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CLINICAL PROFILE OF PATIENTS WITH ESOPHAGEAL CANCERS

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Abstract:

OBJECTIVE: *To determine the Clinical profile of patients with esophageal cancers.*

PATIENTS AND METHODS:*The one year cross sectional study was conducted at tertiary care hospital. All the patients either gender who were diagnosed as esophageal cancer were included in the study. These patients were allowed to undergo necessary investigations and treatment while the subjects excluded from study were patients who were lost to follow up and the non cooperative patients who not interested to participate in the study while the frequency / percentages (%) and means ±SD computed for study variables.*

RESULTS:*Duringone year study period total fifty patients with esophageal carcinoma were explored and studied. the frequency for male and female population was 32 (64%) and 18 (36%) with mean ± sd for age of male and female individuals was 54.47±5.87 and 51.75±7.72 respectively. Gender male 32 (64%) and female 18 (36%), type of lesion exophytic 05 (10%), infiltrative 10 (20%), ulcerative 35 (70%), location upper third 05 (10%), middle third 30 (60%) and lower third 15 (30%). Histological type squamous cell carcinoma 36 (72%) and adenocarcinoma 14 (28%).*

CONCLUSION:*It has been found that carcinoma esophagus is the most common gastrointestinal cancer and the most common cause of cancer related death thus early diagnosis offers the only chance of cure in these patients.*

KEYWORDS:*Esophagus, Malignancy and Cancer*

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INTRODUCTION:

Cancer of the esophagus ranks twelfth among the major cancers in the number ofnew cases diagnosed and seventh in the number of cancer death [1] Its high mortality ratemakes it a major concern. Probably no other cancer causes greater misery to the patient due to developmentof an inability to swallow even fluids [2]. Early stages of the disease are only foundserendipitously or during screening of precursor lesion. As a result, the typical patientpresents with locally advanced disease with lymph node involvement [3]. Most of the timepatients coming to the hospital with advanced disease have a very poor long term prognosis.Esophageal cancers are diagnosed by upper GI endoscopy with multiplebiopsies [4].However C T scan is needed to identifylung and abdominal metastases and also helps in assessing the local respectability of thegrowth by delineating the invasion into meditational structures [5]. CT has pooraccuracy for assessment of response to therapy in patients with esophagealcancer. Surgery remains the best option for these patients providing the only chance ofcure. Numerous approaches have been described for resection of esophagus, each havingits own advantages and disadvantages [6]. Combined modality therapy includingradiotherapy and chemotherapy has raised hope for improvement of survival withpromising preliminary data [7].Finally, for palliation of dysphagia in those patients with advanced disease,various newer therapeutic options have been introduced like endoscopic stenting andlaser ablation.Thus this study elaboratereview of current literature pertaining to the disease and concludes by comparing theresults of the present study with the former national and international scenario.

PATIENTS AND METHODS:

The one year cross sectional study was conducted at tertiary care hospital. All the patients either gender who were diagnosed as esophageal cancer were includedin the study. These patients were allowed to undergo necessary investigations and treatment while the subjects excluded from study were patients who were lost to follow up and the non cooperative patients who not interested to participate in the study. All the specific patients had thorough clinical history, relevant clinical examination and important investigations to explore the carcinoma esophagus whereas the data was collected on proforma while analyzed in SPSS to manipulate the frequencies, percentages and mean ±SD.

RESULTS:

During one year study period total fifty patients with esophageal carcinoma were explored and studied. The frequency for male and female population was 32 (64%) and 18 (36%) with mean ± SD for age of male and female individuals was 54.47±5.87 and 51.75±7.72 respectively. The demographical and clinical profile of study population is presented in Table 1.

TABLE 1: THE DEMOGRAPHICAL AND CLINICAL PROFILE OF STUDY POPULATION

Parameter	Frequency (N=50)	Percentage (%)
AGE (yrs)		
30-39	05	10
40-49	07	14
50-59	15	30
60-69	13	26
70+	10	20
GENDER		
Male	32	64
Female	18	36
TYPE OF LESION		
Exophytic	05	10
Infiltrative	10	20
Ulcerative	35	70
LOCATION		
Upper third	05	10
Middle third	30	60
Lower third	15	30
HISTOLOGICAL TYPE		
Squamous cell carcinoma	36	72
Adenocarcinoma	14	28

DISCUSSION:

Carcinoma esophagus is one of the most common gastrointestinal tractmalignancies. It was the second most common gastrointestinal cancer in our hospitalsecond only to carcinoma stomach, constituting 6.2% of all malignancies [8]. According to astudy Rao DB, et al [9] the frequency of esophageal cancer was 8.5%. Also, there is very high variability in the incidence of esophageal cancerworldwide. Worldwide, esophageal cancer ismuch more common in males compared to females. The maximum occurrence of this malignancy in our study was found in the fifthand sixth decade of life which was similar to the nationwide incidence as reported byNapier KJ etal [10].The overwhelming majority of esophageal malignancies may be classified aseither squamous cell carcinomas or adenocarcinomas. Squamous cell carcinomas accountfor the vast majority of cancers arising in high-incidence areas throughout the world.Seventy two percent of our patients had squamous cell cancer while twenty eight percent had adenocarcinoma. Thisreflects the difference in epidemiology and the fact that adenocarcinoma is not rising inincidence in less well-developed nations like ours compared to the West.In former study approximately 60% of these neoplasms are locatedin the middle third of the esophagus, whereas 30% and 10% arise in the distal third andproximal third of the intrathoracic esophagus, respectively [11]. In our study, 60% were inmiddle third, 30% were in lower third and 10% were in upper third esophagus. Thisclosely resembles the former study [11].Several rare cancers of the esophagus had previously reported as squamouscell carcinoma with sarcomatous features, adenoid cystic and mucoepidermoidcarcinomas while none of the patients in this series had any of these types esophageal cancer.

CONCLUSION:

It has been found that carcinoma esophagus is the most common gastrointestinal cancer and the most common

cause of cancer related death thus early diagnosis offers the only chance of cure in these patients.

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