Background: Colorectal carcinoma is second commonest cancer causing death in Kosova.

Methodology: In our study we present diagnostic methods, treatment, localization and laboratory findings in 155 patients, during 4 year period in patients with colorectal carcinomas treated in our clinic. Results: Ninety four 94 (61.4%) of patients were male gender and 59 (38.6%) were female. Eritrosedimentation was elevated in 103 (67.3%) of patients, number of white blood cells was increased in 21 (7.2%) of patients and high level of glycemia is present in 11 (7.2%) of patients. The most involved age is from 41-50 years. The most common site of involvement was the rectum in 79 (51.6%), localization in sigma was in 37 (23.5 %), the transverse colon in 21 (13.7 %) of cases and the ascendant colon in 18 (11.1%) patients. Adenocarcinoma (98%) was the most common histiotype.

Conclusion: We concluded, that all patients, especially with positive familial history must begin screening in age 40, during which colorectal carcinoma can be diagnosed in an early stage.

Key words: colorectal carcinomas, diagnoses, treatment.

1. INTRODUCTION

Colorectal carcinoma is the most frequent malignity in gastrointestinal tract. The incidence of colorectal cancer has been rising dramatically following economic development and industrialization. This type of cancer is three times greater in patients with history of colon cancer in there family or in patients with adenomatous polyps. Colorectal carcinoma is a disease in which screening tests and prevention have success (1, 2, 3, 4, 5). Colorectal carcinoma is an autosomal dominant inherited disease, with the origin from neoplastic adenomatous epithelia. Pre-dispositions for this disease are ulcerative colitis, familiar poliposis, adenomatous poliposis, Crohn’s disease etc. Consumption of foods poor with cellulose favors the manifestation of the disease. The incidence of colorectal malignancy is slightly higher in males than in females (6). More than 90% of colon cancers occur after age 50. However, cases have been reported in young children and adolescents (7). Approximately 54% of colon cancers develop in the rectum, another 26% in the sigmoid colon, 12% in the transverse colon and 8% in colon ascendant. The slow evaluation of tumor cause late diagnostication of disease. The symptoms are change in bowel habits (constipation or diarrhea), and occult bleeding (positive FOBT) and rarely anemia (8, 9, 10, 11).

The aim of our study is to evaluate the diagnoses and treatment of patients with colorectal carcinomas during 4 year period in our country.

2. METHODS

We analyzed 155 patients with diagnoses of rectal carcinoma, detected in University Clinical Centre of Kosov, Prishtina, Republic of Kosov during the period January 2006 - December 2010. Material was recruited
from the patient history of disease.

To reach the aim, following tasks were solved:

Task 1 was to show the findings before surgical intervention: laboratory analyses, abdominal ultrasound, irigography with barium enema, colonoscopy and CT scan.

Task 2 was due to postoperative period and the history of surgical intervention and histopathology findings were included.

Demographic data are presented as median, percentiles or mean ± SD and differences between the 2 groups were analyzed using paired t tests. Nonparametric data are expressed as median and range, and differences between the 2 groups were analyzed using the chi-square test. P values less than 0.05 were considered significant.

3. RESULTS

Table 1 and Figure 1 present demographic characteristic of 155 patients with colorectal carcinoma. The colorectal carcinomas are more frequently in middle age, 41-50 year old (p<0.0001) and in male gender (p<0.01).

Melena is the main symptom of disease and is present in 106 (68.6%) patients with significance p<0.0001.

The most common site of involvement was the rectum in 79 (51.6%) of patients (p<0.05).

Preoperative and postoperative histopathological findings were 100% same in all cases when biopsy was taken during colonoscopy.

4. DISCUSSION

Recent researches had shown that morbidity from colorectal carcinomas increased, but mortality is on the decrease (12). The main strategy in prevention of these tumors is early diagnostics and screening (13).

For at least two decades, preemptive removal of colon polyps has been the standard approach to cancer prevention. Aggressive screening and polypectomy can reduce the rate of colon cancer development by approximately 80 percent (14). The incidence of colorectal malignancy is slightly higher in males than in females the same findings are present in our study. Ninety four (61.4%) of patients were male gender and 59 (38.6%) were female. The most involved age is meddle age, from 41-50 years. Laboratory findings and blood tests are also important during diagnoses of this disease. In our study erytrosedimentation was elevated in 67.3% of patients, number of white blood cells was increased in 7.2% of patients and high level of glycemia is present in 7.2% of patients.

Researches reported that approximately 20% of colon cancers develop in the cecum, another 20% in the rectum, and an additional 10% in the rectosigmoid junction and 25% of colon cancers develop in the sigmoid colon (15).

The most common site of involvement was the rectum in 79 (51.6%), localization in sigma was in 37 (23.5%), the transverse colon in 21 (13.7%) of cases and the ascendant colon in 18 (11.1%) patients. Adenocarcinoma (98%) was the most common histiotype. Abdominal ultrasound, irigography with barium contrast, colonoscopy and CT scan were the common diagnose methods we used. In postoperative histopathology findings, adenocarcinoma (98%) was the most common histiotype.

In all cases the finally treatment was surgical intervention (16). Surgical complications were shown in nine cases in postoperative period with dehiscence of stoma or incision.

5. CONCLUSIONS AND RECOMMENDATIONS

Early diagnostics and screening is the main strategy in prevention of colorectal carcinomas. Radical surgical intervention is the only treatment of this disease. Appropriate chemotherapy and radiotherapy past after surgical treatment.

We recommended endoscopic/colono-scopy examination for all patients after age 40, especially if they suffered from digestive problems and Crohn’s disease. Increasing of high-fiber and low -animal-fat diet is favorable in reduction of colorectal cancer risk.

REFERENCES