



CODEN [USA]: IAJ PBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1461905>Available online at: <http://www.iajps.com>

Research Article

PATTERN OF MALIGNANCIES IN GASTRO INTESTINAL¹Dr. Syed Iqtedar Hussain Shah, ²Dr. Anum Asif, ³Dr. Muhammad Yasir¹Medical Officer, BHU Warwal, Chakwal²Sargodha Medical College³Avicenna Medical College Lahore**Abstract:**

Objective: The objective of this research is to record quantity of malignant tumours of stomach, biological position and microscopic discovery linked to a hospital located in the Northern areas of Punjab.

Methodology: This research work was carried out at medicine department of gastro intestinal unit of Nishtar Hospital Multan. All the patients who experienced upper gastro intestinal endoscopy and found with upper gastro intestinal dangerous disease on the microscopic testing were involved. Sufferer's data about their medical condition, their residence place, their age, gender and history of the disease were documented.

Results: During the period of this research work, three hundred and two patients of upper gastro intestinal malignancy were checked in our department. Eighty-three patients were younger and less than forty years of age. The average age of the patient was fifty-eight years. The injury was for from the point of joint in forty-three percent, nearest to the point of joint in twenty percent and seven percent included the complete. In ten percent of patients, main place was lesser curve. The tumour was found in the upper third in thirty-three percent. It was found in the middle third in twenty-two percent and tumour was also found in lower third in more than thirty-four percent. Pain epigastrium was the most common sign in the stomach carcinoma. Oesophageal carcinoma patients announced dysphagia as the major grievance.

Conclusion: General malignant tumour in men was stomach carcinoma and oesophagus carcinoma was found in females. Selection by Endoscopy in mass supposed of having upper GI malignancy outcomes in a noteworthy acquiesce of carcinoma. Non- cardia cancer is also very frequent among masses. The people of the Asia are not much different from the people of other races in case of stomach cancer.

Keywords: GI, gastrointestinal, upper GI cancer, stomach cancer, carcinoma, oesophagus, cardia, epigastrium, acquiesce, malignancy, tumour.

Corresponding author:

Dr. Syed Iqtedar Hussain Shah,
Medical Officer,
BHU Warwal,
Chakwal

QR code



Please cite this article in press Syed Iqtedar Hussain Shah *et al.*, *Pattern of Malignancies in Gastro Intestinal .*,
Indo Am. J. P. Sci., 2018; 05(10).

INTRODUCTION:

Oesophagus and Gastric adeno-carcinomas are the main health abnormalities in the whole world. The occurrence of the upper GI malignancies is different on the basis of area location, the status of the class and their economic background. The 3rd most frequent malignancy found in the whole world is gastric cancer [1]. An analysis about cancer related death rates and its occurrences was carried out in 2005 which concluded that nine lakhs and thirty-four thousand patients were suffering of gastric cancer in 2002 and about seventy thousand patients of this disease died every year [2]. About twenty-two thousand and eight hundred patients of stomach cancer were documented in only USA in 1996 and fourteen thousand died in the consequence of that disease.

In the developed countries, the death rates caused by the gastric cancer are decreasing slowly with time but it is still a major cause of death for the patients from the countries which are under development. The living areas and eating habits plays a vital role in the creation of this disease in the masses. Economic and social status of the people can also cause of emergence of this terrible disease. Shifting of the masses from areas of great danger to the low risk areas and adopting the eating values of those areas promotes the danger from generation to generation. In those areas where the occurrence of this terrible disease is very high, the Screening of gastric cancer is to be advocated. This research work is concern with the people of North areas of Pakistan who are socially and economically backward and living their lives under poverty line.

METHODOLOGY:

The most of the attendants were from the non-urban areas of the country. The data of these patients was analysed in this research from past to present. The data of the patients of gastric cancer who were visiting for the very first time from 2003 to 2017 was documented. The service of open access endoscopy was present in our institute for more than fourteen years. The way of appearance, symptoms duration, background histories of dyspepsia and anti-peptic drugs usage were recorded. The information about gender, living areas and age of the patients was also documented. The eating habits were also interrogated from the patients participating in this research work. The accurate place of tumour, tumour linkage place and its axial outlooks were also concluded.

The spot of the tumour outside the stomach was arranged as lesser curvature, larger curvature, frontal

wall or subsequent wall. The place of the tumour was arranged as corpus cancer, distal kind and cardia cancer. The manifestations of the tumour gained from endoscopy and histology was also assessed.

