

Case Study

<https://doi.org/10.20546/ijcmas.2019.803.294>

A Case Report of Double Malignancy

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ABSTRACT

Keywords

Double malignancy,
Polypoid lesion,
MRI,
Ulceroproliferative
growth

Article Info

Accepted:
25 February 2019
Available Online:
10 March 2019

A 65 year old female with complaints of upper abdomen pain for 3 months, associated with loss of appetite, h/o increase in micturition association of burning micturition. Ugiscopy suggestive of CA stomach and Ultrasound abdomen suggests polypoidal lesion over the bladder. MRI suggests gastric malignancy and intense polypoid lesion seen in the posterior wall of the urinary bladder. Pt underwent TURBT (Transurethral Resection of Bladder Tumor) with subtotal gastrectomy with jejunojejunostomy with feeding jejunostomy. This is rare combination of tumors in a female patient, which requires multidisciplinary approach with timely interventions for her treatment. There is no consensus in the treatment of patient. Our patient was treated for each tumor according to its own stage with multimodality approach.

Introduction

A 65 year old female hailing from thiruvanamalai came with the complaints of upper abdominal pain for three months on and off. Pain was Sudden onset, intermittent in nature, not radiating and no Aggravating factor, relives spontaneously. H/o vomiting + [2 episodes] mostly food as contains, no h/o nausea. H/o Difficulty in swallowing solid food > liquid food. h/o loss of appetite +, No h/o loss of weight, h/o constipation+, h/o tarry black colored stools +, h/o burning micturition +, h/o increase in micturition and no other significant symptom. No history of smoking

or alcohol and no family history. Results of physical examination were normal. On routine investigation renal function test were elevated. Ultrasonogram suggestive of - polypoidal lesion over the bladder / bilateral medico renal disease. On upper endoscopy suggestive of ulceroproliferative growth in body involving incisura and antrum along the lesser curvature (hown in Fig-1) were biopsy taken and shows infiltrating adenocarcinoma. MRI scan suggestive of Circumferential wall thickening seen involving the lesser curvature and posterior wall in the distal body, incisura and antrum which is abutting the pancreatic head, neck and proximal body with no fat plane in

between - gastric malignancy may be consider, with chronic kidney disease, small mildly T2 hypo intense polypoid lesion seen in the posterior wall of the urinary bladder in the midline. pt underwent TURBT(Transurethral Resection of Bladder Tumor) (shown in Fig 2) with Sub total gastrectomy (shown in Fig 3) with jejunojejunostomy with feeding jejunostomy. Biopsy of the specimen suggestive of A-subtotal gastrectomy specimen suggest infiltrative adenocarcinoma and B-Transurethral Resection of Bladder Tumor suggest transitional cell carcinoma (shown in Fig. 4). Post operative period was uneventful. Patient under regular follow up.

Results and Discussion

The first systematic study of this type of multiple malignancies phenomenon was published in the 1930s by Warren and Gates. These authors proposed the first working definition of multiple primary neoplasms: (1)

both tumors should be confirmed histologically as malignant; (2) each cancer must be anatomically separate and distinct; and (3) the second tumor must not be a recurrence or metastasis of the first cancer. Multiple tumors may develop synchronously or metachronously. The phenomenon of multiple primary neoplasms is increasingly being discussed in the literature due to the increased survival time of cancer patients after treatment and because of advances in diagnostic methods. It is estimated that multiple neoplasms affect about 10% of all cancer patients[1-4]. The most common types of synchronous and metachronous neoplasms were colorectal cancer, followed by cancers of the lung, breast, and prostate. Our data seems to be similar to the findings of others, who also reported that colorectal cancer is the most frequent neoplasm in GC patients with multiple malignancies [6,8,10,17,20,23], followed by lung, uterus, breast, and prostate cancers [6,8,10,11,17,24].

