A STUDY TO ANALYSE THE PRESENTATION, TREATMENT, RISK FACTORS AND OUTCOME OF PATIENTS WITH OBSTRUCTIVE AND PERFORATIVE COLO-RECTAL CARCINOMA

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INTRODUCTION

Colo–rectal cancers (CRC) are the 3rd most cause of cancer death in developed countries. One third of the cancers are in rectum and two thirds are in the colon. Burden of the disease is similar in both men and women.

Acute presentation of CRC is more common. Can present as either acute
Intestinal obstruction, perforative peritonitis or both. Screening by colonoscopy helps in diagnosing and staging the cancer before complications develop.

Prognosis is poor in patients presenting as complicated colo–rectal cancers.
AIM OF THE STUDY:

1. TO ANALYSE THE PRESENTATION, TREATMENT AND OUTCOME OF PATIENTS WITH COMPLICATED COLO-RECTAL CANCER (OBSTRUCTION/PERFORATION).

2. TO EVALUATE THE RISK FACTORS FOR MORBIDITY AND MORTALITY.
METHODOLOGY:

SOURCE OF DATA:

Data was collected from the patients who got admitted in The Government Rajaji Hospital, Madurai from June 2012 to June 2014, with acute intestinal obstruction perforative peritonitis.

The clinical study of obstructive and perforative colo-rectal carcinomas was conducted by selecting 30 patients, who got admitted in Government Rajaji Hospital, Madurai with Complicated Colo-Rectal Cancer presenting as acute intestinal obstruction and perforative peritonitis from June 2012 to June 2014.

The institution where the study was conducted was well equipped to carry out all necessary investigations which helped in diagnosing and treating the cases.
INCLUSION CRITERIA:

1. Patients admitted with Acute Intestinal Obstruction or Perforative Peritonitis, and who also underwent surgery for the same problem and diagnosed as a case of Complicated Colo–Rectal Cancer were included in this study.

EXCLUSION CRITERIA:

- Patients without surgical management
- Familial polyposis
- Surgery done at an outside hospital
- Ulcerative colitis, Crohn’s disease
- Patients with uncertain clinical diagnosis or insufficient clinical data.
MODE OF SELECTION:

This study included all the patients admitted in general Surgery Wards of Government Rajaji Hospital, Madurai from June 2012 to June 2014 with acute intestinal obstruction and perforative peritonitis and also underwent surgical procedure for the same problem and were diagnosed be cases of Complicated Colo–Rectal Cancer.

Information regarding age, sex, residence, significant Illness, physiologic status, risk factors, indications of surgery, tumour location, type of operation and tumour stage was recorded. All the data collected were retrospectively reviewed.
SUMMARY

COLORECTAL CARCINOMA occurs most commonly in males, when compared to females. COMPLICATED COLORECTAL CARCINOMA (CRC with obstruction and perforation) is also found to be more common in males.

Meat consumption, smoking and alcohol were found to be major risk factors associated with incidence of colorectal cancers.

The incidence of obstruction and perforation in colorectal carcinoma is found to be more common in elder age group (age > 60 years). All the affected individuals are found to be mostly residing in rural areas.

The common mode of presentation of complicated colorectal cancers is found to be acute intestinal obstruction (80%). The most common site of location of the tumour is found to be sigmoid colon.

Perforation is also very common in the site proximal to the tumour in sigmoid colon. Obstruction and perforation were found to be more
common in left side colonic cancers. Sigmoid colon was also found to be the most common site for perforation.

For colonic cancers presenting with obstructing and perforative peritonitis, Colostomy was found to be the most commonly performed procedure. Due to Unprepared bowel and poor general condition of patient, resection and anastomosis was not commonly performed. For obstructive cancers mostly resection and primary anastomosis was performed.

Acute presentations of colorectal cancers were most commonly found in patients with advanced disease (stage III & stage IV). Co-morbid illness like Diabetes, Hypertension, COPD and Renal problems were found to have influence on the outcome of patients with colorectal cancers.

Most common major complications were found to be sepsis, multi organ failure and respiratory failure. Above given complications were major reasons for the mortality of the patients.
Among the patients who underwent surgery, few minor complications occurred, among which more common was abdominal wound infections and wound dehiscence.

Complicated colo–rectal cancers presenting as acute obstruction or perforative peritonitis is most common in males. Perforative colo-rectal cancers are more common in females.

- Common age group affected is > 60 years of age.
- Most of the patients presenting as acute emergencies are from rural areas.
- Complicated colo–rectal cancers are most commonly associated with smoking, alcohol intake, meat consumption. These factors are found to be present in patients presenting with advanced disease with complications.
- Complicated colo–rectal cancers most commonly present as acute intestinal obstruction.
- Left colon, more commonly sigmoid colon is found to be affected in both obstructive and perforative colo–rectal cancers.
- Majority of the patients are found to have advanced tumour (STAGE III & STAGE IV)
- Colostomy is the most commonly performed procedure.
-Sepsis, renal and respiratory problems are the major complications responsible for morbidity and mortality.
KEY WORDS:

OBSTRUCTIVE AND PERFORATIVE COLO-RECTAL CARCINOMA
PRESENTATION
TREATMENT
RISK FACTORS
TUMOUR LOCATION
TYPE OF PRESENTATION
PROCEDURE PERFORMED
TUMOUR STAGING
COMPLICATIONS
COLOSTOMY
RIGHT HEMICOLECTOMY
ILEO – TRANSVERSE ANASTOMOSIS
STOMA
RESECTION