

To study the clinical profile of colorectal carcinoma

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Abstract

Background: Due to limited study in our region, we conducted this study to assess the management of colorectal carcinoma with reference to clinical presentation & histopathological features.

Methods: Hospital based prospective study conducted at Dept. of Surgery, S.P.Medical College and P.B.M Hospital, Bikaner. All fresh cases of histopathologically proved Carcinoma of Colon and Rectum reported during period of study.

Results: The average age in this study was 51.6 years. Youngest patient was of 20 years and the oldest was 80 years. The maximum incidence of carcinoma colon and rectum was in the age group of 41-60 years (38%) . only 12 were vegetarians and 38 non-vegetarians. Non vegetarian patients had a diet rich in animal proteins and fat and relatively poor in fibre content.

Conclusion: Colorectal carcinoma is a disease of middle aged but not uncommon in young age adults in this part of the world, being commonest in the 4th, 5th and 6th decades of life and not a disease predominantly of old persons.

Keywords: Colorectal carcinoma, Young, Vegetarians.

Introduction

In recent decades, there has been an increasing prevalence of cancers in the world. Colorectal cancer (CRC) is a common cancer worldwide. It is the third most commonly diagnosed cancer in males and the second in females, with more than 1.4 million new cancer cases every year¹. There is a geographical variation in the incidence rates with more than half of the cases of CRC occurring in developed countries. However, mortality is higher in the less developed countries who have limited resources and inadequate health infrastructure. Mortality rates have been decreasing in many Western countries due to a combination of various factors like early detection due to screening and improved treatment of CRC²

There are several risk factors that are associated with the development of CRC and some of them imply an earlier screening.⁷ Age is one of the main risk factors for the development of CRC, with over 90% of cases occurring in individuals aged over 50 years, with a

mean age of diagnosis of 65 years. For this reason, CRC is considered a disease of the elderly.

Due to limited study in our region, we conducted this study to assess the management of colorectal carcinoma with reference to clinical presentation & histopathological features.

Material and Methods

Study design: Hospital based prospective study.

Study duration: 12 months.

Study place: Dept. of Surgery, S.P.Medical College and P.B.M Hospital, Bikaner

Study population: Patients presenting with colorectal carcinoma.

Sample size: Patients who fit into the inclusion criteria during study period were included in the study.

Sampling Method: Convenience sampling

Inclusion Criteria: All fresh cases of histopathologically proved Carcinoma of Colon and Rectum reported during period of study.

Exclusion criteria

- Patients with inflammatory bowel disease (IBD) namely Crohn's disease and ulcerative colitis
- Patients with hereditary syndromes such as familial adenomatous polyposis (FAP) and hereditary colorectal cancer not associated with polyposis (HNPCC)

Data Collection: All the patients will be evaluated as per the proforma. A written and informed consent will be taken from the patient after explaining details of treatment modalities. Clinical diagnosis was confirmed by relevant investigations (routine investigations of blood/urine and ultrasonography and CT scan if required) and patient will be managed appropriately.

After confirming the diagnosis and depending on patient's condition appropriate surgery was performed if necessary

Data Analysis: To collect required information from eligible patients a pre-structured pre-tested Proforma was used. For data analysis Microsoft Excel and statistical software SPSS will be used and data was analyzed with the help of frequencies, figures, proportions, measures of central tendency, appropriate statistical test.

Observation: The results of study of 50 cases of colorectal carcinoma patients presented to **SP Medical College and PBM Hospital, Bikaner** are being furnished & analyzed here. 35 cases of carcinoma colon and 15 cases of carcinoma rectum constituted these 50 cases. The study period extended from July 2018-July 2019. The average age in this study was 51.6 years. Youngest patient was of 20 years and the oldest was 80 years. The maximum incidence of carcinoma colon and rectum was in the age group of 41-60 years (38%). Only 12 were vegetarians and 38 non-vegetarians. Non-vegetarian patients had a diet rich in animal proteins and fat and relatively poor in fibre content.

Table 1: Symptoms wise distribution of Patients

Symptoms	No. of cases	Percentage
Bleeding per anum	22	44
Altered bowel habit	16	32
Obstruction acute / subacute	30	60
Weight loss	27	54
Pain abdomen	23	46
anorexia	27	54
tenesmus	13	26
Melana	18	36

In carcinoma colon, obstruction (60%) and weight loss (54%) were the most common symptoms. In carcinoma rectum, Bleeding per anum and wt loss were the commonest symptoms, being present in 86% of cases.

Tenesmus, various types of pain and altered bowel habits were the other common symptoms.

