

**TWO WORDS ABOUT
HYBRID
EPITHELIOMA [PRIMARY
EPITHELIOCYTOPLASIA.]**

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Two Words about Hybrid Epithelioma [primary Epitheliocytoblastoma.] by Aureliano Urrutia

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HYBRID
EPITHELIOMA [PRIMARY
EPITHELIOCYTOPLASIA.]**

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TWO WORDS

ABOUT

HYBRID EPITHELIOMA

[Primary Epitheliocytoblasia.]



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HYBRID EPITHELIOMA

[Primary Epitheliocytoplasia.]

This name is given to a pathologic entity originally Tubercular or Syphilitic which assumes in a determined moment the morphologic and hystologic characteristics of an epithelioma without its malignant properties. It is a benign type, an intermediary phase, a disease of transicion, a clinical modality between tuberculosis, syphilis and cancer; with evolution, diagnosis, prognosis and treatment of a very different nature, than that of the simple lesions from which it is derived and to which it bears such resemblance.

Hystologically considered, we can define it saying that it is a neoplasm where there is an extraordinary predominance of the differentiated cellular elements and in which they conserve a large cycle of differentiation and only after new irritations of long duration or of causes not yet well defined, they lose their character of differentiation, assuming then the degree of malignancy which corresponds to true cancer.

According to Broders, pathologist at the Mayo clinic, the greater the tendency of the cells of an epithelioma to differentiate, the greater the degree of benignancy present, and this benignancy is lost and it becomes a grave malignancy when the cells are devoid of differentiation.

This phrase which is not a theoretic conception, but the results of well proven facts, will be the law which shall in the future, govern the prognosis of cancer, over which we shall base our diagnosis, and which will prompt the surgeon to perform or not an operation. This new way of seeing things, opens a field of investigation for the solution of problems which to the present were of a complex nature. For example: the idea which every day grows stronger in our scientific minds that syphilis influences and transforms all or nearly all the diseases: that the bacillus of Koch is a biologic modality which appears, in the course of a disease and to which it gives a different character and extreme gravity.

From these conditions we can pass to others which till present were called by the generic name of cancer, more to cover our scientific deficiency than to satisfy the demands of truth.

In the variety which interests us we must agree that there exists a relation between tuberculosis and epithelioma. The constant irritation and destruction of tissues being the causative and activating agent of the epithelioma, by stimulating cellular proliferation.

Considering the latest works of the French school and those conducted in this country in the mentioned clinic, I can affirm, that the pathognomonic intermediary state of this variety of tumor is due to the presence of a prolonged irritative destruction of epithelial tissue with regenerative or defensive tendency.

If the destructive properties predominate, ulceration continues, but if the regenerative properties continue without accomplishing their reparation of tissues, then the variety of tumor which occupies our attention, originates and remains benign as long as their regenerative cells can keep their properties of differentiation.

We can follow step by step this process till it undergoes its cycle, that is from its origin till it reaches its complete transformation.

Vidauld and Raymond were the first ones to demonstrate that in lupus without tendency to regenerate and without any external manifestations whatsoever, there exist nests of epithelial cells in the midst of granulation tissues of tuber-

cular nature. In a more advanced period the epithelial hyperplasia is so pronounced that it makes us fear the presence of cancerous cells, though it is impossible for us to find them, and according to their statement, there is no means at the disposal of the present laboratory which will enable us to clearly define the point.

In a third step the cellular tissues of the dermis contain tubercular follicles which are attacked by islands of cellular tissue derived from the Malpighian layers of the skin.

Those different types of neoforations carry us from a frank tubercular type of lupus to pseudo epithelioma, or to an epithelioma or a cancer of malignant nature.

But this same course and this same histology has been found in all the great types of ulcerations, whenever the destruction of the deep cellular element has been profound and persistent.

The works of the previously mentioned clinic, state that this same pathology has been found to exist in the simple ulcers of stomach, which when persisting, undergo the same transformation. This same histology has been observed in all the mucosae, in those points where, due to the functions of an organ, their attempt at reparation has proven fruitless, and in an attack of despair the organism suffers a deviation of its vital force of defence and the cells acquire a regenerative power with pathologic manifestations, which constitutes what we call cancer.

These theories have made us conclude that this variety of ulceration is of a benign type, and of irritative origin, over epithelial elements, but for a long time conserve their properties of differentiation, the amount of non-differentiated cellular elements present in them is very small, the differentiated markedly predominating.

This explains the pathogenicity and benignancy of the lesions which occupy us; this also points the way which the surgeon must follow when choosing the opportune moment for the operation.