Table.1 Sites of additional synchronous and metachronous cancers in gastric cancer patients n (%)

Site	No. tumors <i>n</i> = 62	Metachronous <i>n</i> = 39	Synchronous <i>n</i> = 23
Colorectal	17 (27.4)	7 (17.9)	10 (43.5)
Lung	9 (14.5)	5 (12.8)	4 (17.4)
Breast	8 (12.9)	7 (17.9)	1 (4.3)
Prostate	7 (11.3)	4 (10.3)	3 (13.1)
Lymphoma	4 (6.5)	2 (5.1)	2 (8.7)
Skin	4 (6.5)	2 (5.1)	2 (8.7)
Urinary bladder	3 (4.9)	3 (7.7)	-
Kidney	2 (3.2)	1 (2.6)	1 (4.3)
Larynx	2 (3.2)	2 (5.1)	-
Non Hodgkin Lymphoma	2 (3.2)	2 (5.1)	-
Head	1 (1.6)	1 (2.6)	-
Ovary	1 (1.6)	1 (2.6)	-
Pancreas	1 (1.6)	1 (2.6)	-
Uterus	1 (1.6)	1 (2.6)	-

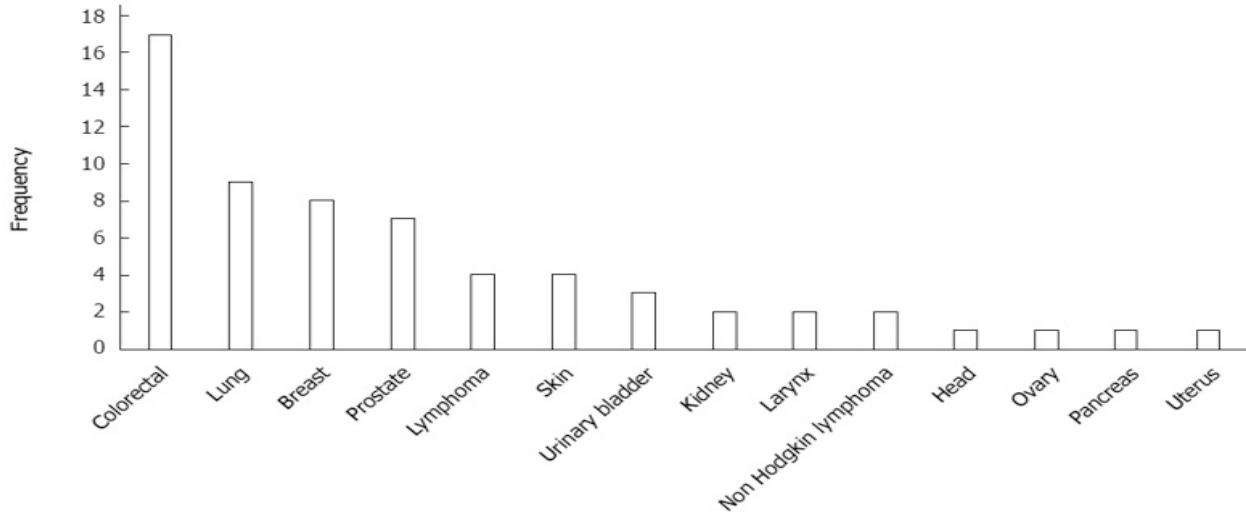


Fig.1&2 UGI scopy shows ulceroproliferative growth in body & Cystoscopy image of the polypoid growth in the urinary bladder

