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Research Paper

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Clinical Evaluation and Management of Colorectal Malignancies

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ABSTRACT

To date exact incidence and the patterns of its distribution in India are not available though it is widely known that India is a low risk area. In U.S.A. it is the 2nd most common malignant disease, second only to lung cancer. This study is a clinicopathological survey of patients with carcinoma of the colon and rectum admitted to the surgical services of the Government General Hospital, Gulbarga, Basaveshwar teaching and General Hospital and peripheral cancer center during the period February 1999 to August 2001. A total of 27 patients were included in this study group, of whom were histopathologically confirmed cases afflicted with carcinoma of the colon and rectum. Out of 289 cases of malignant diseases 27 (9.34%) were carcinoma of the colon and rectum. Out of 10842 total surgical admissions, 27 (0.4%) were carcinoma of colon and rectum. It can concluded that the incidence of colorectal carcinomas in this part of the country is extremely low in comparision to Western countries.

INTRODUCTION

Allingham's introduction of a tube made of tin sheet into the rectum as a blind procedure in the late 19th century, and attempts at visualizing the interior by candle light, made one of his contemporaries to comment that this was definitely safer than introducing the entire forearm as was the practice in those days. This can be considered as the forerunner of sigmoidoscopy.

In his book Disease of the rectum and colon the late J.P. Lockhart – Mummery who did so much to advance rectal surgery stated that in the diagnosis of rectal disease the history as of little significance and everything depended on the physical examination. As a rule lesions of the anus rectum or distal part of the sigmoid colon are accessible to direct approach and this allows a very precise and reliable appreciation of their nature, quite apart from any consideration of symptoms. With lesions in the colon, however the physical diagnosis depends in large measures to radiological examination after a barium enema and though this generally provides accurate information from which a tentative diagnosis can be inferred the consideration of the patients history often plays an important part in interpreting the significance of the radiological appearance. However the advent of fiber optic technology and the subsequent development of colon fibroscopy has made it possible, in skilled hands at specialized centres, to diagnose growths in the colon, with a high degree of accuracy in the present day.

MATERIAL AND METHODS

This study is a clinicopathological survey of patients with carcinoma of the colon and rectum admitted to the surgical services of the Government General Hospital, Gulbarga, Basaveshwar teaching and General Hospital and peripheral cancer center during the period February 1999 to August 2001. A total of 27 patients were included in this study group, of whom were histopathologically confirmed cases afflicted with carcinoma of the colon and rectum. Patients with carcinoma of the rectum however did not have any definitive treatment at this center as they were in turn referred to centres equipped with radiotherapeutic facilities and followed up later at this hospital.

Some form of surgical intervention was carried out in a considerable number, especially in those with colonic lesions chemotherapeutic procedures are instituted and attempts made for adequate follow up.

In the history and symptomatology details regarding the religion, Diet, Socioeconomic status, previous complaints and treatment suggestive of haemorrhoids/fistuals/polyposis, ulcerative colitis Amoebiasis etc. were noted and an enquiry made with regard to family history suggestive of polyposis. Any previous history of systemic disease like tuberculosis, diabetes were asked for and noted. General weakness, loss of weight and appetite, were enquired into. A special reference was made about the patient having abdominal pain he or she having noticed the onset of a lump abdomen or prolapsing mass per rectum. Complaints related to the genitor urinary system were asked for an recorded. All these were noted down chronologically with their duration.

A general examination was carried out in a meticulous manner to detect a palpable growth either in the abdomen in cases of colonic lesion or rectally in the cases of rectal lesions. Rectal examination was done in all cases along with proctoscopy and biopsy. The distance of the growth from the anal verge, extent of the growth, nature of the surrounding mucosa and induration or fixity were noted.

The patients were examined for evidence of metastasis i.e. hepatic or elsewhere and genitourinary involvement.

The specific investigations carried out in all patients: Sigmoidoscopy and Ba. Enema : Done in all cases. The results of sigmoidoscopy and Ba. Enema were analysed and the relative diagnostic accuracy of both compared.

RESULTS

During the period of this study 289 cases of malignant diseases were admitted and diagnosed at this hospital. Out of these 27 were carcinoma of the colon and rectum. They comprised 9.34% of all the malignant disease seen at this hospital.

Considering the rectum separately there were 11 and 16 cases respectively accounting for 3.8% and 5.54%. Carcinoma of the colon and rectum together were placed 5th in respect of numbers. They were headed by cervix, lung, breast and stomach in that order.

Table-1: Incidence of Ca. colon and rectum at Govt. Hospital Gulbarga, Basaveshwar Teaching General Hospital & Peripheral Cancer Center:

Period of Study	Total No. of malignant disease	Ca. Colon and Rectum		Ca. Colon		Ca. Rectum	
		No.	%	No.	%	No.	%
February 1999 to August 2001	289	27	9.34	11	3.8	16	5.54

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Of the Gastro Intestinal cancers colorectal carcinomas were second in terms of number, stomach which accounted for 36 cases taking the first place.

Table-2: Ca.colon and rectum at Govt. General Hospital Gulbarga.

Period	Total Surgical Admission	Ca. Colon and Rectum	
		No.	%
Feb 1999 to August 2001	10842	27	0.4

DISCUSSION

The incidence of colorectal carcinoma is considered to be low in India as compared to the countries in the West. New Zealand, where the occurrence of colorectal carcinoma is at the highest the reported incidence of deaths from this disease is 20/100,000 population (cancer facts and figures, 1980, New York. American cancer society (1979), is followed by other countries in the Western World like Scotland, Denmark, Austria, Canada, England and Wales etc. The lowest incidence has been noted in Honduras in South America. To date exact incidence and the patterns of its distribution in India are not available though it is widely known that India is a low risk area. In U.S.A. it is the 2nd most common malignant disease, second only to lung cancer. The register General's statistics for Great Britain also show a similar picture with colorectal tumours coming second only to lung cancers.

Over a 2 ½ year study we encountered 27 cases of carcinoma of the colon and rectum. This Formed 0.4 % of the total surgical admissions. This is in contradiction to most of the literature from United States and Great Britain which show greater percentages.

Of all the malignant disease, colorectal carcinomas were placed only 5th in terms of numbers in our study. This is also against the statistics from American

And Great Britain wherein they have shown it to behaving the highest incidence after carcinoma of the lung.

CONCLUSION

The incidence of colorectal carcinomas in this part of the country is extremely low in comparision to Western countries.

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