RESULTS:

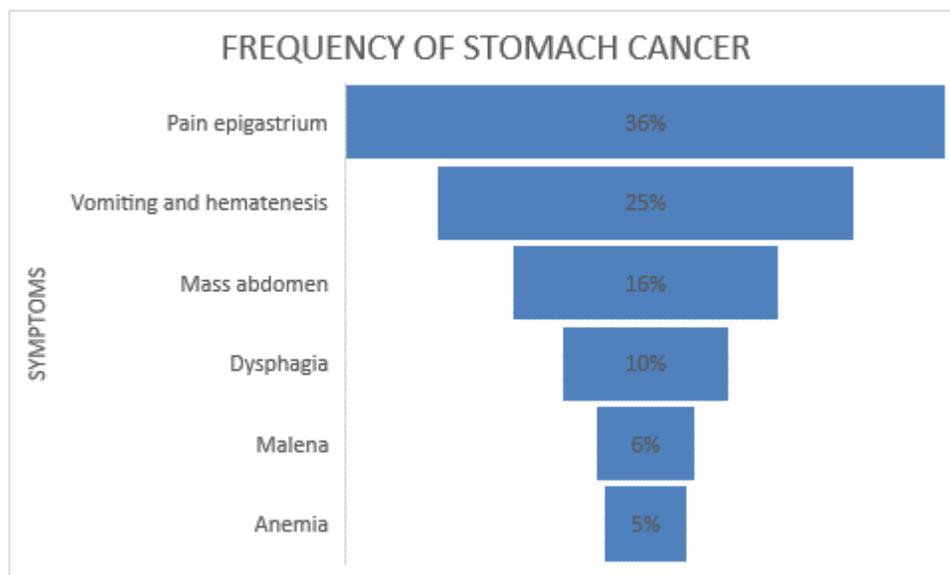
Three hundred and seventy-five patients were included in the research. One hundred and fifty-nine were the male participants and one hundred and forty-three were female participants. They visited clinic of GI during 1992 to 2006 having upper GI signs experienced upper GI endoscopy to ensure the presence of the malignancies in the patients. The average age of the patients was fifty-eight years. About five percent patients were less than forty years of age. The range of the age was from fourteen years to eighty-five years. Forty-six percent patients were from Rawalpindi, thirty-six percent patients were from Kashmir and seventeen percent patients came from the district of Chakwal.

Upper GI cancer was concluded in three hundred and two patients. The most common site was gastric antrum found in ninety-two patients. The site of central oesophagus was found in eighty-seven patients, corpus was found in thirty-eight cases, gastric cardia was found in forty-five patients, distal oesophagus was found in eighteen cases, gastro oesophageal junction was found in fourteen cases and proximal oesophagus was found in only nine cases. Oesophageal carcinoma was concluded in one hundred and twenty-eight patients with the help of histology, the pattern of histology was as: squamous cell carcinoma was found in sixty-nine percent, adenocarcinoma was found in twenty-eight percent and oesophageal lymphoma was found in three percent. Thirty patients were younger than fifty years of age. The patients from fifty to seventy years of age were ninety-eight.

One hundred and seventy-five participants were the patients of gastric carcinoma., the histological pattern discovered was as: Gastric adenocarcinoma was discovered in eighty-five percent, gastric lymphoma was found in thirteen percent, gastric leiomyosarcoma was found in two percent. Intestinal type cancer was found in 123 patients. Most of the gastrointestinal tumours were in their serious stage at the time of appearance in the hospital. Only twelve patients less than thirty year of age were found with gastrointestinal malignancies in which oesophagus carcinoma was found in three patients, gastric carcinoma was found in four patients and lymphoma was discovered in five patients as described in Table-1. Stomach carcinoma was found in 98 males and 70

females and oesophagus carcinoma was found in seventy-two females and sixty-one males.

