

Late presentation of large bowel cancer: How to address the problem?

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Background. Colorectal carcinoma has world wide distribution but its high incidence is present in industrialized countries. It was predominantly a disease of elderly but now younger patients are also presenting with this disease.

Methods. It is an observational study of seventy-four patients diagnosed with colorectal carcinoma admitted in surgical unit-III, Services hospital, Lahore from September, 1997 to June, 2004. They contributed 1% of all patients presented with surgical problems involving gastro-intestinal tract.

Results. Bleeding per rectum and altered bowel habits were the commonest presentations followed by large gut obstruction. More over, 40% of our patients were less than 40 years of age. The incidence of colorectal carcinoma is on the rise in Pakistan and especially in younger age group. Thirty five patients (47.2%) presented with advanced disease. Twenty four patients (35.2%) of colorectal carcinoma presented in emergency, twenty two patients (29.7%) presented with acute or sub-acute intestinal obstruction and four patients (5.3%) with perforation of the colon due to delay in diagnosis.

Conclusion. A plan should be charted out for the early diagnosis and treatment to achieve better prognosis and survival index of the patients.

Key Words. Colorectal carcinoma, Young patients, Advanced disease, Emergency presentation.

Introduction

Colorectal adenocarcinoma is the second most common malignancy in the west. It is a relatively uncommon malignancy in the subcontinent as compared to the western world. In sub-continent colorectal carcinomas does not figure amongst the 10 most common malignancies¹. It has world wide distribution but its high incidence is present in industrialized countries e.g. Scandinavia, Western Europe, Canada and New-zealand, whereas its low incidence is in Africa, Asia and South America. Colorectal cancer was pre-dominantly a disease of elderly, but now younger patients are also presenting with this disease². The high risk group is after the fourth decade of life with maximum incidence is from sixth to ninth decade³. Familial adenomatous polyps, inflammatory bowel diseases and pelvic radiation for other malignancies are pre-malignant conditions for this carcinoma⁵. In addition to these risk factors diet low in fiber or calcium and high in fat or red meat increases the risk for the development of Colorectal carcinoma⁶.

Patients and methods

We conducted this study of colorectal carcinoma from September 1997 to June 2004. Seventy four patients of colorectal malignancy were admitted in surgical unit III, Services Hospital, Lahore. Out of

these seventy four patients, forty eight (64.8%) were admitted through outdoor having signs and symptoms suggestive of colorectal malignancy and twenty six (35.2%) patients presented with the acute abdomen

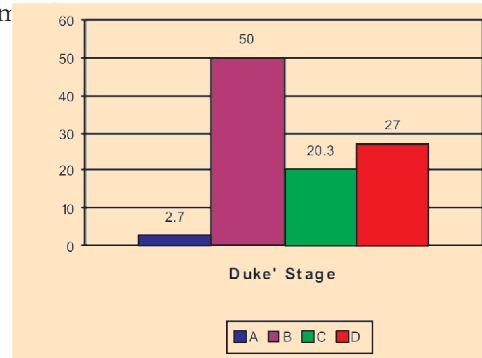


Fig. 1. Aster-Collars modified Duke's Stage of tumors.

Emergency department. These patients were diagnosed by history, clinical examination, endoscopic evaluation, radiological and imaging findings. The disease was staged according to Aster-Coller modified Duke's classification⁴. Most patients were found in Duke's B stage (Figure 1).

Results

In this seven years study, the age of the patients

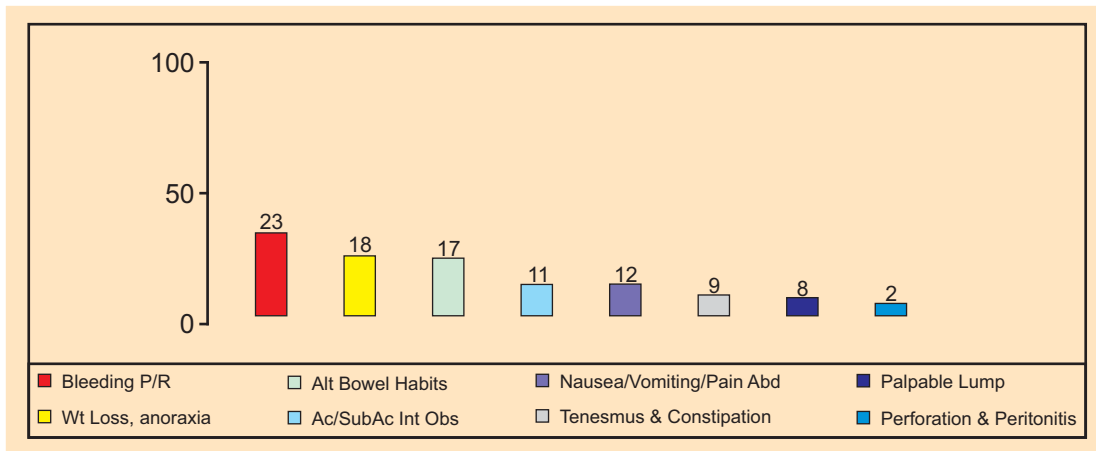


Fig. 2. Symptomatology (In percentage) of 74 patients of colorectal cancer.

