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Tumouricidal effect of indomethacin in the oesophagus

Sir,

In a recent correspondence, we proposed that non-steroidal anti-inflammatory drugs (NSAIDs) possess tumouricidal properties in the colon.¹ We extend our hypothesis into another organ of the gastrointestinal tract, namely the oesophagus.

The NSAID indomethacin inhibits the growth and promotes regression of oesophageal tumours induced by oesophagotropic carcinogens in rodents.^{2–4} This beneficial effect may be related to the ability of indomethacin to inhibit prostaglandin (PG) formation,⁵ since oesophageal tumours produce excessive amounts of PGE₂.^{6,7} This PGE₂ may play a role in pathophysiological processes including tumour-related angiogenesis⁸ and depression cellular immunity.⁹ Tumour-derived PGE₂ may therefore further tumour growth and metastatic potential in the oesophagus.⁶ By contrast, NSAID inhibition of PGE₂ synthesis could be tumouricidal by reducing blood flow to the tumour coupled with enhanced immunorejection.⁹ Thus, indomethacin and other NSAIDs may possess tumouricidal properties in the oesophagus. Regular NSAID use may therefore reduce the risk of both colon¹⁰ and oesophageal cancer, the latter hypothesis requiring epidemiological confirmation. Of clinical interest would be the effect of NSAIDs on established oesophageal cancers.

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Squamous cell carcinoma of the scrotum in an aluminium worker

Sir,

In the late 1960s the approximate incidence of squamous cell carcinoma of the scrotum was calculated to be 0.2–0.3 cases per 100,000 men over the age of 35 years.¹ Nevertheless, a decade later only 10 cases/year were detected in the USA.² The recent experience of the American Referral Cancer Centers can be summarized as one patient every 2–3 years.^{3,4}

Many factors such as race, social class, personal hygiene, and specially environmental factors must be taken into account if one tries to explain the epidemiological data of this neoplasm.⁵

A 54 year old male presented with two lesions, one on each side of the scrotum. The left one, located antero-laterally, was a 2.5 cm in diameter ulcer with seropurulent discharge. It was noticed 4 months earlier. The other, a 1 cm nodule, was placed medially in the right hemiscrotum and had developed during the last 3 weeks. Malignancy was suspected and complete excision with 1 cm margin performed. At surgery, multiple metallic shavings were discovered within the lesion. This finding was in consonance with his job as an aluminium worker. In fact, he gave a history of metallic dust all over his clothes and body every day. He denied any sort of contact with industrial oil for such product is not necessary to make aluminium windows. Previous exposure to paraffin, PUVA radiation, or any other chemical carcinogen was carefully ruled out. Histopathology revealed a well-differentiated squamous cell carcinoma not otherwise specified. After the histopathological diagnosis, a second excision was performed on both sides and no residual tumour was evident. Using Z-plasties the scrotal wall defect was easily closed. No inguinal lymph nodes were palpated and a computerized tomography scan revealed the absence of pelvic disease. Bilateral sentinel node biopsy performed a month after diagnosis did not reveal micrometastases. More than 3 years later the patient remains free of disease.

Scrotal carcinoma was the first occupational cancer