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Colorectal and Vulvar Synchronous Cancer: A Case Report

Vahidfar M [1], Abdolahi AH [2]*, Karimi Zarchi M [3]

1. Assistant professor, department of medical oncology, Shahid Sadoughi University of Medical Sciences, Yazd, Iran.
2. Medical student, faculty of medical sciences, Islamic Azad University, Yazd Branch, Yazd, Iran.
3. Assistant professor, department of obstetrician and gynecology, Shahid Sadoughi University of Medical Sciences, Yazd, Iran.

***Corresponding Author:** Abdolahi AH, Email: abdolahi67@gmail.com*

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Abstract

Synchronous cancer is referred to two or more histological distinct malignancies diagnosed during the same hospital admission. Globally more than 1 million people get colorectal cancer yearly resulting in about 0.5 million deaths. Vulvar cancer is the fourth most common gynecologic cancer (following the corpus uterine cancer, cancer of ovary and cervix) and comprises only 4 percent of malignancies of the female genital tract. Here we report a 63 year old female with diagnosis of synchronous vulvar carcinoma colorectal carcinoma. To our knowledge this patient is the only reported case with these two synchronous cancers without any special risk factor.

Key words: Vulvar neoplasms, colorectal neoplasms, treatment.

Introduction

Synchronous cancer is referred to two or more histological distinct malignancies diagnosed during the same hospital admission [1].

Globally more than 1 million people get colorectal cancer (CRC) yearly [2] resulting in about 0.5 million deaths. This cancer is more common in developed compared to developing countries [3]. The incidence rate has remained relatively unchanged during the past 30 years, while the mortality rate has decreased, particularly in females [4].

Vulvar cancer is the fourth most common gynecologic cancer (following the corpus uterine cancer, cancer of ovary and cervix) and comprises only 4 percent of malignancies of the female genital tract [5]. Vulvar carcinoma is encountered most frequently in postmenopausal women.

Here we report a 63 year old female with diagnosis of synchronous vulvar carcinoma colorectal carcinoma. To our knowledge this patient is the only reported case with these two synchronous cancers without any special risk factor.

Report of the case

A 63 year-old Iranian female was referred to Shahid Sadoughi Hospital, Yasd, Iran, presenting with vulvar ulcer and itching. The patient had some systemic symptoms such as weakness, generalized fatigue and weight loss; but she gave no history of any previous disease. She had no complains of vaginal discharge or bleeding. Her abdomen was flat and soft. Histological findings in biopsy indicated squamous cell carcinoma. Abdominal and pelvic ultrasound was performed for staging which reported a 5cm diameter hypo echo tumor in the right lobe of the liver and computed tomography confirmed this finding. The lesion was determined a probable metastatic tumor. Subsequently, in view of the patient's Iron deficiency anemia (HB=10.8), gastrointestinal tract investigation was performed. Histological examination of biopsies taken during colonoscopy revealed cecal adenocarcinoma.

The patient was treated with synchronous vulvar cancer and colorectal cancer diagnosis. She was treated with surgery and adjuvant chemotherapy (a regimen of 5FU and Cisplatin). The patient expired due to side effects of chemotherapy.

Discussion

The incidence of CRC is higher in patients with specific inherited conditions that predispose them to its development. Developing countries have lower rates, particularly among African and Asian

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countries. Risk factors for the development of colorectal cancer are diet (animal fats), hereditary syndromes (autosomal dominant inheritance), polyposis coli (familial polyposis of the colon), nonpolyposis syndrome (Lynch syndrome), and inflammatory bowel disease (IBD) [4].

Fiber consumption decreases the risk of developing colorectal adenomas and carcinomas [4].

Vulvar cancer is encountered most frequently in post menopausal women. Many risk factors have been associated with vulvar cancer: using tobacco, vulvar dystrophies like lichen sclerosis, vulvar cervix neoplasia, Human Papilloma Virus (HPV) infection, being immunocompromised, or having a history of cervix cancer [6, 7]. HPV types 16 and18 are also major risk factors for intraepithelial neoplasia and squamous cell carcinoma of the cervix and vulva [4, 9].

Our patient did not have any report of HPV infection or other risk factors for vulvar and colorectal cancer.

Conclusion

To our knowledge our patient is the only reported case with two synchronous cancers; CRC and vulvar carcinoma without any special risk factor for these cancers.

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