



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**Available online at: <http://www.iajps.com>

Research Article

**CLINICAL PROFILE OF PATIENT WITH COLORECTAL
CANCER AT TERTIARY CARE HOSPITAL HYDERABAD****¹Dr. Rasool Bux Behan, ¹Dr. Agha Taj Muhammad, ²Dr. Sadaf Iqbal, ³Dr. Mairaj
Muhammad, ⁴Dr. Hamid Nawaz Ali Memon**¹Liaquat University of Medical and Health Sciences (LUMHS) Jamshoro Sindh Pakistan²Baqai Medical University Karachi Sindh Pakistan³Muhammad Medical College Mirpurkhas Sindh Pakistan⁴Zulekha Hospital Dubai United Arab Emirates**Received:** 30 December 2016 **Accepted:** 19 February 2017 **Published:** 28 February 2017**Abstract:****OBJECTIVE:** *To determine the clinical profile of patient with colorectal cancer at tertiary care hospital Hyderabad***PATIENTS AND METHODS:** *This cross sectional study of two years (2014-2016) was conducted at tertiary care hospital Hyderabad / Jamshoro. The aim of this audit was to evaluate the demography and clinical profile of CRC patients of either gender and compare it with those of the available local and international literature. All patients with diagnosed or suspected colorectal tumors were evaluated through multidisciplinary team and by taking informed consent from the subjects to participate in the study whereas the frequency / percentages (%) and means \pm SD computed for study variables.***RESULTS:** *During six month study period total fifty patients having colon cancer were explored and study. The mean \pm SD for age (yrs) of population was 56.83 ± 7.72 . regarding gender male and female population was observed as 40 (80%) and 10 (20%), the residence as urban 35 (70%) and rural 15 (30%), the site as anorectum/rectum 30 (60%), colon 10 (20%) and rectosigmoid 10 (20%), stage as I (20%), II (24%), III (16%) and IV (40%), the metastasis as liver (40%), lung 03 (15%), ovarian 03 (15%), bone (30%) and histology well-differentiated (20%), poorly differentiated 30 (60%) and mucinous tumors 10 (20%) respectively.***CONCLUSION:** *Geographical variation in the incidence of CRC is known and our study also shows variation in the clinical, demographic and histological features in patients with CRC.***KEYWORDS:** *Colon, Malignancy and Colorectal Carcinoma.***Corresponding author:*****Dr. Agha Taj Muhammad,**Email: zulfikar229@hotmail.com

QR code

*Please cite this article in press as Agha Taj Muhammad et al, Clinical Profile Of Patient With Colorectal Cancer At Tertiary Care Hospital Hyderabad, Indo Am. J. P. Sci, 2017; 4(02).*

INTRODUCTION:

Colorectal cancer (CRC) is a common cancer worldwide and is the third most commonly diagnosed cancer in males and the second in females.[1] There is a geographical variation in the incidence rates with more than half of the cases of CRC occurring in developed countries.[2] However, mortality is higher in developing countries who have limited resources and inadequate health infrastructure.[3] Mortality rates have been decreasing due to early detection due to screening and improved treatment of CRC.[4] There is a perception amongst oncologists in Pakistan that most cases of CRC present at a younger age, with more advanced stage disease, more advanced morphology, and more anorectal as compared to colonic site of primary as compared to worldwide observations. The local literature in this context is limited and scarce and involves small numbers of patients which makes it difficult to make appropriate conclusion. A baseline study is necessary to determine the demographic and clinical profile of patients with CRC for planning the strategy for this disease in Pakistan and to take a preliminary step in right direction. The present study gives us the knowledge of the segment profile of age and gender of the patients with CRC among patients presented at tertiary care hospital Hyderabad.

