Study the clinicopathological characteristics of primary malignancies of GIT in patients ≤ 40 years of age and association of a positive family history

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Abstract

Background: Gastrointestinal (GI) malignancies have been on the rise in the young. This age group is associated with advanced stages at presentation and aggressive histologies. Kashmir has a considerable burden of GI cancers as compared to the rest of the country with gastric, esophageal and colorectal malignancies in the lead, but their comprehensive profile in a young Kashmiri population has not been gauged so far.

Objective: To study the clinicopathological characteristics of primary malignancies of GIT in patients ≤ 40 years of age and association of a positive family history. Study design: A 5 years observational study, divided into 1.5 years of prospective and 3.5 years of retrospective analysis, extending from 2013-2017.

Methods: The relevant details of cases fulfilling the inclusion criteria were noted as per the proforma. Resection specimens and biopsies were received and processed, archived samples were retrieved and the cases analysed. Staging, wherever applicable was done as per 8th AJCC guidelines. Frequency distribution tables, bar diagrams and pie charts were used for data presentation.

Results: 511/5676 cases (9%) of total registered primary GI malignancies were present in our study group. The leading sites were Anorectum (149, 29.1%), stomach (124, 24.3%), esophagus (113, 22.1%) and colon (104, 20.3%). Adenocarcinoma was the leading histology (388/511, 75.9%), followed by squamous cell carcinoma (92/511, 18%), neuroendocrine tumors (13, 2.5%) and 8 (1.6%) cases each of GISTs and lymphomas. Mean duration of complaints was 6.4±7.2 months. Majority cases had advanced stages (III-IV) at presentation and aggressive histologies in the form of poorly differentiated lesions and signet ring cell carcinomas. 44/511 (8.6%) of the total study cases had a documented positive family history. Conclusions: Cases presented with nonspecific and protracted symptomatology, advanced stages and poorly differentiated lesions. Familial association could imply a hereditary component or aggregation of shared environmental risk factors or both.

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