Sarcoma complicating therapy with cyclophosphamide

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Summary

A patient is described who developed a poorly differentiated sarcoma after cyclophosphamide was used to treat his rheumatoid arthritis. This case emphasizes the importance of considering neoplastic disease as a potential hazard associated with the use of immuno-suppressive drugs.

Introduction

The development of neoplasms after immuno-suppressive therapy has been reported previously (Doll and Kinlen, 1970). The great majority have been either of the lymphoreticular type, frequently involving the central nervous system, or cancers involving superficial epithelium. The occurrence of a poorly differentiated sarcoma in a patient during treatment with cyclophosphamide is reported.

Case history

The patient, a janitor aged 62, initially presented in August 1969 with painful hands and feet. A diagnosis of seropositive rheumatoid arthritis was made and treated with chloroquine phosphate 250 mg daily for 1 year. In November 1972 there was an exacerbation of his joint symptoms and he was started on prednisolone 15 mg daily but continuing disease activity necessitated the addition of cyclophosphamide 50 mg twice daily in February 1975.

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In August 1975 he was admitted to the Manchester Royal Infirmary. There was a 2-month history of progressive exertional dyspnoea and 10 kg weight loss. Examination revealed a hypercorticoid cyanosed patient with finger clubbing, a left pleural effusion and chronic rheumatoid joint changes. Investigations showed a haemoglobin of 13·6 g/100 ml; white cell count of 6,900 with a normal differential; an ESR of 40 mm in 1 hr (Westergren). Routine biochemical tests were all normal. A chest X-ray film confirmed the presence of a left pleural effusion. Cytological examination of the blood-stained pleural aspirate showed it to contain neoplastic cells and needle biopsy of the pleura revealed infiltration with anaplastic tumour cells.

The patient's clinical condition deteriorated and he died 1 week later. At post-mortem the pleura was covered with a grey nodular tumour but sections of the bronchi failed to reveal any primary tumour. Histological examination of the tumour confirmed it to be a poorly differentiated sarcoma.

Discussion

The alkylation agent cyclophosphamide appears to be an effective therapeutic agent in certain connective tissue disorders including rheumatoid arthritis (Co-operating Clinics Committee, 1970). The adverse side effects of this drug constitute a major limitation to its widespread clinical use and in particular there is a possible risk of malignant transformation. A full
Case reports

Histiocytic medullary reticulosis with hypogammaglobulinaemia and disseminated intravascular coagulation

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Summary

A case of histiocytic medullary reticulosis in a 45-year-old man is described. The presentation with a swinging pyrexia is typical. Associated features were very low levels of all immunoglobulins and proved disseminated intravascular coagulation. Heparin therapy was given and the difficulties of controlling such treatment are demonstrated. It is concluded that an increased awareness of the condition as a cause of pyrexia might lead to an improvement in prognosis.

Introduction

Histiocytic medullary reticulosis (HMR) is a rare disorder with a rapidly progressive course, characterized by wasting, fever and enlargement of liver and spleen. The essential anatomical change is a proliferation of atypical histiocytic cells, mainly in the spleen, liver, lymph nodes and bone marrow and was first reported by Scott and Robb Smith (1939). By D. Clarke, R.N., Department of Medicine (Sub-department of Communicable and Tropical Diseases), East Birmingham Hospital, Bordesley Green East, Birmingham B9 S8T.

References


