To the editor:

Second primary tumors are defined as tumors present at the same time, separated, and with different histology. Synchronous cancer is related with two or more tumors present or detected at the same time or with an interval of less than one year, whereas primary tumors that are detected within an interval of two years and different histology are called metachronous (1). An elderly patient in whom two synchronous primary lung and colon tumors were detected is reported herein. Association of colorectal carcinoma with synchronous small-cell lung cancer remains very uncommon in literature.

A 75-year old man was admitted with dark-colored feces of several months duration. He was a heavy current smoker of 60 packs-year, and drank 50 grams of ethanol per day. Past medical history was significant for hypertrophic myocardopathy, and embolic stroke treated with oral anticoagulants. Physical examination revealed melena in rectal touch. He had no adenopathy. Biochemistry and haemogram were normal, CEA 8.2 ng/mL, and occult blood positive in fecatest. The chest X-ray revealed cardiomegaly. There were no findings in the gastroscopy. The abdominal echography showed a 3 cm-growth of sigmoid wall. The barium enema and colonoscopy revealed a stenosis in recto-sigma. The sigmoid endoscopy biopsy was diagnostic for adenocarcinoma. Staging was T3N0M0 (Duke staging). A surgical intervention with sigmoidectomy and termino-terminal anastomosis was carried out. He was re-admitted four months later with cough, expectoration, progressive dyspnea, asthenia, and 6-kilogram weight loss lasting 15 days. The physical exploration disclosed right supraventricular adenopathies. The chest radiograph showed right pleural effusion and ipsilateral growth of the hilum. The abdominal and thoracic computerized tomography scan revealed a pulmonary mass in the right intermediate bronchus with obstructive pneumonia and ipsilateral pleural effusion (Fig. 1). There were no abdominal metastases. The fine-needle punction-aspiration of supraventricular adenopathies was diagnostic for small cell carcinoma. The bronchoscopy showed stenosis of the intermediate bronchus. The pathologic study showed a small-cell anaplastic carcinoma. The clinical picture progressively worsened and the patient died two months later.

Incidence of cancer rises with age, including the occurrence of multiple primary malignant neoplasms. The prevalence of two or more malignancies in one patient has increased over the
past decades (2). Increasing diagnosis of multiple primary tu-
mors due to better diagnostic techniques, and better treatment
options for other diseases, could explain that the life expec-
tancy in the elderly has increased which definitely affects the
prevalence of malignancies in general. In addition, the increa-
sed use of radiation therapy and, or chemotherapy for the first
tumor may be a cause of increased survival rates. One per cent
of 26,255 patients with cancer had multiple primary malignant
tumors, 34% of these were synchronous tumors (3). In large se-
ries of patients with colorectal carcinoma, only 1% developed
second other site primary cancer in follow-up (mainly within
the gastrointestinal tract, female reproductive tract, and geni-
tourinary tract), lung being involved in 1 per 1,000 (4). Beside
the genetic risk factors, environmental factors such as quality
of diet, cigarette smoking, and heavy cumulative intake of alco-
hol play an important role as carcinogenic agents for some ma-
lignancies (5). Therefore, smokers and drinkers have been re-
ported more common in the synchronous cancer group (3).

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