

Harsukh Educational Charitable Society

International Journal of Community Health and Medical Research

Journal home page: www.ijchmr.com

doi: 10.21276/ijchmr

ISSN E: 2457-0117 ISSN P:2581-5040

Index Copernicus ICV 2017=57.10

Original Research

A Study Of Occurrence Of Dysphagia In Patients With Esophageal Cancer

Mandeep Singh Sandhu¹ Deep Singh²

¹Senior Resident,²Junior Resident, Department of General Surgery, Govt. Medical College Amritsar.

ABSTRACT

Background:Esophageal cancer is remarkable for its marked variation by geographical region. The present study was conducted to determine occurrence of dysphagia in patients with esophageal cancer. **Materials & Methods:** The present study was conducted on 56 cases of esophageal cancer of both genders. All were subjected to histology and CT scan. Clinical features such as dysphagia, loss of weight and change of voice etc. was recorded. **Results:** Out of 56 patients, males were 32 and females were 24. In 54 (96.4%) patients had dysphagia, 23 (41%) had weight loss and 48 (85.65) had change of voice. **Conclusion:** Esophageal cancer is quite common nowadays. The common clinical feature is dysphagia seen in almost all cases.

Key words: Dysphagia,Esophageal cancer, Geographical

Corresponding author: Dr. Deep Singh, Junior Resident, Department of General Surgery, Govt. Medical College Amritsar.

This article may be cited as: Sandhu MS, Singh D. A study of occurrence of dysphagia in patients with esophageal cancer.HECS Int J Comm Health Med Res 2019; 5(1):56-57

INTRODUCTION

Esophageal cancer is remarkable for its marked variation by geographical region, ethnicity, and gender. There is a greater than tenfold difference in incidence rates between countries with a low incidence, for example, the United States, and those with a high incidence such as high-risk areas in Iran and China. More than 90%of esophageal cancers are either squamous cell carcinomas (SCCs) or adenocarcinomas,with other tumor types such as melanomas, stromal tumors, lymphomas,or neuroendocrine cancers occurring only rarely in the esophagus.¹ Most esophagealcancers occur in the lower and middle thirds, the cervical esophagus being an uncommon site of disease.Although the presentation of SCC and adenocarcinoma of the esophagus in the patient are similar, the epidemiology, etiology, tumor biology, treatment strategies, and outcomes are quite different, and they are really two different diseases thatoccur in the same organ.²

Dysphagia, the most common presenting symptom of esophageal cancer, is initially experienced for solids but eventually progresses to include liquids. It usually occurs when esophageal lumen diameter is under 13 mm and indicates locally advanced disease. A complaint of dysphagia in an adult should always prompt an endoscopy to help rule out the presence of esophageal cancer. A barium swallow study is also indicated in these cases.³ The present study was conducted to determine occurrence of dysphagia in patients with esophageal cancer.

MATERIALS & METHODS

The present study was conducted in the department of Surgery. It comprised of 56 cases of esophageal cancer of both genders. All were informed regarding the study and written consent was obtained. Ethical clearance was obtained prior to the study. General information such as name, age, gender etc. was recorded. All were subjected to histology and CT scan. Clinical features such as dysphagia, loss of weight and change of voiceetc. was recorded. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Total- 56		
Gender	Males	Females
Number	32	24

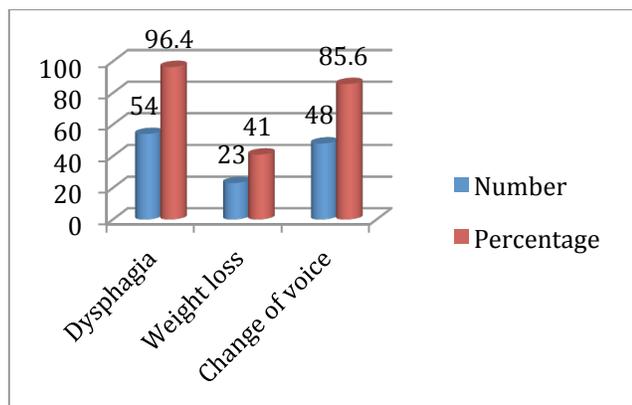
Table I shows that out of 56 patients, males were 32 and females were 24.

Table II Clinical features in patients

Clinical features	Number	Percentage
Dysphagia	54	96.4
Weight loss	23	41
Change of voice	48	85.6

Table II, graph I shows that in 54 (96.4%) patients had dysphagia, 23 (41%) had weight loss and 48 (85.65) had change of voice.

