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SYNCHRONOUS TUMOR IN LADY WITH CARCINOMA RECTUM ALONG WITH CARCINOMA ENDOMETRIUM ! A CASE REPORT.

Oncology

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ABSTRACT

Synchronous tumor refer to cases in which the second primary cancer diagnosed with in six months of primary cancer. Metachronous tumors refer to cases in which the second primary cancer is diagnosed more than 6 months after the diagnosis of the first primary cancer. The incidence of Synchronous tumors has been reported to range from .52% to 11.7% in various studies from different countries. The survival rates of Synchronous tumors have been found to be diverse. Among all Synchronous tumors frequent pathology types were adenocarcinoma 49.9%, squamous cell carcinoma 26.1%, transitional cell carcinoma 6.2% hematological cancers 8.1%, soft tissue sarcoma .9%, Infact Adenocarcinoma were found most common not only synchronous tumors rather in Metachronous tumors group as well. we will explore a Case of synchronous tumor in a young lady who reported at J.K Cancer Institute with endometrial cancer along with rectal adenocarcinoma.

KEYWORDS

Synchronous tumor , Adenocarcinoma, Incidence.

DISCUSSION

Synchronous tumors can occur at any age. However, earlier studies reported that patients with synchronous tumors tend to be older than those with a single primary cancer, and in most reports, more than 75% of patients with synchronous tumors were more than 50 years of age. However, the median age of diagnosis of the first primary cancer was lower in the metachronous tumours group than in the synchronous group, indicating that young people are more likely to have metachronous tumors and should be closely monitored for a longer time.

Synchronous tumors were most frequently associated with the stomach and the esophagus . There are a number of possible explanations for this. First, studies have reported many similar genetic changes between gastric and esophageal cancers. Hence, these 2 types of cancer potentially share similar molecular mechanisms for pathogenesis. Second, the stomach and the esophagus are both part of the digestive system and would therefore potentially be exposed to the same pathogenic factors.Third, gastric and esophageal cancers can be detected simultaneously by endoscopy. In less-developed regions, it may therefore be prudent to focus on the detection of gastric and esophageal cancers by endoscopy at follow.

Aparna Singh 33 years Female resident of Kanpur Nagar, Uttar Pradesh presented to J.K. Cancer OPD on 2-11-2020. Patients was diagnosed as a case of synchronous double primary (Carcinoma Rectum + Carcinoma Endometrium). She had underwent total abdominal Hysterectomy + B/L salpingo-opherectomy + B/L Pelvic Lymph node dissection Anterior resection with stapled colorectal end to side anastomosis on 19/9/20 at RML hospital Lucknow.Surgical pathology report done from RML Lucknow revealed Endometroid Carcinoma, Nos. of Grade 3 in Hysterectomy specimen with >50% thickness invasion &Myometrial Invasion. LVI was present. The Anterior Resection specimen of rectum showed M.D. Adenocarcinoma with tumour invading through the Muscularispropria into perirectal adipose tissue. Margins were clear. There were 2 right pelvic Lymph node positive and 1 left pelvic lymph node positive out of 12 pelvic lymph node dissected. On Immunohistochemistry, of endometrial cancer revealed given below features

ER - Positive
PR - Focal positive
Vimentin- positive
CK 7 - Positive
CK 20/CDX 2/CEA - Negative.

Rectum cancer tumor profile study as Immuno histo chemistry revealed given below features .

Ck7 - Positive
Cd20 - Focal positive
CD x2 - Positive
SATB 2 - Positive
ER - Negative
Vimentin - Negative

Patient was advised post-operative radiotherapy first. She received 50 Gy in 25 fraction, 2 Gy per fraction 5fraction per week 2 field to pelvis and covering up to Common iliac lymph node from 10/11/20-22/12/20 at Our Institute.

She was then given IVRT 10 Gy single fraction 29/12/20 at our centre. She was further planned for FOLFOX-4 chemotherapy. She received 6 cycle FOLFOX-4 at our institute last on 09/09/2021.CECT - W/A with Pelvis done one month after completion of chemotherapy on 17/10/21 showed no residual/reoccurrence. She was kept on follow up thereafter.

CONCLUSION

By seeing the reoprts of various studies on synchronous tumorswe observed that digestive, urogenital, and respiratory tumors were more likely to develop synchronous tumors. In particular, older people (>50 years old) and men were high-risk populations. Short interval times (≤60 months) were associated with a poor prognosis for patients with metachronous cancer. Therefore, careful surveillance and follow-up are especially important in these patients.

REFERENCES

[1]. Chen W, Zheng R, Baade PD, et al. Cancer statistics in China, 2015. CA Cancer J Clin 2016;66:115–32.
[2]. Siegel RL, Miller KD, Jemal A. Cancer statistics, 2015. CA Cancer J Clin 2015;65:5–29.
[3]. Kilciksiz S, Gokce T, Baloglu A, et al. Characteristics of synchronous- and metachronous-type multiple primary neoplasms: a study of hospital-based cancer registry in Turkey. ClinGenitourin Cancer 2007;5:438–45.
[4]. Billroth T. Reimer G. Die allgemeinechirurgischepathologie und therapie. 51 Vorlesungen-EinHandbuch fur Studierende und Artze, 14. Berlin: Auflage; 1889. 908.
[5]. Warren S, Gates O. Multiple primary malignant tumors: a survey of the literature and a statistical study. Am J Cancer 1932;16:1358–414
[6]. Hayat MJ, Howlader N, Reichman ME, et al. Cancer statistics, trends, and multiple primary cancer analyses from the Surveillance, Epidemiology, and End Results (SEER) program. Oncologist 2007;12:20–37.
[7]. Multiple Primary and Histology Coding Rules. Available at: http:// seer. cancer. gov/ tools/ mphrules/. Accessed April 9, 2015.
[8]. Liu FS, Qin DX, Wang QL. The clinical pathology analysis of 172 cases of multiple primary malignant tumors. ZhonghuaZhong Liu ZaZhi 1979;1:113–13
[9]. Li W, Zhan Y, Li G. Double cancers: a clinical analysis of 156 cases. ZhonghuaZhong Liu ZaZhi 1996;18:296–8.
[10]. Demandante CG, Troyer DA, Miles TP. Multiple primary malignant neoplasms: case report and a comprehensive review of the literature. Am J ClinOncol 2003;26:79–83.