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Primary Multiple Tumors (Literature Review)

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Abstract

The article is devoted to a review of the world literature on primary multiple tumors, which have recently been of increasing significant scientific and practical interest. Moreover, this burning problem aims at the creation of national centers of pathology, which could be a powerful breakthrough not only in the national pathology of each country, but would also contribute to the intensification of the development of theoretical and clinical pathology in general.

Keywords: Primary multiple tumors, literature review, national centers of psthology

Introduction

Primary multiple tumors (PMT) in theoretical and practical oncology still belong to a complex, diverse and still not fully solved problem [1]. Therefore, at present, a systematic and purposeful study is still of considerable scientific and practical interest [2,3].

In recent decades, there has been a significant increase in the incidence of PMT.

According to various authors, the incidence of PMT ranges from 0.04 to 21% of the total number of neoplasms and they are most often occurred at the age of 51–70 years with some predominance in males [4].

Based on the analysis of world literature and taking into account my own experience, today, it is possible to give, in my opinion, a more or less exhaustive definition of PMT– this is a simultaneous (synchronous) or sequential (metachronous, with an interval of 6 months) occurrence in of the same patient, foci of benign and (or) malignant growth, independent of each other [4].

In the scientific literature, primary multiple malignant tumors, the so-called polyneoplasia, are most often covered, rather than multiple benign ones or their combination [5,6]. PMT are usually divided by localization, time of detection and histological structure [7]. Most often, PMT are localized within one organ or system, and in accordance with the timing of their detection, they are divided into synchronous and metachronous [8]. Tumors are considered synchronous if no more than 6 months have passed between their establishment and histological confirmation of the diagnosis. Most authors take this particular time interval as a conditional criterion for distinguishing between synchronous and metachronous tumors [9]. According to the histological structure, the majority of PMT are highly differentiated or moderately differentiated adenocarcinoma. The clinical picture of PMT is determined by the symptoms of each primary node and depends on the location, the prevalence of the tumor process, as well as on the combination with tumors of other localizations [10]. In synchronous, especially malignant tumors, there is usually a complex clinical picture due to the complex interweaving of symptoms, and the pronounced clinical picture of one of the tumors, in turn, obscures the symptoms of the other [11]. At the same time, there are no specific symptoms that allow suspecting multiple synchronous lesions [12].

The speed of the correct diagnosis establishing, prevention and treatment of PMT depends on the attention to the health of the patient's cancer, oncological vigilance and art of a doctor, from the provision of modern medical equipment, from a qualitative immunohistochemical, immunophenotypical and cytogenetic studies using the latest medical and computer technologies and techniques that make it possible to determine, in particular, by specific oncomarkers the tumor nature of the disease [2], as well as on the creation in highly developed countries of the united, up-to-date, organizational, methodical, consultative, and statistical centers on studying human pathology at a qualitatively new level – the national centers of pathology [13–31], in which multiple studies on the etiology, patho- and morphogenesis of PMT, as well as analysis of the intravital diagnosis of the character of pathological processes according to data of cytological, biopsy and autopsy banks with the help of modern computer and telecommunication technologies would be

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carried out. The creation of national centers of pathology, which have no analogues in the world pathoanatomical practice, would undoubtedly be a powerful breakthrough not only in the national pathology of each country, but would contribute to the intensification of the development of theoretical and clinical oncology as a whole.

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