The Professor Heny Claude in his investigations on this subject made and conducted at his clinic in the Paris hospitals, refers in his book "Cancer and Tuberculosis," page 7, the following:

"Notwithstanding different characteristics presented by

tuberculosis and cancer these two conditions behave like the majority of morbid processes, when they find the organism in a poor defenseless condition with resisting power below par, and exposed by a multiplicity of reasons due to diminution of the resisting power, they both then become associated, they help each other, and give origin to another or to other new types of infections which are the product of their symbiotic union. Sometimes they are of a malignant nature but in the majority of cases of a benign character. In this manner it is possible to explain why the cancerous patient can be frankly tubercular and why the consumptive can present an intercurrent new growth of epitheliomatous formation in one of his organs. The co-existence of cancer and tuberculosis is a real fact out of discussion, and we are permitted by our general knowledge of pathology to interpret them. What is more, we know it to be a positive fact and it has been proven to us with the investigations of the most reputed hystologist in Europe and by investigations conducted by Scott, Warthin, Weinberg in this country, who instead of excluding one or the other diseases from the same organism they state that they can both occur not only in different organs of one individual, but they can become implanted in the same region or organ, and that tuberculosis may be the activating agent of a cancerous process.

In the same region there might be places where there are frankly tubercular manifestations, another may have frankly cancerous manifestations and another hybrid manifestations. This condition may be found on the skin, mamma and at the mucocutaneous junctions. An example of this is the following cases:

"A surgeon diagnosed a case carcinoma of the breast. The pathologist examined a frozen section during the operation and reported that he had found Kochs bacillus and a condition of chronic mastitis present. A routine examination of the prepared paraffin section was made seven days later, by the same pathologist who discovered a few cancer cells which he had overlooked in his previous examination. There was no opportunity for performing another operation on account of the local operation having brought on a rapid metastatic condition which placed the patient beyond surgical redemption

and proved fatal".—Robert B. Grenough, "Annals of Surgery."—vol. LXVI, October 1917.

"In a case of carcinoma of the breast, in which an exploratory puncture was made, at the point of fluctuation of the tumor a small amount of cream like fluid was drawn which on examination proved to contain bacillus of Koch." "The coexistence of cancer and tuberculosis of the mammary gland". A. Scott, Warthin, "Am. Journ. of Med. Sc.", July 1919, no. 327.

The study of different modalities in which cancer can be combined with tuberculosis, or cancer with syphilis, or syphilis with tuberculosis, or syphilis cancer and tuberculosis, upon the same region, or organ of the organism, constitutes one of the greatest achievements of science. Not only is there a pathological and hystological interest attached to this question, but it is also of great practical importance.

The secondary mixed infections which are seen in tuberculosis are very well known and we know them to modify types of pathologic entities and symptoms which we have not at present clearly defined. The association between hybrid tubercular conditions upon syphilitic tissues often have a cancerous appearance which can be demonstrated by examination.

The mixed types of cancer and tuberculosis according to Ribbert are produced by proliferation of tissues upon an already irritated tubercular field, but according to this same author and the American school the irritation of tuberculous tissues provoked by cancerous evolution prevents the immediate effects being felt, creating gradually the cancer, in the same form as in lupus in which we have already seen it, with benign character, hypertrophy of epithelial elements, adenomatous formation which later take a malignant form and are of extreme gravity.

Literature, see Verneuil and his pupils, Pettit, Ramonat, Ozenne in France; Lang, Steiner and Wheeler in English speaking countries who have shown great interest in finding the solutions to these problems of complex pathology, since Ribbert gave out his theory: "Stating that the inflammatory tubercular process was the primum movens of the disorganization and atypical cellular proliferation which constitutes, that which we call cancer."

While a professor of Surgery in the National School of Medicine of Mexico, I began a series of studies taking advantage of a rich tubercular field which offered itself to us for investigation, and we arrived at the following conclusions:

1. Epithelial tuberculosis provokes cancerous evolution with a latent period or a period of benignancy characterized by hyperlasia of the epithelial cellular elements and only assumes a malignant or yacent character after certain period of time, becoming active whenever influenced by the following cause: traumatism which may be of a physical, chemical or mechanical origin.
2. Syphilis and tuberculosis combined or separately give origin to an epithelioma with morphologic and hystologic characteristics of similar nature. (Hybrid epithelioma).
3. In order to prevent symbiotic or benign bacterial infections, cancerous, or malignant degeneration, it is necessary to remove as quickly as possible these ulcerated tissues. When for reasons of their location they are placed in a region where they are subjected to constant irritations and destruction, and in this way favor what is known as the regenerative properties of cells. When removing the tissues the surgeon should be sure that he will replace them by structures of similar nature, covered by normal epithelium and obtain healing by first intention.

My investigations began in the year 1900 and were conducted carefully by all my pupils who contributed in this manner to the study of cancer.

Fortunately for my work, while in this country, I was able to read a report dealing with the most important investigations ever made in the world upon this subject, and published by the Mayo clinics at Rochester, Minn., where besides having the cooperation of very intelligent investigators and a rich field of patients, they have had the good criterium, of taking away, from pathological anatomy its speculative, theoretic character which hitherto had darkened the problems of science instead of clearing them.

To Mayo clinics, is due the honor of having made of pathological anatomy an auxiliary of the clinic. To their clinics we owe the fact that pathology has taken a practical charac-