

A study of profile of oesophageal carcinoma

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Abstract

Oesophageal Cancers are more often encountered than when compared to statistics of any other era and we encounter it more often in the clinics. The frequency has been on a positive inclination if not straight. It is one of the serious malignancies and has one of the worst prognoses. The morbidity and the mortality is also on a higher scale. The trends are expected to increase in the next decade or two as more and more urbanisation and industrialisation are happening thus indirectly leading to life style modifications. Obesity is also one of the more important causes or rather says obesity has been linked directly to the oesophageal cancers. With increase in the incidence and prevalence of the obesity and also the unhealthy life style modifications, more number of cases is expected to encounter. If global scenario is considered then higher incidence is reported in the developing nations and also majority of the studies indicate that squamous cell carcinoma is the commonest variety. In the last half century more number of cases has been reported than in any other point of time.

Key Words: Oesophageal, Carcinoma, Lifestyle, Retrospective, Profile.

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INTRODUCTION

Oesophageal carcinoma ranks one of the commonest of all cancers. It sure finds a spot in the top ten. It also ranks itself in the top 5 when mortality of the patient is concerned. ¹ Oesophageal Cancers are more often encountered than when compared to statistics of any other era and we encounter it more often in the clinics. The frequency has been on a positive inclination if not straight. It is one of the serious malignancies and has one of the worst prognoses. The morbidity and the mortality is also on a higher scale. The trends are expected to increase in the next decade or two as more and more urbanisation and industrialisation are happening thus indirectly leading to life style modifications. Obesity is also one of the more important causes or rather says

obesity has been linked directly to the oesophageal cancers. With increase in the incidence and prevalence of the obesity and also the unhealthy life style modifications, more number of cases is expected to encounter. If global scenario is considered then higher incidence is reported in the developing nations and also majority of the studies indicate that squamous cell carcinoma is the commonest variety. In the last half century more number of cases has been reported than in any other point of time. According to a survival analysis study the 5 year survival rate is very poor and statistics from that particular study suggest it be nearing 15 to 20 per cent. That means less than one fourth of the total patients diagnosed with this dreaded disease will live and touch the fifth year mark. And this is after the modern diagnosis and the treatment that has been implemented for the patients. The scenario is much worst if the treatment is not taken. ² One more study indicated that the survival rate is less than 15 percent in the developed countries. ³ In India, Karnataka, Tamil Nadu, Kerala and Assam are the commonest places where it has been encountered very frequently. ⁴ Since the prognosis in oesophageal carcinoma is extremely poor and as there seems to be little prospect for early detection or treatment, a better understanding of the aetiology/risk factors may suggest opportunity for its primary prevention. ⁵ In United states Adenocarcinoma has now become the leading cause of oesophageal cancer 80% to

90% of cases.⁶ Various factors including tobacco consumption, unhealthy diet and diet deficient in trace elements, alkalinity of soil, genetic aberrations and socioeconomic status have been implicated in the aetiology of Oesophageal cancer .^{7,8} This study, aims to study the clinical profile of patients suffering from this dreaded disease.

AIMS AND OBJECTIVES

The aim of the study is to build a clinical profile of patients suffering from Oesophageal Cancer.

MATERIALS AN METHODS

This study was done in the Department of Medicine, Srinivasa Institute of Medical Sciences, Mangalore. This study was done from January 2018 to June 2019. This study was done in 60 confirmed cases.

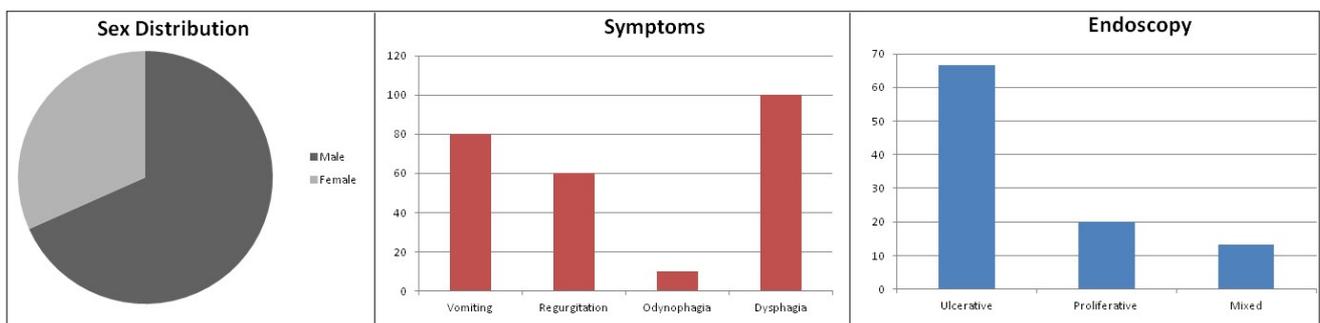
Inclusion Criteria:

Histological/Pathological -proven oesophageal carcinoma.