PATIENTS AND METHODS:

This cross sectional study of two years (2014-2016) was conducted at tertiary care hospital Hyderabad / Jamshoro. The aim of this audit was to evaluate the demography and clinical profile of CRC patients of either gender and compare it with those of the available local and international literature. All patients with diagnosed or suspected colorectal tumors were evaluated through multidisciplinary team and by taking informed consent from the subjects to participate in the study. All the patients had proper history, clinical examination and treatment plan by the consensus and have standards of care. The data was collected on predesigned proforma includes demographic features, symptoms, laboratory parameters and stage of CRC and the data was analyzed in SPSS to manipulate the frequencies and percentages.

RESULTS:

During six month study period total fifty patients having colon cancer were explored and study. The mean \pm SD for age (yrs) of population was 56.83 ± 7.72 . 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)		
11-19	02	4.0
20-29	03	6.0
30-39	05	10
40-49	11	22
50-59	13	26
60-69	10	20
70+	06	12
GENDER		
Male	40	80
Female	10	20
RESIDENCE		
Urban	35	70
Rural	15	30
SITE		
Anorectum/rectum	30	60
Colon	10	20
Rectosigmoid	10	20
STAGE		
I	10	20
II	12	24
III	08	16
IV	20	40
METASTASIS		
Liver	08	40
Lung	03	15
Ovarian	03	15
Bone	06	30
HISTOLOGY		
Well-differentiated	10	20
Poorly differentiated	30	60
Mucinous tumors	10	20

DISCUSSION:

Colorectal cancer is a common cancer worldwide with a majority of cases occurring in the developed countries and differences in dietary patterns and lifestyles are thought to be responsible for the low incidence of CRC in under developed country.[5]

Another possible reason for low incidence can be a younger population and CRC is more common in the elderly population. [6] There are some genetic factors involved in the lower incidence of CRC and environmental factors also play role in its pathogenesis. [7] This probably reflects changing lifestyles and urbanization leading to a change in the environmental risk factors and in present study the urban population was predominant 70%. CRC incidence rates are higher for male population in most regions of the world and in our study it is 80%. In current series young population was also observed to be involved in colon cancer and in other studies show similar results which elicits the question whether CRC occurs at a younger age worldwide. [8,9] Most early stage CRC are asymptomatic, and these may be diagnosed at the time of screening although screening for bowel cancer is recommended by developed countries.[10] Training surgeons in operating rectal cancer should be made mandatory in advanced surgical oncology programs.

CONCLUSION:

Geographical variation in the incidence of CRC is known and our study also shows variation in the clinical, demographic and histological features in patients with CRC.

REFERENCES:

1. Simon K. Colorectal cancer development and advances in screening. *Clin Interv Aging*. 2016;11:967-976.
2. Kolligs FT. Diagnostics and Epidemiology of Colorectal Cancer. *Visc Med*. 2016;32(3):158-164.
3. Lu Y, Segelman J, Nordgren A, Lindström L, Frisell J, Martling A. Increased risk of colorectal cancer in patients diagnosed with breast cancer in women. *Cancer Epidemiol*. 2016;41:57-62.
4. Simon K. Colorectal cancer development and advances in screening. *Clin Interv Aging*. 2016;11:967-976.
5. Rentsch M, Schiergens T, Khandoga A, Werner J. Surgery for Colorectal Cancer - Trends, Developments, and Future Perspectives. *Visc Med*. 2016;32(3):184-191.
6. Marley AR, Nan H. Epidemiology of colorectal cancer. *Int J Mol Epidemiol Genet*. 2016;7(3):105-114.
7. Stintzing S. Management of colorectal cancer. *F1000Prime Rep*. 2014;6:108.
8. Venugopal A, Stoffel EM. Colorectal Cancer in Young Adults. *Curr Treat Options Gastroenterol*. 2019;17(1):89-98
9. Loomans-Kropp HA, Umar A. Increasing Incidence of Colorectal Cancer in Young Adults. *J Cancer Epidemiol*. 2019;2019:9841295.
10. Brenner H, Kloor M, Pox CP. Colorectal cancer. *Lancet*. 2014;383(9927):1490-1502.