

Case of treatment of the skin melanoma with rectum metastasis using celandine preparations

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The disease incidence on melanoma in Ukraine is 2-3 cases out of 100.000. At initial examination of patients with melanoma 20% of them have metastases: local (15%) or remote (5%). The other patients (15% of cases) have subsequent dissemination of tumor: 1/5 of the patients – in the soft tissues (lymph nodes, skin, and subcutaneous fat), 4/5 of the patients have visceral metastases (lungs, liver, cerebrum and bones) [1].

Melanoma is the tumor of a low-sensitivity to cytostatic agents [2, 3, 4]. In average, the survival index is 4-6 months and only 6% live for 5 years and longer.

In tests with experimental melanoma B-16 on the mice, it was revealed anti metastatic and less carcinostatic effect of the celandine preparation “Ukrain” [5]. “Amitozyn” – a semi synthetic preparation obtained from celandine alkaloids and thiophosphoric acid, is the analog of “Ukrain”, synthesized in 1959 by A.I. Potopalsky (“Amitozyn”, Kyiv Research Institute of Molecular Biology and Genetics, National Academy of Science of Ukraine). In vitro, in vivo and in clinical researches, were shown its immunomodulatory and carcinostatic properties on the most forms of human tumors, including melanoma [3, 6].

A patient N., 1930 year of birth, was operated in June 1998 on account of face melanoma (operation – excision of the face skin melanoma). Histologic conclusion №1533-3 from 10.06.1998: skin melanoma. In January 1999 at patient examination, on the rectum posterior-dexter wall, directly next to sphincter muscle of anus was revealed a gibbous mulberry like dark purple formation, 5x4 cm size, on a wide base with necrosis site of 2x1 cm. It extends in a dexter ischiorectal area and in a groin posterior wall. A biopsy procedure was done. Pathohistologic conclusion from 17.12.1998: melanoma with necroses and inflammation.

Considering anamnesis data (an operation 6 months ago) that tumor rapidly

increases its size, it was decided to abstain from a radical operation. 6.01.1999 an operation was done – a double-barrel sigmoidostoma application. At a postoperative period infusion, hemostatic and anesthetic therapy was conducted; cardiac glycosides, B group vitamins, antibiotics, proserin were introduced. Stoma formed on the 14th day after operation, postoperative period was without complications.

In a month after operation: from 5.02.1999 the patient underwent a therapy with interferon- α_{2a} (Intron A., Schering-Ploug) preparation in dosage 10x10⁶ IU in a 24 hours, in all 4 courses with two weeks break, on the first and second courses –10 injections per each course, on the third – 6, and on the fourth – 3 injections.

From 30.04.1999 till 5.05.1999 6 injections were done; roferon (Roferon-A, Roche) in dosage 3.000.000 IU. With regard on ineffectiveness of the interferon preparations treatment and awareness of the patient relatives and herself about availability of the Chelidonium majus preparations and its use in the complex malignant neoplasm's treatment, 5.1999 it was started the amitozyn preparation therapy concurrently with vitamin therapy (A, E, C vitamins) in accordance with elaborated in clinic scheme, enterosorption, with use of dietotherapy for oncological patients. Total dosage of amitozyn preparation was 250 mg per each course.

After termination of amitozyn treatment /22.05.1999, the patient was observed in Dnipropetrovsk regional proctologic centre: per rectum – on the dexter wall directly next to sphincter muscle of anus, starting with 8-9 hours. At transferring to 11-12 hours, there is a tissue induration for about 3x4 cm; slightly gibbous, and it slightly infiltrates rectovaginal membrane. Low contact hemorrhagic diathesis. The observation data testify partial metastasis involution. From 10.06.1999 - 30.06.1999 the second course of amitozyn preparation treatment, from 22.07.1999 - 10.08.1999 – third one, from 30.08.1999 - 13.09.1999 – fourth one, from 3.12.1999 - 19.12.1999 – the fifth course were conducted. After preparation introduction the patient noticed insignificant pricking in the tumor area, the temperature reaction of the I-st degree. Observation of the patient 7.10.1999: rectal investigation revealed good tonic contraction of sphincter, active mucous membrane of the rectal ampulla, folds are normal, the anterior semicircle has unpainful infiltration 1x0.8 cm, has no contact hemorrhagic

diathesis. The infiltration locates on the place "+" tissues of the previous observations. At rectoscopy (on 12 cm) the infiltration area has normal color of a mucous membrane, partially seen vascular pattern. Above and on each side of the indicated, area rectum wall is normal. The observation from 26.11.1999 revealed: per rectum – on the anterior-dexter rectum wall at a depth of 3-5 cm observes rectum wall infiltration of 1,2x0,7 cm without crateriform cup in the centre, total metastases regression.

28.03.2000 the patient in accordance with established procedure was done an operation on sigmostoma closure; passage through gastrointestinal tract was restored.

In a month after initiation of amitozyn treatment it was detected partial involution of tumor, in ten months after initiation of amitozyn treatment it was revealed complete disappearance of the metastases, Clinical result confirms experimental research data with melanoma B12 and proves antimetastatic effect of this preparation.

Amitozyn therapy was not accompanied by such toxic effects as: barf, alopecia, oto- and nephrotoxicity, the therapy was better carried by the patient (toxicity level in accordance with Worldwide Organization of Health Protection is – 0). This fact allows us to improve life quality of the patient, to hasten her social adaptation – to accomplish sigmostoma closure.

Conclusions. The present clinical case demonstrates the effectiveness of the preparation in treatment of a skin melanoma and complete involution of tumor metastases after an amitozyn therapy and its possible application as an alternative option to a routine chemotherapy (toxic action not revealed, high life quality of the patients, social adaptation). There is a necessity of the following elaboration to ascertain a mechanism of the celandine preparation effect in skin melanoma treatment.

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