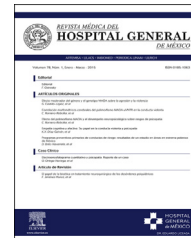




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ORIGINAL ARTICLE

Clinicopathological difference in colorectal cancer in patients under and over forty years



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KEYWORDS

Colorectal cancer;
Age;
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Abstract Incidence of colorectal cancer is known to increase with age; however, the number of cases diagnosed in young patients is now on the rise. Both histopathology and staging is thought to be more aggressive in the young.

Objective: To determine whether age (<40) is a risk factor for signet ring cell, mucinous, or poorly differentiated adenocarcinoma, and for initial diagnosis at stage 4.

Methods: We conducted a chart review of patients admitted to our ward with colorectal cancer between January 2010 and December 2013. We collected the following variables: sex, age, tumour site, histopathological characteristics, clinical stage and surgery performed.

Results: A total of 152 patients were included, 20 aged 40 years or younger, and 132 aged over 40 years. In the young population, 15% presented aggressive tumours (mucinous or signet ring cell adenocarcinoma), and 25% were diagnosed at stage 4. Analysis of age, aggressive tumour, and stage 4 tumour variables between groups showed no significant differences ($p > 0.05$).

Conclusions: Young (<40 years) age is not a risk factor for presenting aggressive or stage 4 tumours.

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PALABRAS CLAVE

Cáncer de colon y recto;
Edad;
Histopatología

Diferencia clinicopatológica del cáncer de colon y recto en pacientes menores y mayores de 40 años

Resumen El cáncer de colon y recto es una neoplasia con aumento en su incidencia con la edad, sin embargo el diagnóstico en pacientes jóvenes se ha incrementado. La histopatología y el estadio clínico se piensa que es más agresivo en los jóvenes.

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Objetivo: Determinar si la edad menor de 40 años es un factor de riesgo para presentar adenocarcinoma en anillo de sello, mucinoso o de baja diferenciación y para diagnosticarse inicialmente en estadio IV.

Métodos: Se revisaron los expedientes de pacientes con diagnóstico de cáncer de colon o de recto de enero del 2010 a diciembre del 2013 que ingresaron a nuestra Unidad. Se recabaron las siguientes variables: sexo, edad, localización del tumor, características histopatológicas, estadio clínico y cirugía realizada.

Resultados: Se incluyeron 152 pacientes, 20 pacientes de 40 años o menos y 132 pacientes mayores de 40 años. El 15% de la población joven presentó tumores agresivos (adenocarcinoma mucinoso o con células en anillo de sello) y el 25% se encontró en estadio clínico IV durante su valoración. El análisis entre los 2 grupos de pacientes de acuerdo a su edad y las variables tumores agresivos y estadio IV no fue significativa ($p > 0.05$).

Conclusiones: La edad menor de 40 años no es un factor de riesgo para presentar tumores agresivos ni estadio clínico IV.

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Introduction

Colorectal cancer (CRC) causes nearly 608,000 deaths each year.¹

Incidence increases with age, and over 90% of cases present in patients aged over 50 years. Nevertheless, the number of cases in younger (aged 40 years or less) patients, usually with more aggressive histopathology and more advanced tumour staging, is increasing.¹

Histology shows poorly differentiated, mucinous or signet ring cell adenocarcinoma. As younger patients are diagnosed at stage 3 or 4, treatment is usually either aggressive surgical resection or palliative care,¹⁻⁴ suggesting a worse prognosis in the younger patient population.

In this study, we analysed the records of patients admitted to our ward to explore differences in adenocarcinoma differentiation and tumour stage between patients under and over the age of 40 years.

Materials and methods

A total of 165 patients admitted to our ward were diagnosed with colorectal cancer confirmed by histopathology between January 2010 and December 2013. Of these, 13 patients were excluded: 4 due to CRC associated with inflammatory bowel disease, and 9 due to lack of diagnostic histopathology performed in our hospital or tumour staging study. Of the 152 remaining patients, we analysed the following variables: sex, age, tumour site, histopathological differentiation, tumour stage, and surgery performed. Parameters were compared with those of patients aged ≤ 40 years at the time of diagnosis. The following colon segments were analysed: the ascending (right) colon (caecum, hepatic flexure), right half of the transverse colon, left half of the transverse colon, descending colon (sigmoid colon, rectosigmoid junction) and rectum.

Aggressive adenocarcinoma was defined as: poorly differentiated, mucinous, or signet ring cell. According to version

7 of the TNM, stage 4 is distant metastasis with a higher risk for short-term mortality.

Statistical analysis

Parameters obtained were entered into an Excel 2010 database. Measures of central tendency and scatter were calculated for quantitative variables, and odds ratio plus confidence interval were calculated for qualitative variables using the Fisher's exact or Chi-squared test, as applicable. Significance was set at $p \leq 0.05$. Statistical analysis was performed on SPSS version 20.

Inclusion criteria

Patients of legal age, admitted to our ward with colorectal cancer, with complete medical records, and with histopathology and imaging findings to evaluate tumour extension.

Exclusion criteria

Patients whose records did not include the study variables, and tumour associated with inflammatory bowel disease.

Results

Demography

A total of 152 patients were included in the study. Mean age was 57.9 years; 87 were men (57.2%) and 65 were women (42.8%); 20 patients (13.15%) were under 40 years of age.

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