Mode of presentation	Frequency
Pain epigastrium	36%
Vomiting and hematemesis	25%
Mass abdomen	16%
Dysphagia	10%
Malena	6%
Anemia	5%

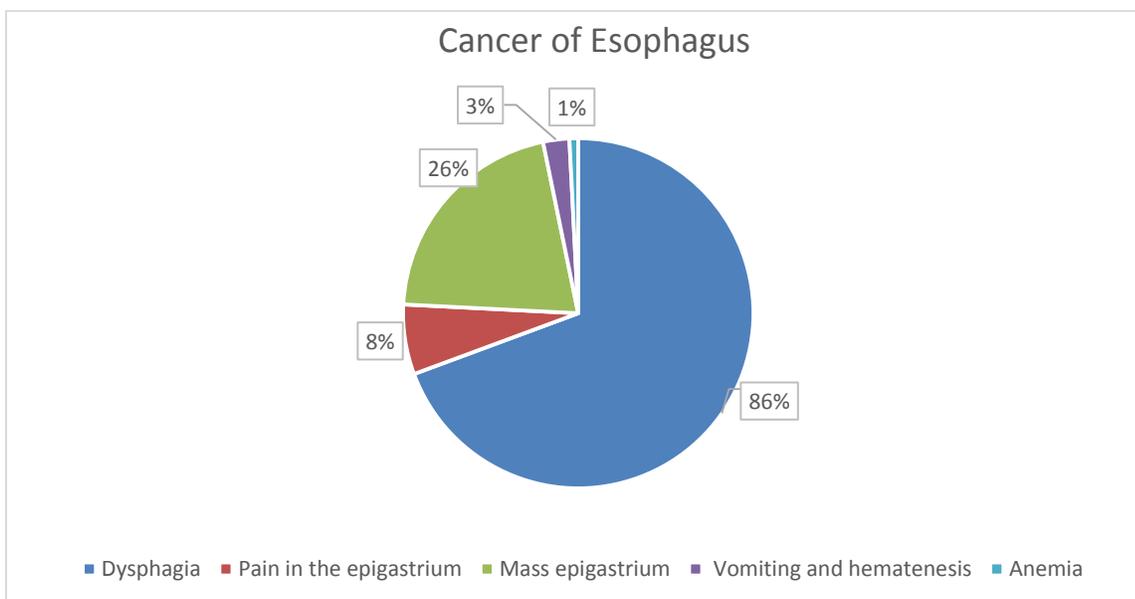


DISCUSSION:

Oesophagus and gastric tumours are thought to be different diseases. The occurrence of adeno-carcinoma related to oesophagus is increasing very rapidly in North USA and Western part of Europe [3]. It can be a very dangerous disease and should be tackled in early stage. Stomach carcinoma is one major reason of death due to cancer. The second most frequent deadly disease is gastric cancer. In United Kingdom, gastric cancer is causing ten thousand deaths per year. Stomach carcinoma is very frequent in the south part of India [4]. Gastric carcinoma high occurrence rate was concluded in Mizoram in one of the research work carried out in India [5]. Our research proved that sixty-seven percent patients of stomach carcinoma were men and fifteen percent were younger than forty years of age.

In another research work, adeno-carcinoma of intestine was most common and most common location was distal third [6]. These cancers are very common in the areas of Kashmir where India has its control. There was a rapid increase in the patients of cardia carcinoma from 1984 to 1993 in Kashmir [7]. The occurrence of gastric cancer is largest in China, Southern part of America and East part of Europe. Japan also has a very high rate of this cancer and ninety percent are placed at cardia distal. In developed countries, the occurrence of this disease is decreasing day by day. The occurrence of distal stomach cancer is decreasing from last fifty years which is quite visible in USA [8, 9]. Same occurrence tendency about proximal gastric cancers is observed from Europe [10]. The incidences of oesophagus cancer are provided in Table-2.

Mode of presentation	Frequency
Dysphagia	86%
Pain in the epigastrium	8%
Mass epigastrium	26%
Vomiting and hematemesis	3%
Anemia	1%



A very high occurrence of upper GI cancer was assessed in the North-West part of Iran [11]. A research work carried out in Kashmir which is under control of India proved the high occurrence of these cancers in the South as compared to the Northern areas of Kashmir [12]. The effects of the social and economic aspects on these cancers were interrogated in a research carried out in Sweden [13]. Most of the patients of these cancers are farmer and the manual workers. They are much exposed to this disease. Another research work in Pakistan proved that twenty-five percent cardiothoracic operations are result of this factor [14]. A research work from Baluchistan proved that oesophagus carcinoma was the 3rd major common tumour and it consist more than eleven percent patients [15]. In one research work, squamous cell type provided an important continued existence benefit for a longer duration [16]. Eighty-one percent patients were documented with Squamous cell carcinoma while adeno-carcinoma was the next most frequent in another research study carried out in Aga Khan Hospital located in Pakistan [17]. More than seventy-five percent oesophagus

carcinomas among Asians and Pacific Islanders were squamous cell carcinoma as proved by early research works [18].

