

## TRIPLE CANCER IN ASYMPTOMATIC WOMEN

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The need to make extensive researches in the pretherapeutic-evaluation in any gynecological cancer is accepted<sup>(1)</sup>. With this method we really know the degree of loco-regional and distant tumour's increase, and we also obtain information about the patient's general state. As in the case we describe, it can also serve to diagnose important associated pathology.

### CLINIC CASE

M. G. M., 64 years old. Her mother died from a cancer of the uterus.

She has two children. No miscarriage. She doesn't know the date of the menopause. Asymptomatic.

The routine cytology, the first in her life, is diagnosed as "compstible with carcinoma in situ" (figs. 1-2-3).

In the colposcopy, limited and unic mosaic image, sent to biopsy. Histological diagnosis: Carcinoma in situ (figs. 4-5).

### *Pretherapeutic evaluation:*

— Ulcerated lesion in the right groin of 1×0.5 cms indurated, sent to biopsy. Histological diagnosis: basocellular epithelioma (fig. 6).

— Cystoscopy: Multifocal papillous tumour.

— Other explorations: negative.

A transurethral resection of vesical lesions is performed. Histological diagnosis: papillous carcinoma G 1 (fig. 7).

After 10 days, total hysterectomy with double adnexectomy and exeresis of inguinal lesion. Histological diagnosis: carcinoma in situ of the cervix; endometrium and adnexes without particularities; cutaneous basocellular epithelioma.

After six months the patient is free from any disease.

### REMARKS

The case refers of an asymptomatic patient who, through a control checking, has been diagnosed and treated satisfactorily from three neoplasias with an actual good prognosis.

The association of the carcinoma of the cervix with the carcinoma of the vulva is not strange<sup>(2)</sup>. But it is different with the carcinoma of the bladder. The use of the cystoscopy must be recommended to diagnose vesical invasions by the near cancer, relatively frequent<sup>(3)</sup>, but in exten-

### SUMMARY

The Authors, on the basis of their own experience, discuss the problems concerning diagnosis and treatment of multiple tumour in gynaecologic oncology.

Fig. 1.

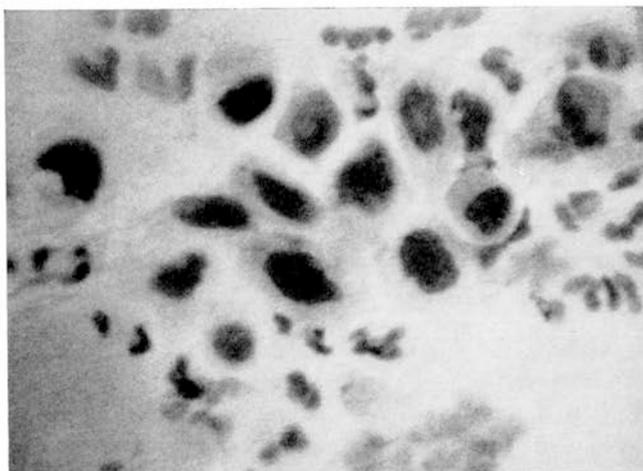


Fig. 2.

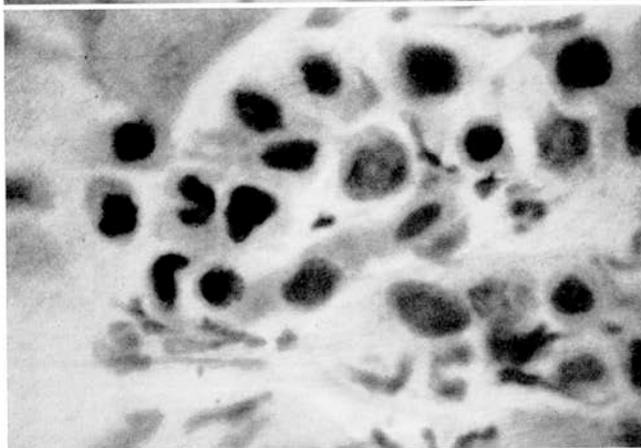


Fig. 3.

