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A SHORT STORY OF A LONG MALIGNANT HISTORY

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Objective: The diagnosis of patients with multiple cancers has been increasing in the past years due to the progression of diagnostic methods and longer life spans of patients. Moertel in 1977 proposed a classification system for the occurrence of multiple cancers in an individual. His system consisted of three different categories based on the histology and location of the tumor. Herein, we would like to present a patient which fits the criteria of group II metachronous subtype with having several different malignancies over a period of three decades. This definition requires the patient to present with multiple primary cancers that all originate in different tissues over a time span greater than six months between diagnoses of each primary tumor. Most of the primary tumors occur synchronously as a matter of chance but sometimes can be due to genetic, environmental or fields effects. Our patient, an 85 year old male, developed leiomyosarcoma of the inferior vena cava (IVC) and had it surgically resected over 27 years ago. Despite literature reports showing a dismal prognosis for such cancer, our patient continues to be in great health. Supporting the latter, a small retrospective study showed that the average survival rate of leiomyosarcoma in the IVC is 3.5 years. Additionally, Mingoli et al showed that the malignancy free survival rates after surgical resection ranged from 31.4% and 7.4% at 5 and 10 years respectively. In 2009 our patient developed multiple pulmonary nodules of unknown etiology, we suspect that this could be metastatic leiomyosarcoma from his previous primary lesion in the IVC. However, he continues to remain in relatively stable condition despite a study describing sarcoma with lung metastasis having a dismal prognosis of 33% over 3 years with surgical resection of the metastasis. Additionally, in close temporal proximity, the patient developed basal cell carcinoma of the ear, leiomyosarcoma lesions of the skin, carcinoma of the prostate and papillary carcinoma

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of the urinary tract system. In conclusion, we have a patient that continues to be in good health despite a high tumor burden and multiple comorbidities over an extraordinarily long period of time despite unfavorable literature reports for his prognosis.