Table 1. Age Distribution in 74 Cases of Colorectal Cancers.

Age Group In Years	No. of Patients	% age
<31	7	9.5
31-40	22	29.7
41-50	15	20.3
51-60	13	17.5
>60	17	23

Table 2. Sites of Lesion.

Site	No:	% age
	17	23
Caecum	9	53
Ascending Colon	5	29.5
Hepatic Flexure	2	11.7
Transverse Colon	1	5.8
	57	77
Splenic Flexure	3	5.2
Descending Colon	0	0
Rectosigmoid Junction	29	51
Lower Rectum	25	43.8

Twenty eight patients were between 41 and 60 years (37%) and sweeten patients (23%) presented after the age of 61 years. There were 46 males and 28 females with a male to female ratio of 1.6:1. It was

observed colonic carcinoma is more in males (33 patients) whereas rectal carcinoma is common in females (2 patients) in this study.

It was found that recto-sigmoid junction was involved in twenty nine patients (51%). Right half of the colon in 17 patients (23%) and left half of colon and rectum in fifty seven (77%) patients (Table 2).

Curative resection was possible in thirty five patients (47%) where as palliative resection was done in thirty nine patients (53%). The surgical procedures include right hemicolectomy in sixteen patients left hemicolectomy in four patients and subtotal colectomy in one patient. Twenty six patients merit anterior resection, where hand sewn anastomosis was performed in twenty five patients and stapling gun was used in one patient. Twenty patients underwent abdominoperineal resection (APR) with permanent end colostomy.

Discussion

This study revealed that colorectal carcinoma is not a rare condition in this part of the world especially in the subcontinent as previously thought¹. Its incidence is rising in Asia and Africa and is probably because of the urbanization of population and industrialization. Lifestyle, change in the dietary habits like decrease in fiber contents of food, increase in refined tined food and juices, smoked foods (Bar-B-Que), wide spread use of preservatives and pesticides modify the risk of Colorectal carcinoma⁸.

A study was carried out at Jinnah Post-Graduate Medical Centre (JPMC) Karachi which showed that there is an over all increase in the malignant gastrointestinal tract tumours over the years from 9% in 1961 to 17% in 1992⁹. The JPMC study showing

Increased presentation of disease in younger age group as compared to western population. Our study is also comparable with JPMC study as (40%) 30 of our patients were below the age of 40 years. This fact had been highlighted in a study carried out in United Kingdom which showed that 5 (24%) out of 21 patients were 30 years old at the time of diagnosis¹⁰. Ashenafi published a study in the year 2000 revealing 36% incidence of colorectal carcinoma below the age of 40 years and 16% below 30 years in Ethiopia⁷. Presentation of the patients in our study is comparable with Kyle study showing that bleeding per rectum, change in bowel habits and abdominal pain were common presenting symptoms, thirty five (22.5%) out of one fifty five patients presented in emergency, twenty six (17%) with obstruction and nine (6%) with perforation whereas in our study twenty six (35.2%) out of seventy four patients presented in the emergency, twenty two (29.7%) presented with acute or sub acute intestinal obstruction and four (5.4%) presented with perforation of gut¹¹.

In this study we observed that thirty five (47.3%) patients presented with advanced disease.

This delayed presentation with advanced disease can be on the part of patients and the doctors treating them earlier for their symptoms¹². Lack of health education in general public leads to misinterpretation of bleeding per rectum as piles, change in bowel habit as constipation or diarrhoea.

Patients take treatment for these symptoms themselves or consult some poorly trained doctors or unregistered medical practitioners leading to delay in their diagnosis and treatment by the consultant surgeons.

Future management should include an emphasis on earlier detection to enhance survival¹³⁻¹⁵. General public should be addressed through print and electronic media, about the disease and it should be stressed that if they have the symptoms suggestive of colorectal malignancy, they should go to the qualified doctors for examination and further management.

The delay on the part of doctors can be addressed by following the guide lines of National Health Services (NHS) UK making it mandatory for general practitioners to acquire post graduate qualification before under taking private practice. The diploma of family medicine (DFM) of College of Physicians and Surgeons of Pakistan may be considered a prerequisite by Pakistan Medical and Dental Council to start general practice, so that they should be aware of presentation of such diseases leading to prompt and accurate diagnosis and subsequent referral. There should be regular orientation symposia, workshops organized by the tertiary care hospitals and medical institutions in their respective areas for general practitioners.

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