

Double Primary Malignancies in Patients with Gynaecological Cancers

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ABSTRACT

The diagnosis of double primary cancers may be enhanced by greater clinical awareness and interest in such patients. A retrospective study involving the analysis of patient files and operative registers was carried out at the University Hospital Centre (UHC), Yaounde, Cameroon. Thirteen cases of double primary cancers, each involving at least one gynaecological malignancy, were managed over a nine year period at the University Hospital Centre. Nine different cancer associations were identified. There was a preponderance of cervical cancer, reflecting the high prevalence of this malignancy in our environment. Apart from the association between cervical and breast cancers that occurred in four patients, and cervical and large bowel cancers that occurred in two patients, no other preferential cancer association were observed. A patient with a gynaecological malignancy requires a thorough initial evaluation and life long follow-up in order to diagnose any possible second primary malignancy. (*Afr J Reprod Health* 1997;1(2):96–102)

RÉSUMÉ

Les malignités primaires doubles chez les patients atteints de cancers gynécologiques

Le diagnostic des cancers primaires doubles peut être amélioré par une meilleure sensibilisation des milieux cliniques et par un intérêt renforcé à l'égard des patients atteints de tels cancers. Le but de cette étude était d'attirer l'attention du corps médical sur le fait que certains patients peuvent être atteints de plus d'un cancer primaire à la fois. Une étude antérieure dans laquelle figurait une analyse de dossiers de patients et de registres chirurgicaux, a été menée au Centre Hospitalier Universitaire (CHU) de Yaounde (Cameroun). Treize cas de cancers primaires doubles comportant au moins un cas de tumeur gynécologique, étaient suivis sur une période de neuf années au Centre Hospitalier Universitaire en question. Neuf différentes associations de cancer étaient identifiées, avec une prépondérance de cancers cervicaux, ce qui reflète la haute fréquence de ce type de cancer dans notre environnement. Mis à part les associations entre d'une part, les cancers cervicaux et ceux du sein qui survinrent chez quatre patients, et d'autre part entre les cancers du gros intestin et les cancers cervicaux qui survinrent chez deux patients, aucune autre association prédominante de cancer n'était observée. Un patient atteint d'un cancer gynécologique réquiert une complète évaluation de base et un suivi médical tout au long de sa vie afin de dépister tout éventuel deuxième cancer primaire. (*Afr J Reprod Health* 1997;1(2):96–102)

KEY WORDS: *Multiple, primary, gynaecological cancers, Cameroon*

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immunosuppressed patients, none of these cases were frankly immunocompromised and HIV screening tests were negative in all cases. Different authors have found varying associations between double primary cancers of the cervix and endometrium.^{2,9,13} In two series, a significantly greater than expected incidence of cervical malignancy occurred in patients with endometrial carcinoma, as in patient 5.^{19,20}

A significantly decreased risk of ovarian cancer following cervical cancer has been generally observed generally.^{13,14} The simultaneous occurrence of these two cancers in patient 8 could have been due to chance. Like in patient 6, whose endometrial cancer was diagnosed while being investigated for postmenopausal bleeding, most second primary endometrial cancers in one series were diagnosed following investigation of genital tract symptoms and not at routine follow-up.⁶

Many authors have found an increased risk of developing a second primary cancer in the breast in patients with ovarian cancer.^{3,6,21,22} Patient 9 in our series is such an example. Like in most patients in Robinson et al.'s series,⁶ the diagnosis of the ovarian cancer was performed at an advanced stage; our patient died three months later.

Despite an extensive literature search, we found no cases of a cervix/liver cancer association. This is probably because the two conditions are most common in different sex and age groups.

Conclusion and Recommendations

Women's awareness of the existence of gynaecological cancers must increase. Every patient with a gynaecological malignancy requires a thorough initial evaluation and life long follow-up. Cancers that show associations should be followed with tumour markers and imaging techniques. When two cancers occur in the same individual, thorough evaluation using the criteria of Warren and Gates is recommended, rather than assuming that one cancer is a recurrence or metastasis of the other. Screening for cervical and breast cancers must be emphasised, as they are the most frequent multiple cancer associations and are amenable to screening by simple and effective methods. Reproductive health personnel

need to be trained to appreciate the signs and symptoms of malignant diseases, since prognosis depends to a large extent on early diagnosis. Due to the high frequency of association of cervical neoplasia with other tumours, cervical cytology and colposcopy should be conducted as needed in all women who have other malignancies. Cancer registers should be established in African countries for epidemiological and research purposes.

Acknowledgments

We wish to thank the director of UHC of allowing us access to patient records and Dr. Frommel of Centre International de l'Enfance (CIE) Paris for proofreading this manuscript.

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