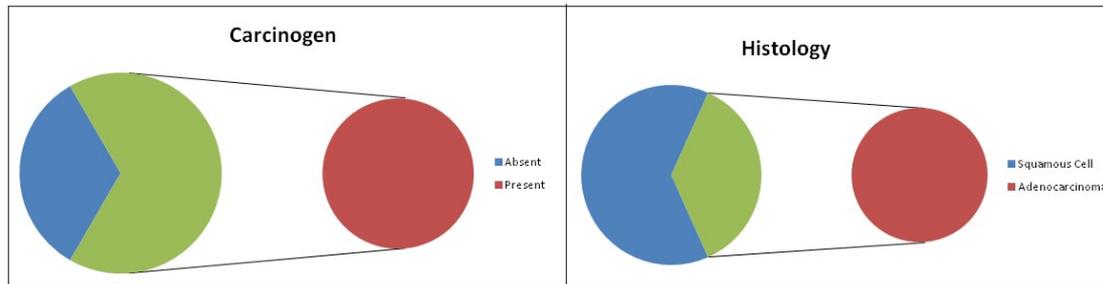
Exclusion Criteria:

Secondaries in the oesophagus.

RESULTS



Graph 1: Sex Distribution Graph 2: Presenting Symptoms Graph 3: Endoscopic Signs



Graph 5: Known Carcinogen Addiction

Graph 6: Histology Variety

Table 1:

Sex	Male	Female
	63.93±7.14 years	58.24±7.1 years

Table 2:

Habit	Frequency
Smoking	20
Drinking	12
Betel Nut Chewing	33

Table 3: Endoscopy Level

< 20 cms	2
20-25 cm	11
25-30 cm	09
30-35 cm	35
35-40 cm	03

The most common site was around 30 to 35 cms from the central incisors. This was followed by around 20 to 25 cms.

DISCUSSION

In our study the males were predominant. There were 41 males and 19 females. The predominance of sex can be mainly due to the fact that they are the dominant sex and go outside for work where they will be exposed to a variety of factors that may directly or indirectly cause the disease. Also the fact that they have a tendency to practice Habits of smoking, Drinking and also chewing betel nuts which can be considered to be the other factor. The male population face this problem in the sixth and seventh decade life and the females suffer from this a decade afterwards as suggested by our study. But the number of females in the study was less so a definitive conclusion cannot be concluded. Vomiting, Regurgitation, Odynophagia and dysphagia were the most common symptoms. Dysphagia was presented in almost all the cases. The mechanical restriction is perhaps the most common symptoms that will make the patient bring himself to the OPDs than any other symptoms. On Endoscopic Examination the ulcerative forms were the most common variety followed by proliferative nodular and then followed by the mixed variety. It was indeed surprising that none of the patients complained or turned themselves in the OPDs with hematemesis. The number of people that had an addiction to a known carcinogen was rather very high. They formed 66.66 per cent of the total population that were taken for the study. 20 had a habit or addiction to smoking, 12 were addicted to alcohol and around 33 were addicted to chewing betel nut with various permutations and combinations. Majority of them had squamous 66.66 per cent and the rest had adenocarcinoma. When our study was compared to a similar study conducted by Premaletha Narayanan *et al* 9 In their study majority of the patients in our study were above 60 years age in both the sexes with males outnumbering females in all age groups. Dysphagia is one of the earliest and predominant presenting symptoms of oesophageal carcinoma. Nearly, 80% of the patients in our study has dysphagia as the most common presenting symptom though patients with tumour located <20 cms cm presented predominantly with odynophagia. Squamous cell carcinoma still is the predominant histological subtype in Asian nations where most of the cases occur in middle or lower third.¹³ The recent increase in oesophageal adenocarcinoma was attributed to increase in erosive reflux diseases. Nearly, 85% of the lesions in our study occurred in the mid and lower oesophagus with noduloulcerative morphology. In a study

conducted on nearly 400 EC patients in Japan, two most frequent morphological types were “ulcerative localised” and “ulcerated infiltrative” type (JSED types 2 and 3).¹⁴ Histological grade is known to affect lymph node metastasis. In a study by Bollschweiler *et al*,¹⁵ it was reported that G1/G2 histology was associated with a lower rate of lymph node metastasis compared with G3 in oesophageal carcinoma. In our study, 72 (69.23%) patients had well-differentiated oesophageal carcinoma, 26 (25%) patients had moderately-differentiated oesophageal lesions. Liver is the most common site of distant metastasis found in 35 (33.6%) patients. Our study stands in agreement with the other study conducted by Premaletha Narayanan *et al*⁹.

CONCLUSION

Clinical profile of patients suffering from Oesophageal Cancer has been successfully built. This study is intended to help the clinicians understand the severity and the patient profile so as to start the prompt treatment as soon as possible.

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