CONCLUSION:

Gastric cancer can be discovered at very early stage with the help of endoscopy. Non- discovery at early stage can lead to dangerous consequences. Methods for targeted screening among the people for stomach cancer should be evolved. The average age for gastric cancer was fifty-two years inn males and forty-nine years in females. Open access endoscopy can increase the detecting facility of this disease at initial stage. A large quantity of the suffering patients belongs to city of Rawalpindi.

REFERENCES:

1. Whelan SL, Parkin DM, Masuyer E, eds. Trends in cancer incidence and mortality. Lyon, France: IARC Scientific Publications, 1993. (IARC scientific publications no. 102.)
2. Parkin DM, Bray FI, Devesa SS. Cancer burden in the year 2000. The global picture. Eur J Cancer

- 2001;37:S4-66.
3. Lagarde SM, ten Kate FJ, Reitsma JB, Busch OR, van Lanschot JJ. Prognostic factors in adenocarcinoma of the esophagus or gastroesophageal junction. *J Clin Oncol* 2006;24:4347-55.
 4. Sambasivaiah K, Ibrarullah M, Reddy MK, Reddy PV, Waghlikar JS. Clinical profile of carcinoma stomach at a tertiary care hospital in south India. *Trop Gastroenterol* 2004;25:21-6.
 5. Phukan RK, Narain, Zomawia E, Hazarika NC, Mahanta J. Dietary habits and stomach cancer in Mizoram, India *J Gastroenterol* 2006;41:418-24.
 6. Eskander H, Shoshtari S, Hossein M, Rahim M, Jalaj H, Mehrdad A, et al. Clinical profile of gastric cancer in Khuzestan, Southwest of Iran *World J Gastroenterol* 2006;12:4832-5.
 7. Rumana M, Khan AR, Khurshid N, Seema Ali, Besina S, Lone NA. The changing pattern of oesophagogastric cancer in Kashmir. *JK-Practitioner* 2005;12(4):189-90.
 8. Crew KD, Neugut AI. Epidemiology of upper gastrointestinal malignancies. *Semin Oncol* 2004;31:450-64.
 9. Golematis B, Tzardis P, Hatzikostas P, Papadimitriou K, Haritopoulos N. Changing pattern of distribution of carcinoma of the stomach. *Br J Surg* 1990;77:63-4.
 10. Blot WJ, Devesa SS, Kneller RW, Fraumeni JF Jr. Rising incidence of adenocarcinoma of the esophagus and gastric cardia. *JAMA* 1991;265:1287-9.
 11. Derakhshan MH, Yazdanbod A, Sadjadi AR, Shokoohi B, McColl KEL, Malekzadeh R. High incidence of adenocarcinoma arising from the right side of the gastric cardia in NW Iran. *Gut* 2004;53:1262-6.
 12. Khuroo MS, Zargar SA, Mahajan R, Badday MA. High incidence of esophageal and gastric cancer in Kashmir in a population with special personal and dietary habits. *Gut* 1992;33:11-5.
 13. Ji, Hemminki JK. Socio-economic and occupational risk factors for gastric cancer: a cohort study in Sweden. *Eur J Cancer Prev* 2006;15:391-7.
 14. Ziaddin AU, Saeedi I, Mehmood K. Geographical location and histological presentation of gastric carcinoma in NWFP. *J Postgraduate Medical Inst* 2003;17:111-5.
 15. Roohullah, Ma K, Shah MA, Khan Z, SW H, Burdy GM, et al. An alarming occurrence of esophageal cancer in Balochistan. *Pakistan J Med Res* 2005;44:101-4.
 16. Alexiou C, Khan OA, Black E, Field ML, Onveaka P, Beggs L, et al. Survival after esophageal resection for carcinoma: the importance of the histologic cell type *Ann Thorac Surg* 2006;82:1073-7.
 17. Alidina A, Gaffar A, Hussain F, Islam M, Vaziri I, Burney I, et al. Survival data and prognostic factors seen in Pakistani patients with esophageal cancer. *Annals of Oncology* 2004;15:118-22.
 18. Wu X, Chen VW, Ruiz B, Andrews P, Su LJ, Correa P. Incidence of esophageal and gastric carcinomas among American Asians/Pacific Islanders, whites, and blacks: Sub site and histology differences. *Cancer* 2006;106:683-92.