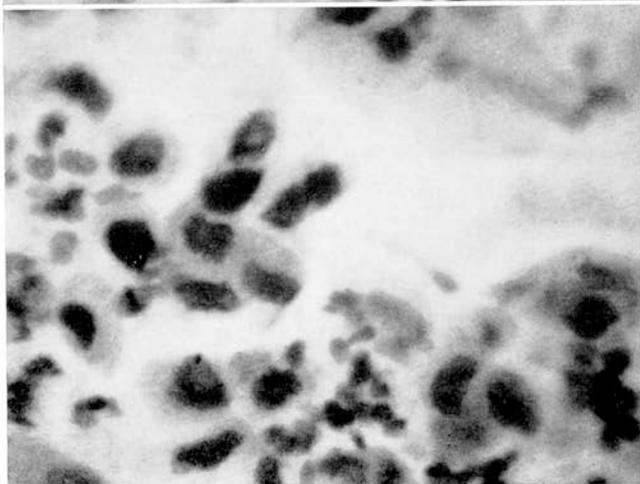


Fig. 4.

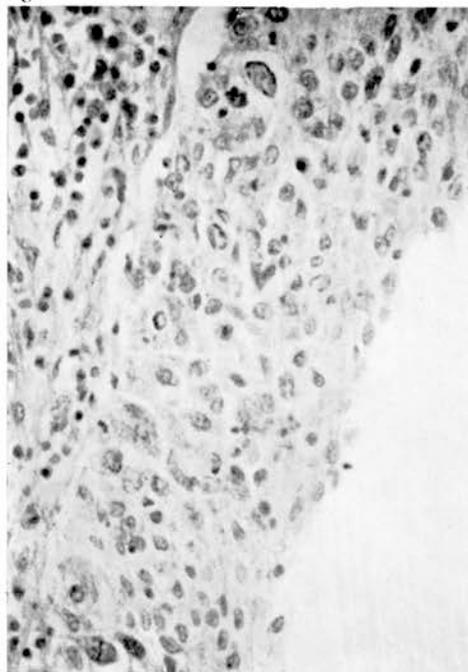


Fig. 5.

