

- [3] Schutter EMJ, Kenemans P, Sohn C, et al. Diagnostic value of pelvic examination, ultrasound and CA-125 in postmenopausal women with a pelvic mass. *Cancer* 1984; 74:1398.
- [4] Sparks JM, Varner RE. Ovarian cancer screening. *Obstet Gynecol* 1991; 77:787.
- [5] Maggino T, Gadducci A, D'Addario V, et al. Prospective multicenter study on CA-125 in postmenopausal pelvic masses. *Gynecol Oncol* 1994; 54: 117.
- [6] Mann WJ, Patsner B, Cohen H, et al. Preoperative serum CA-125 levels in patients with surgical stage I invasive ovarian adenocarcinoma. *J Nat Cancer Inst* 1988; 80:208.

A RARE 10 PRIMARY CANCERS

LI Fang 李方, SHI Ting-zhang 石廷章

Department of Medical Oncology, General Hospital of PLA, Beijing 100853, China

Here we report an unusual case with ten primary cancers. The patient was a 74 years old male and died in 1999. He had had ten primary cancers from 1972 to 1999. 1) Diagnosed as adenocarcinoma in the transverse colon, Duke's B. Transverse colectomy was performed in 1972; 2) Got a squamous carcinoma of left superciliary arch in July 1974 and was treated with surgical resection and local radiation therapy; 3) In November 1974, the polypus with canceration of the sigmoid colon was found; 4) In 1981, got an adenocarcinoma in the lower part of descending colon; 5) In January 1982, got a mucous gland carcinoma in ascending colon; 6) One year later, ulcer type of adenocarcinoma with part of mucous gland was found in descending colon; 7) In October 1989, poorly differentiated adenocarcinoma of colon was diagnosed. The 4 cancers above were all primary cancers in different region of colon, 2 of them were in Duke's B, and metastasized to the mesenteric lymph nodes. Surgical resection and chemotherapy was performed. 8) In February 1990, tarsal gland carcinoma was removed by surgery; 9) and 10) In July 1997, two cancers was found in cardiac part and antral region of stomach, total gastrectomy was done. Both of them were middle to poor differentiated denocarcinoma, and metastasized to lymph nodes. The patient was treated by adjuvant chemotherapy. Intestinal obstruction symptom was occurred in 1998 and 1999, and a fistula of intestine-abdominal wall was occurred in 1999. The patient was died with

hemorrhage of upper digestive tract.

Autopsy was done after his death. There was no cancer tissue in the colon, lung, liver and bone. Metastasizes cancer tissue was seen in the fistula, mesenteric lymph nodes and upper part of pancreas. The patient smoked 30 cigarettes per day for more than 40 years. His aunt, sister and two young sisters are all colonic cancer patients.

DISCUSSION

We conclude that the features of this case as follow. The cancers were all primary, mainly located in gastrointestinal tract. Six of them were colon cancers. According to the criterion of the colon cancer, these six colon cancers were diagnosed primary by following reasons: 1) There were more than two cancers on colon occurred on the different parts of colon; 2) They were not metastasizes cancer, because they were solitary and occurred on the wall of the colon but not on the tissues and lymph nodes around colon; 3) The pathologic type of these cancers was different; 4) This case had obvious family history. He might be sensitive to chemotherapy because that all of the cancers achieved CR; the effect of therapy was rarely good.

(Received March 19, 2000, accepted May 10, 2000)