Graph I Clinical features in patients



DISCUSSION

The epidemiology of esophageal cancer in the Western world has changed dramatically over the last two decades. Up until the 1970s most esophageal cancers were of the squamous cell type, affecting mostly elderly men drawn from the poorer social classes and influenced by smoking and alcohol consumption. Since then there has been a dramatic increase in the incidence of adenocarcinoma, which tends to affect more affluent white men, often in their most productive years of life.⁴

Some reports have attempted to determine esophageal carcinogenesis based on several aspects, including its association with a history of gastrectomy. In general, the incidence of gastrectomy in Japanese was 0.87%. On the other hand, esophageal cancer after gastrectomy occurred in the range from 4.4–10.4%, with an obviously higher incidence than in the general population. In basic research using an animal reflux model, there is significant evidence that gastroesophageal reflux induces both squamous cell carcinoma and adenocarcinoma of the esophagus that depends on the strength of the reflux effect.⁵ The present study was conducted to determine occurrence of dysphagia in patients with esophageal cancer.

We found that out of 56 patients, males were 32 and females were 24. 54 (96.4%) patients had dysphagia, 23 (41%) had weight loss and 48 (85.65) had change of voice. The pliability of the esophagus is such that dysphagia occurs when the lumen is obstructed by about 75% of the circumference, although a small tumor may cause a tight stenosis through intense fibrosis. Chronic cough secondary to laryngopharyngeal reflux may be an

early marker of malignant transformation in Barrett’s esophagus.⁶ Wada et al⁷ found that 108 patients underwent curative surgical treatment, and 70 patients underwent chemoradiation therapy (CRT). The time between gastrectomy and esophageal cancer development was longer in peptic ulcer patients (28.3 years) than in gastric cancer patients (9.6 years). There were no differences in the location of esophageal cancer according to the gastrectomy reconstruction method. There were no significant differences in the clinical background characteristics between patients with and without a history of gastrectomy. Among the 108 patients in the surgery group, the 5-year overall survival rates for stages I (n = 30), II (n = 18), and III (n = 60) were 68.2%, 62.9%, and 32.1%, respectively. In the CRT group, the 5-year overall survival rate of stage I (n = 29) was 82.6%, but there were no 5-year survivors in other stages. The 5-year overall survival rate of patients with CR (n = 33) or salvage surgery (n = 10) was 61.2% or 36%, respectively. It is recommended that for the treatment of gastrectomized esophageal cancer patients, surgery or CRT is recommended for stage I, and surgery with or without adjuvant therapy is the main central treatment in advanced stages, with surgery for stage II, neoadjuvant therapy + surgery for stage III, and CRT + salvage surgery for any stage, if the patient’s condition permits.⁸

CONCLUSION

Esophageal cancer is quite common nowadays. The common clinical feature is dysphagia seen in almost all cases.

REFERENCES

1. Miwa K, Segawa M, Takano Y. Induction of oesophageal and for stomach carcinomas in rats by reflux of duodenal contents. *Br J Cancer* 1994; 70: 185–9.
2. Maeta M, Koga S, Andachi H. Esophageal cancer developed after gastrectomy. *Surgery* 1986; 99: 87–91.
3. Kuwano H, Matsuda H, Nagamatsu M *et al.* Occurrence of esophageal carcinoma. *J Surg Oncol* 1989; 41: 77–80.
4. Kato H, Tachimori Y, Watanabe H. Surgical treatment for thoracic esophageal carcinoma. *J Surg Oncol* 1992; 51: 94–9.
5. Tachibana M, Abe S, Yoshimura H *et al.* Squamous cell carcinoma of the esophagus after partial gastrectomy. *Dysphagia* 1995; 10: 49–52.
6. Aiko S, Yoshizumi Y, Sugiura Y *et al.* Clinical characteristics of esophageal cancer after gastrectomy and the pertinence of chemoradiotherapy. *Nihon Rinsho Geka Gakkai Zasshi* 2002; 63: 813–20.
7. Wada H, Doki Y, Nishioka K *et al.* Clinical outcome of esophageal cancer patients with history of gastrectomy. *J Surg Oncol* 2005; 89: 67–74.
8. Hashimoto N, Inayama M, Fujishima M *et al.* Esophageal cancer. *Dis Esophagus* 2006; 19: 346–