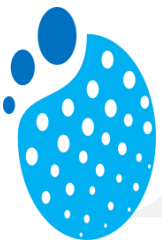


# Colorectal malignancy



**RISH**ACADEMY

educate yourself to empower yourself

[www.rishacademy.com](http://www.rishacademy.com)

# Incidence

- Common age of presentation is 45 to 65 years.
- Male to female ratio is 3:1.
- 5 year survival rate is 30%- 40%.
- Has genetic predisposition regarding APC, P53.



# Incidence contd.

- In UK, the colorectal malignancy is the 2<sup>nd</sup> most common cause of death due to cancer.
- Approximately one third of the tumors are in rectum and two third are in colon.
- Colorectal cancers occur less in resources poor world countries.



**RISH**ACADEMY

educate yourself to empower yourself

[www.rishacademy.com](http://www.rishacademy.com)

# Aetiology

1. Dietary animal fat.
2. Smoking
3. Alcohol
4. Cholecystectomy
5. Low fiber diet
6. FAP, HNPCC
7. Family history and IBD.



# Pathology

## Microscopy

- Predominantly adenocarcinoma
- 

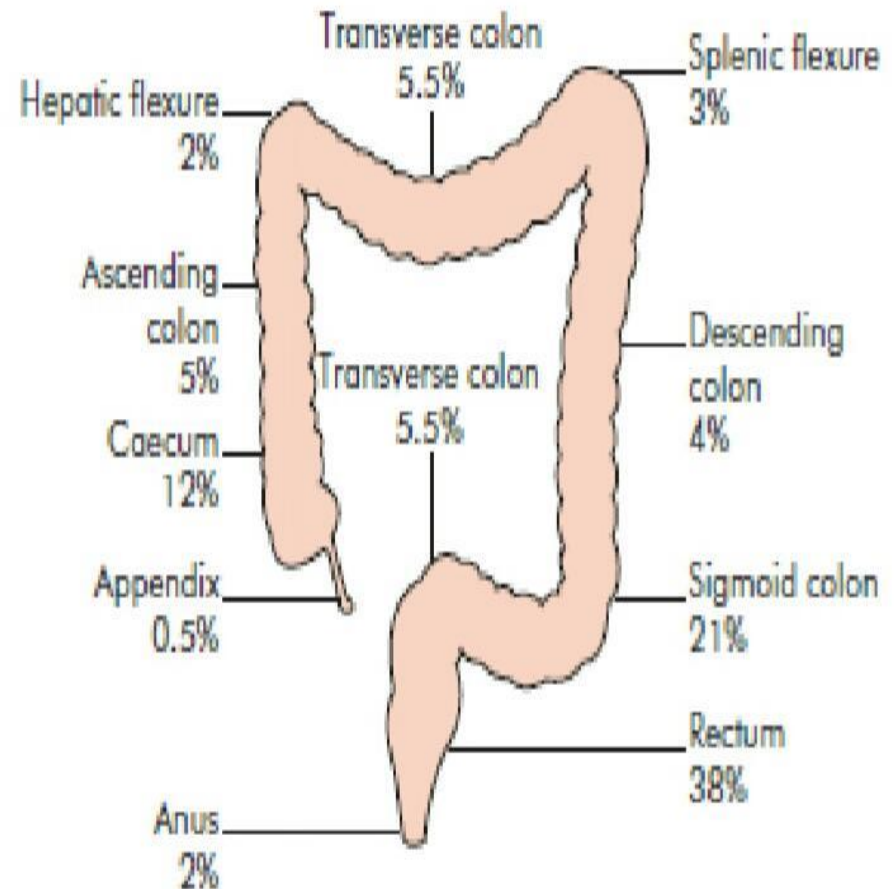
## Macroscopy

- Annular
- Tubular
- Ulcer
- Cauliflower.



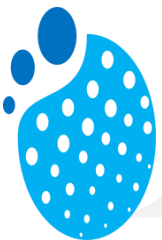
# Distribution

- Majority are in Rectum ( 38%)
- 2<sup>nd</sup> most is in Sigmoid colon.
- Least is in Appendix.



# Spread

1. Local – Bladder.
2. Lymphatic
3. Haematogenous – liver.
4. Transcoelomic.



**RISH**ACADEMY

educate yourself to empower yourself

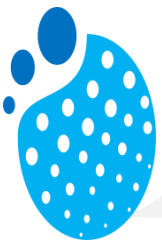
[www.rishacademy.com](http://www.rishacademy.com)

# Staging

- Important for prognosis.

1. TNM

2. Duke's



**RISH**ACADEMY

educate yourself to empower yourself

[www.rishacademy.com](http://www.rishacademy.com)



# Staging

## TNM classification for colonic cancer

- T Tumour stage
  - T1 Into submucosa
  - T2 Into muscularis propria
  - T3 Into pericolic fat or subserosa but not breaching serosa
  - T4 Breaches serosa or directly involving another organ
- N Nodal stage
  - N0 No nodes involved
  - N1 1-3 nodes involved
  - N2 Four or more nodes involved
- M Metastases
  - M0 No metastases
  - M1 Metastases