Table 2: Signs wise distribution of Patients

Signs	No. of cases	Percentage
Distended abdomen	30	60
Rectal growth	11	22
Lump	7	14
Pallor	34	68
ascites	2	4
hepatomegaly	1	2

Most common sign in our study is pallor which was present in 68% of cases while distended abdomen was present in 60% of cases.

Table 3: Site distribution of Patients

Site	No. Of cases	Percentage
Caecum	9	18
Ascending colon	3	6
Hepatic flexure	2	4
Transverse colon	2	4
Splenic flexure	1	2
Descending colon	5	10
Sigmoid	13	26
Rectum	15	30
Total	50	100.00

Carcinoma was more common in left than right side. 68% was left sided while 28% right sided and in 4% cases the carcinoma was in transverse colon.

Table 4: Site distribution of Patients with Rectal Carcinoma

Site	No. of cases	Percentage
Upper 1/3	2	13
Middle 1/3	2	13
Lower 1/3	11	74
Total	15	100

Discussion

Goligher (1984)³ has asserted that rectal carcinoma is predominantly a disease of older persons, being commonest in the 60–70 age groups. Most series reveal that it is commonest in the 6th -7th decade of life. The average age in this study was 51.6 years.

	Present study	Aljebreen et al ⁴	Prachi Patil et al ⁵	S.
Mean age	51.6	55	47.2	

All authors have found colo-rectal malignancy to be more common in males than in females. According to study by Paymaster, male: female ratio for rectal carcinoma in India is 2.9:1, while Glen & McSherry [1966] recorded a ratio on 1.5:1. In one recent study, it was mentioned that gender was not a prognostic factor. But according to Cusak, prognosis of female rectal cancer patients was better than that of male rectal cancers. Jussewala and Gangadharan (1973)⁶ in their report on 1040 cases of colorectal cancer admitted to six cancer hospital in India found a higher male incidence of 3.3 :1 and 1.97:1 and 2.4 :1 in cancers of colon and rectum respectively.

Delayed diagnosis is common because of the similarity between early signs and symptoms of colorectal cancer and functional gastrointestinal complaints often experienced by pts. Blood loss as an initial symptom & short duration of symptoms are associated with a better prognosis (Wiggers et al. Dis Colon Rectum. 1988)⁷. The symptoms encountered in this study conform to those found in other studies all over the World. Bleeding per annum was most often associated with alteration of bowel habits. The later finding most often was in the form of an increase in the frequency of motions with a concomitant decrease in amount at every motion. In carcinoma colon, anemia

and altered bowel habit were the most common symptoms. In ca rectum, Bleeding per anum and wt loss was the commonest symptom, being present in 86% cases.

The alteration of bowl habit was interspersed with episodes of constipation, But all the patients who presented with acute on chronic intestinal obstruction invariably had a history of constipation.

Weight loss was a prominent symptom (86%) and was found in the poorly nourished and in patients with a below average nutritional status. It was invariably seen in patients with a history of 12 months or more. These above findings compared well with other series. (Chaudhuri & Ray's 1963, Johnson, Judd & Dahlin 1959, Floyd et al 1966)⁸⁻¹⁰.

In our series 76% of the patients were nonvegetarian.. It was however of significance that it was out of this population that 50 patients were admitted in our hospital in last one year with rectal cancer. Increased dietary meat augments the risk of large bowel cancer.

Distribution of growth in various segments of colon in this study in order of frequency was rectum (30%), sigmoid (26%), caecum (18%) and ascending colon (6%), transverse colon (4%), splenic flexure(2%) and descending colon(10%).

Most common site of involvement for rectum was lower 1/3rd (74%).

In most of the Indian series that have been reviewed, lower third growths have greatly outnumbered mid and upper third growths. The finding of the present series, therefore, are more in accordance with that of Goligher (1941), though not similar.

Site has an important bearing on presentation, management and subsequent outcome of disease. Age adjusted five year survival following curative surgery was higher for right colon than for left colon. This may

be explained by the fact that mesocolon on the right side is excised with the colon resulting in more complete lymphadenectomy with right sided lesion than the left. More so the left sided lesion present with obstruction and perforation in which prognosis is bad.

Site	Present study	Celestino et al ¹¹
Right side	28%	34%
Left side	68%	58%
Transverse colon	4%	8%

Conclusion

Colorectal carcinoma is a disease of middle aged but not uncommon in young age adults in this part of the world, being commonest in the 4th, 5th and 6th decades of life and not a disease predominantly of old persons.

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