Cirugía y Cirujanos. 2016;84(1):69–72

CIRUGÍA y CIRUJANOS
Órgano de difusión científica de la Academia Mexicana de Cirugía
Fundada en 1933
www.amc.org.mx www.elsevier.es/circir

CLINICAL CASE

Triple synchronous primary gynaecological tumours. A case report☆

Laura Gutiérrez-Palomino[a,*], José María Romo-de los Reyes[a], María Jesús Pareja-Megía[b], José Antonio García-Mejido[a]

[a] *Servicio de Ginecología y Obstetricia, Hospital Universitario Virgen de Valme, Sevilla, Spain*
[b] *Servicio de Anatomía Patológica, Hospital Universitario Virgen de Valme, Sevilla, Spain*

Received 15 May 2014; accepted 3 November 2014
Available online 11 February 2016

KEYWORDS
Ovarian cancer;
Endometrial cancer;
Fallopian tube cancer;
Synchronous cancers;
Multiple synchronous cancers

Abstract
Background: Synchronous multiple primary malignancies in the female genital tract are infrequent. From 50 to 70% of them corresponds to synchronous cancers of the endometrium and ovary. To our knowledge, this is only the third case report in the international literature of three concurrent gynaecological cancers of epithelial origin. A case is presented, as well as a literature review due to the infrequency of its diagnosis and the lack of information on the subject.
Clinical case: A 49-year-old woman, with previous gynaecological history of ovarian endometriosis. She underwent a hysterectomy and bilateral oophorectomy, as she had been diagnosed with endometrial hyperplasia with atypia. The final histopathology reported synchronous ovarian, Fallopian tube, and endometrial cancer. An extension study and complete surgical staging was performed, both being negative. She received adjuvant treatment of chemotherapy and radiotherapy. She is currently free of disease.
Conclusions: The aetiology is uncertain. There is controversy relating to increased susceptibility of synchronous neoplasms to pelvic endometriosis and inherited genetic syndromes. Its diagnosis needs to differentiate them from metastatic disease. Additionally, they are problematical from a clinical, diagnostic, therapeutic, and prognostic point of view. The presentation of more cases of triple synchronous cancers is necessary for a complete adjuvant and surgical treatment.

☆ Please cite this article as: Gutiérrez-Palomino L, Romo-de los Reyes JM, Pareja-Megía MJ, García-Mejido JA. Tumores triple sincrónicos ginecológicos. Reporte de un caso. Cirugía y Cirujanos. 2016;84:69–72.

* Corresponding author at: C/ La Legión 6-8, 3.° C, 51001 Ceuta, Spain. Tel.: +34 956 51 47 47/686 10 38 47.
E-mail address: lauragp83@hotmail.com (L. Gutiérrez-Palomino).

PALABRAS CLAVE
Cáncer de ovario;
Cáncer de endometrio;
Cáncer tubular;
Neoplasias sincrónicas;
Neoplasias sincrónicas múltiples

Tumores triple sincrónicos ginecológicos. Reporte de un caso

Resumen
Antecedentes: El desarrollo sincrónico de múltiples tumores en el tracto genital femenino es infrecuente. Del 50% al 70% lo constituyen el grupo de neoplasias sincrónicas de endometrio y ovario. Para nuestro conocimiento este es el tercer caso de cáncer triple sincrónico ginecológico, de la bibliografía médica internacional. Nos proponemos exponer un caso de nuestra unidad y hacer una revisión de la bibliografía médica de esta entidad, dada la infrecuencia de su diagnóstico y la escasa información al respecto.
Caso clínico: Mujer de 49 años de edad, con historia ginecológica de endometriosis ovárica. Se le realizó histerectomía y anexectomía bilateral, por diagnóstico de hiperplasia endometrial con atipias. La anatomía patológica definitiva informó de neoplasias sincrónicas de ovario, trompa y, endometrio. Se realizó estudio de extensión y se sometió a la paciente a cirugía de estadificación completa, siendo negativas. Se administró quimioterapia y radioterapia adyuvantes. Actualmente se encuentra libre de enfermedad.
Conclusiones: La etiología es incierta. Existe controversia acerca de una mayor predisposición de las neoplasias sincrónicas a la endometriosis pélvica y a los síndromes genéticos hereditarios. En su diagnóstico es necesario diferenciarlas de la enfermedad metastásica. Además plantean problemas desde el punto de vista clínico, diagnóstico, terapéutico y pronóstico. Es necesaria la presentación de más casos de neoplasias triple sincrónicas para un tratamiento quirúrgico y adyuvante completo.

Background

Malignancies which occur in one single subject, simultaneously or successively are termed multiple primary or synchronous tumours, provided they meet the outlined criteria[1] (Table 1).

Synchronous tumours affect less than 1–2% of patients affected by cancers of the endometrium and ovary. The prevalence in epithelial cancer of the ovary corresponds to 10%, whereas in the case of adenocarcinoma of the endometrium it corresponds to 5%.[2] Tubular adenocarcinomas have an incidence of 1%, most often being diagnosed by chance anatomopathologically following an operation. They generally occur in young, obese, nulliparous and premenopausal women, associated with hypoestrogenism.[3] The average age of diagnosis is between the fourth and fifth decades of life.[3,4] Some authors have described an association of double and triple synchronous tumours with hereditary genetic mutations, such as Lynch syndrome.[5]

Table 1 Diagnostic criteria of synchronous tumours.

Each tumour should have a defined pattern of malignancy
It should be ruled out that one is not the metastasis of the other
Each tumour presents a different histology, and if both are similar inside the same organ, it should be ensured that no connection between them can be demonstrated.
Each tumour should follow its natural history and might develop independently
Each tumour might present with its own symptoms or be a finding during the study required for diagnosis, staging or follow-up of the first, or even only be found post mortem, during autopsy
Diagnosis of the tumours can be successive[a] or simultaneous[b]

[a] Metachronous.
[b] Synchronous.

Clinical case

A 49 year old woman, ex smoker, nulliparous, with a gynaecological history of ovarian endometriosis and a family history of paternal digestive tract tumour and a maternal aunt with breast cancer. An endometrial aspiration biopsy was performed for metrorrhagia. The anatomopathological diagnosis was endometrial hyperplasia with atypias. A scheduled hysterectomy was performed and bilateral adnexectomy. Final histopathology reported synchronous ovarian, right Fallopian tube, and endometrial cancer over extensive areas of ovarian endometriosis and myometrial adenomyosis. No pathological findings were reported in the ovary and contralateral Fallopian tube. The 3 malignancies were visualised without direct connection between them, with a different degree of infiltration. FIGO classification of each of the malignancies was adenocarcinoma of endometrium T1CG2, endometrioid carcinoma of the ovary T1A, and endometrioid adenocarcinoma of the Fallopian tube T1A. Immunohistochemistry revealed the same profile for the 3 malignancies: the presence of positive oestrogen and progesterone receptors, p53 negative and CK7 positive. Thoraco-abdominal computed tomography was