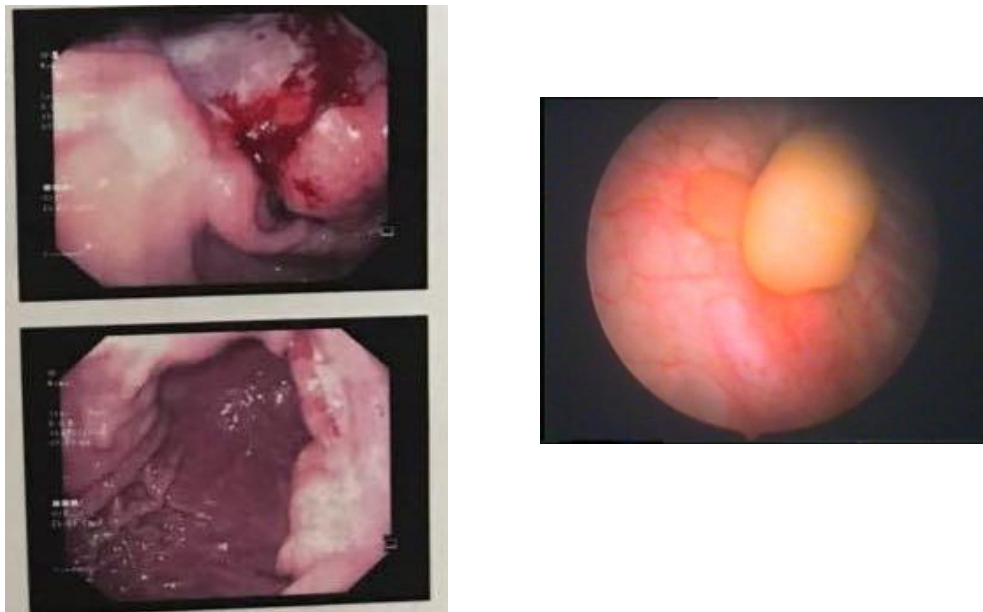
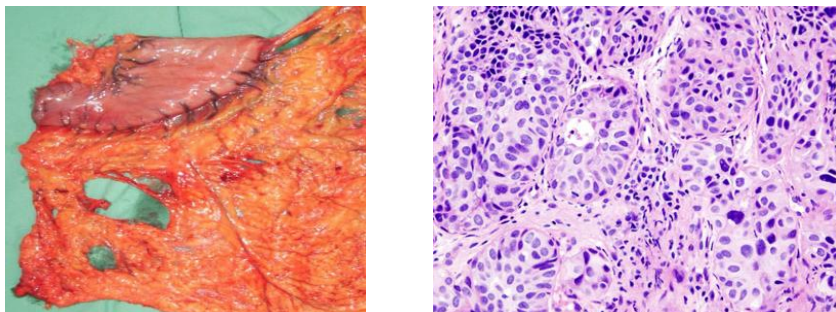


Fig.3&4 Sub total gastrectomy & histopathology of growth in bladder - transitional cell carcinoma



An analysis of the site distribution in the 58 GC patients with multiple cancers ($n = 62$) showed that the most common site was colorectal ($n = 17$, 27.4%), followed by lung ($n = 9$, 14.5%), breast ($n = 8$, 12.9%), and prostate ($n = 7$, 11.3%) (Figure -1). In men, the most common site was colorectal ($n = 10$), lung ($n = 8$), and prostate ($n = 7$). In women, the most common site was breast ($n = 8$) and colorectal ($n = 7$). Among the 23 synchronous tumors, the most common primary sites were colorectal ($n = 10$, 43.5%), lung ($n = 4$, 17.4%), and prostate ($n = 3$, 13.1%). For the 39 metachronous cancers, the dominant types were colorectal cancer ($n = 7$, 17.9%) and breast cancer ($n = 7$, 17.9%), followed by lung cancer ($n = 5$, 12.8%) (Table 1).

In women, lung cancer is the second most common cancer after breast cancer, while colon cancer is the fifth and rectal is the eighth most common cancer (according to registration of new cases)[25]. Ikeda *et al.*, [17] found that patients with a second tumor tended more frequently to be males and elderly than those without a second tumor. Eom *et al.*, [8] indicated that the mean age of patients and the proportion who had early GC were both higher in patients with a second cancer than in those without.

In our rare case combination of urinary bladder cancer and gastric carcinoma, not associated with any known syndromes. This requires multidisciplinary approach with timely interventions. Patients underwent psychological support as burden of two malignancies. It is a challenge to treat two different malignancies together without any known standard of care. Our patient was treated for each tumor according to its own stage with multimodality approach. Some evidence for management of this type of condition needs to be available in literature to help treat patients in situation like ours.

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How to cite this article:

Rathnaganpathi, T., Siddharth, Barathiraja and Ravi Shankar. 2019. A Case Report of Double Malignancy. *Int.J.Curr.Microbiol.App.Sci.* 8(03): 2484-2489. doi: <https://doi.org/10.20546/ijemas.2019.803.294>