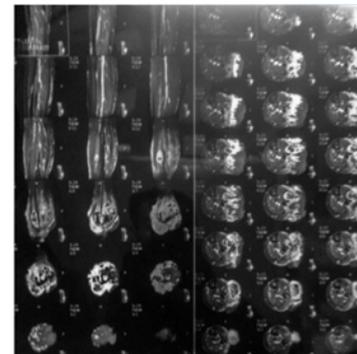
synchronous double primary colon and endometrial cancer. One important point to be noted here is the failure to administer any form of radiation as a part of complete treatment of the endometrial cancer, due to unknown reasons. The patient presented at the author and co-author's treatment unit for the first time after the lost to follow up period. Exact mechanism of MPMN is still unclear. HNPCC (Hereditary nonpolyposis colorectal cancer) is excluded by the Amsterdam II /Bethesda criteria. An association with exposure to phenoxy acids, chlorophenols and radiation has been associated with such cases, but there is no significant exposure history.

#### Conclusion

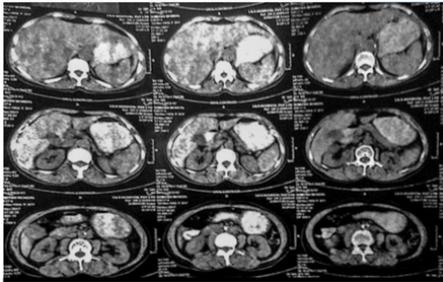
Conventional approaches to justify occurrence of three malignancies in this patient have failed and due to financial constraints genetic studies could not be carried out. Therefore, further research should focus on the etiology and mechanism of such cases.



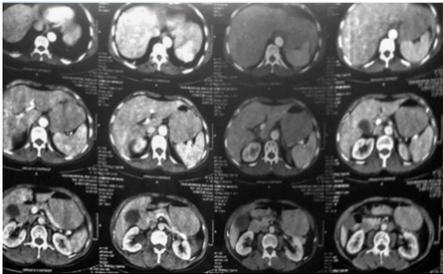
**Fig 1 : Contrast enhanced MRI of left leg in coronal view**



**Fig 2 : Contrast enhanced MRI of left leg in axial view**



**Fig 3: Plain CT abdomen as a part of metastatic workup**



**Fig 4: Contrast enhanced CT abdomen showing liver metastasis**

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