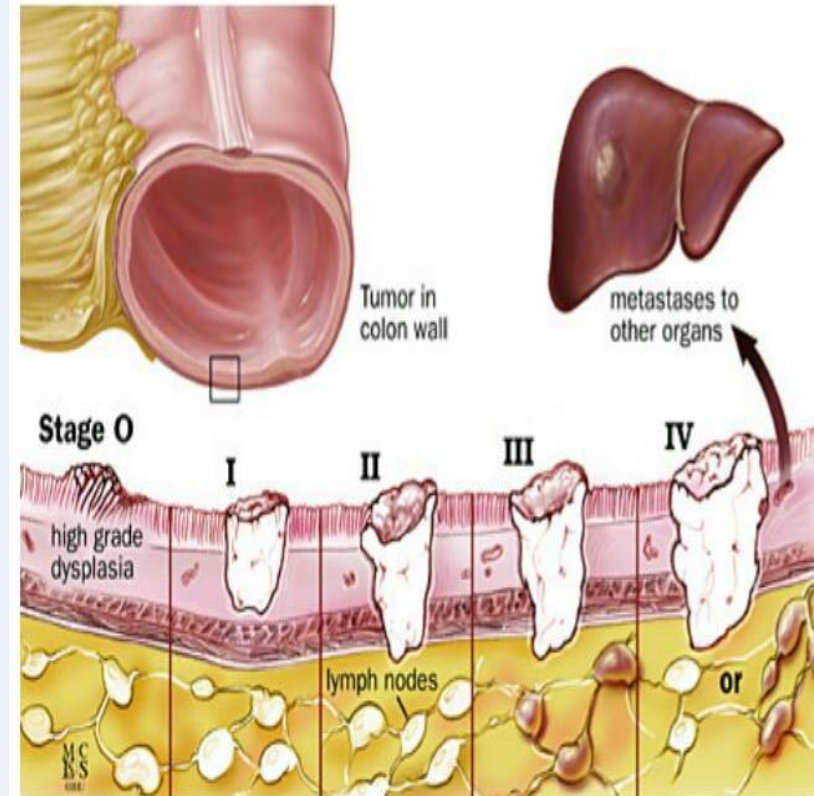


# Duke's staging

## Dukes' staging for colorectal cancer

- A: invasion of but not breaching the muscularis propria
- B: breaching the muscularis propria but not involving lymph nodes
- C: lymph nodes involved.

Dukes himself never described a stage D, but this is often used to describe metastatic disease



27<sup>th</sup> edition of baily & love.

**RISH**ACADEMY

educate yourself to empower yourself

[www.rishacademy.com](http://www.rishacademy.com)

# Clinical features

- 20% presents as emergencies , intestinal obstruction and peritonitis.
- Left colon –
  1. Lower abdominal pain
  2. Distention
  3. Altered bowel habits
  4. Rectal bleeding.
  5. Tenesmus.



# contd.

- Right colon – 1. Iron deficiency anaemia.  
2. Abdominal mass
- Metastasis - 1. Jaundice  
2. Ascites  
3. Weight loss  
4. Hepatomegaly



# contd.

- Rectal cancer – 1. Bleeding is the earliest and most common feature.
  2. Tenesmus.
  3. Altered bowel habits ( early morning bloody diarrhoea.)
  4. Pain – ( late symptom)



# Investigation

## To diagnose

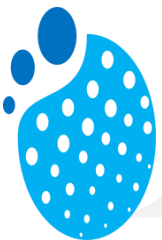
1. Proctoscopy + biopsy.
2. Sigmoidoscopy
3. Colonoscopy – 5% synchronous lesion.

## To stage.

1. USS
2. CT scan.
3. MRI of pelvis.
4. Endoluminal US

# Treatment

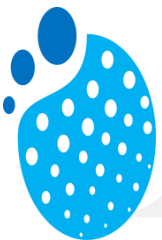
- Curative – 1. Surgery
  - : Right hemicolectomy
  - : Extended right hemicolectomy
  - : Left hemicolectomy
  - : Anterior resection
  - : APR



# Treatment contd.

2. Neoadjuvant chemoradiation.

3. Adjuvant chemotherapy.



**RISH**ACADEMY

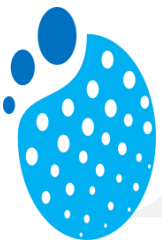
educate yourself to empower yourself

[www.rishacademy.com](http://www.rishacademy.com)



# Treatment

- Palliative – 1. Chemotherapy.  
2. Endoluminal stenting.



# Screening

- Colon cancer is most suited for screening, as it's prognosis for early stage of carcinoma is better.
- Polypectomy prevents the development of carcinoma.
- Studies have suggested a 15%-20% of reduction in colorectal cancer mortality in the screened people.



**RISH**ACADEMY

educate yourself to empower yourself

[www.rishacademy.com](http://www.rishacademy.com)

# Endoscopy

- Fibro- optic , flexible sigmoidoscopy is 60 cm in length used .
- The patient is prepared with enema and sedation is not necessarily required.
- It is can be used to access the bowel upto splenic flexor, and which will detect upto 70% cancers.



**RISH**ACADEMY

educate yourself to empower yourself

[www.rishacademy.com](http://www.rishacademy.com)

# Endoscopy

- Colonoscopy is the investigation of choice if colorectal malignancy is suspected,
- It is used for the patient that fit enough to undergo bowel preparation.
- The advantage of this is not detecting the primary tumor.

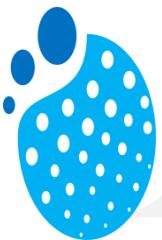


**RISH**ACADEMY

educate yourself to empower yourself

[www.rishacademy.com](http://www.rishacademy.com)

# Thank you



**RISH**ACADEMY  
educate yourself to empower yourself

[www.rishacademy.com](http://www.rishacademy.com)