

Pattern of Upper Aerodigestive Tract Malignancies, a Histo-pathological Experience at MMCH.

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ABSTRACT:

Background: Cancer of Upper aerodigestive tract is common. It was felt that at Muhammad Medical College Hospital (MMCH) Mirpurkhas, we are getting quite a few biopsies and specimen of the disease. Hence we decided to look at biopsies received and diagnosed as Cancer of Upper aerodigestive tract.

Aims: To determine the histo-pathological variants and their grades that are predominant in areas around MMCH

Methods: We looked at the records of 320 biopsies of Upper aerodigestive tract sent with a clinical diagnosis of Carcinoma over the last 5 years.

Results: 242/320 (75.7%) were found to be neoplastic whereas 78/320 (24.3%) were non neoplastic.

Conclusions: Cancer of Upper aerodigestive tract is common in areas around MMCH.

Keywords: Cancer, upper aerodigestive tract, oral cavity, esophagus, pharynx, and larynx.

Introduction:

Cancers of the oral cavity, esophagus, pharynx, and larynx, collectively defined upper aerodigestive tract (UADT) cancers, are the seventh most frequent cancer type and the seventh most common cause of death from cancer worldwide¹. In most areas of the world, tobacco smoking and alcohol drinking are the two major recognized risk factors for these cancers²⁻⁵. Diet such as meat has been implicated and inverse relationship to vegetables and fruits have been suggested⁶⁻⁷. Most commonly found histopathological type is Squamous cell carcinoma⁸.

Methodology:

An analytical retrospective study was conducted on the 320 biopsies taken with the clinical diagnoses of UADT cancers. Histopathology of tissue included tissue processing, tissue fixation followed by Haematoxylin and Eosin (H&E) staining and visualisation under light microscope. This study was conducted on quantitative basis to examine frequencies, age specific incidence rates and median age. Hospital research ethical committee approved was obtained (No. 250812/Rec/005). **Result:** Mean age of presentation was 50 and median 58 (10-85). There were 170 male and 150 female patients. 242 (75.7%) neoplastic and 78 (24.3%) non-neoplastic cases were seen. Gender wise, 118 (69.5%) male had neoplastic and 52 (30.5%) had non-neoplastic lesions. Among female, 124(82.4%) had neoplastic and 26

(17.3%) had non-neoplastic lesions.

Commonest site was oral cavity with 53% cases. Other sites were larynx (14.6%), nose (10%), pharynx (10.3%) and oesophagus (5.9%). Commonest diagnoses were well differentiated squamous cell carcinoma (56.7%), moderately differentiated squamous cell carcinoma (17%), poorly differentiated carcinoma (1%), adenocarcinoma (1%), hyperplasia or inflammation (15%).

Discussion:

Pathologies in UADT in areas adjoining MMCH and largely sub continent are blamed on betel nut chewing, pan, gutka and tobacco. There is slight male predominance and disease occurs most commonly in 6th decade of life. Commonest variety is squamous cell carcinoma and most cases are well differentiated⁹. There is evidence that cancers of UADT may be on the rise^{10,11}.

Conclusion:

Cancer of UADT is a common disease in areas adjoining MMCH.

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