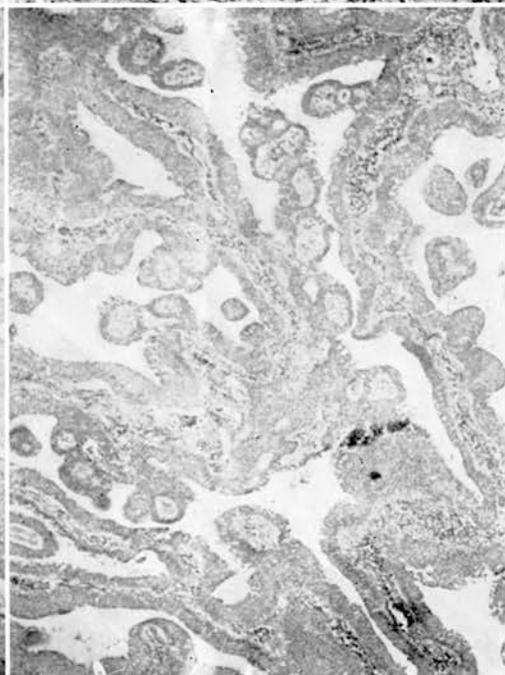
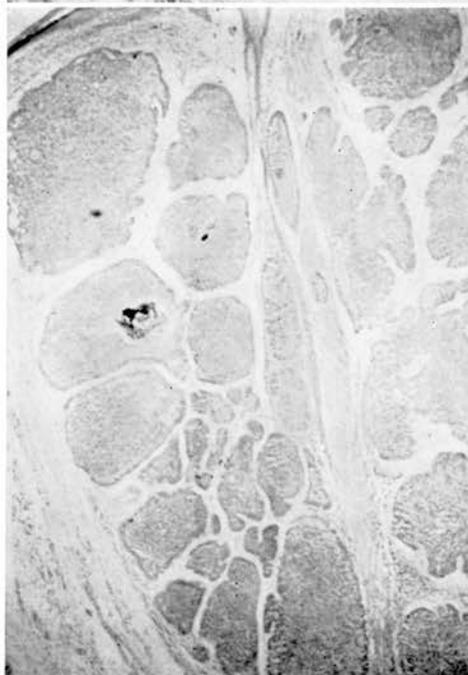
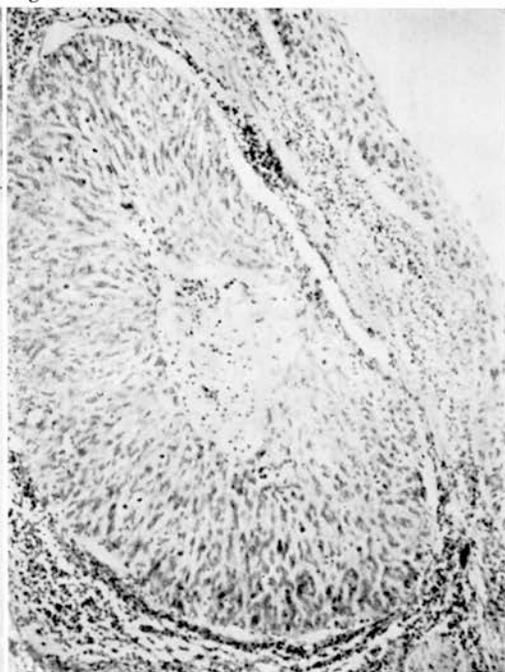


Fig. 6.

Fig. 7.

Table 1.

Localization	Cases
Vulva	26
Vagina	2
Cervix	116
Uterus	85
Fallopian tube	1
Ovary	63

sive series (276 cases) the discovery of associated vesical cancer is described only one time (4).

We have to emphasize the fact that in the general evaluation of the patient, two neoplasias have been discovered.

In the actual casuistry of our section (table 1) during the extensive study, we have three times diagnosed a second neoplasia, without including the one with its cause of these remarks.

This is the summary of the three clinical histories:

1) Patient with well differentiated adenocarcinoma of the endometrium C.S. II. In the opaque enema, carcinoma of the sigma, confirmed in the following laparotomy in which a diffuse peritoneal dissemination from the adenocarcinoma of the sigma can be seen. 17 months after the diagnostic, the patient is in terminal phase because of the neoplastic dissemination of her digestive cancer.

2) Patient with well differentiated adenocarcinoma of the endometrium C.S. I.

In the mammary examination, lesion clinically positive in left breast. Mammography and cytology by puncture with thin needle positive diagnosis. A total hysterectomy with double adnexectomy and Patev's intervention are performed. Histological diagnosis of the mastectomy:

infiltrant ductal ca., 7 positive ganglions from 21 isolated. 8 months after pleural effusion with positive cytology for ductal ca. and numerous pulmonary metastasis, with exitus.

3) Patient with adenocarcinoma of the cervix. C.S. Ib and biopsy of the uterine cavity informed as "carcinoma of the endometrium".

Vaginal radiumtherapy is performed, followed by Wertheim's intervention and cobaltotherapy, in view of the infiltration of the myometrium. Patient free from any disease after 23 months.

Therefore, it is a question of two patients with carcinoma of the uterus of relative good prediction. We diagnose hidden cancers which are bad prognosis and responsible for the posterior had evolution. It can be considered that in the third case, the discovered cancer had a similar prognosis to the one which had been already diagnosed.

In all cases, there is no doubt that the diagnosis of the associated carcinoma has been basic to establish a correct treatment which would have been insufficient though it was the adequate for the first neoplasias. We only can offer the best possibilities of cure to the patient by using a methodical study of each patient.

#### REFERENCES

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