

A Study of Carcinoma of Oesophagus in Iran

by

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From January 1957 to November 1957, 102 cases of carcinoma of the oesophagus were seen at the cancer Institute. The following investigations were performed:

(i) Barium Swallow (ii) Oesophagoscopy (iii) Biopsy and Histological examination.

On oesophagoscopy the site of the tumour was measured from the lower incisive, bearing in mind that the distance between the lower incisive and the cardia being 40 cm and to post-cricoid region being 15 cm. On a few occasions the biopsy showed a hyperplasia without any signs of malignancy, but further biopsy and examination proved that the first biopsies were taken, not from actual growth, but from near the margin of the growth. However, all these patients have got a positive biopsy and most of them have been examined two or three times.

A number of these patients have been treated by Radiotherapy, and there are several reasons why this has been done:

- (i) Most of these patients were beyond the scope of operation.
- (ii) Some were operable but refused operative treatment.

Quite a number of these patients were from the provinces and they could not stay in Tehran and attend for radiotherapy for financial reasons, so we cannot give an accurate result of our therapy. I know of only one patient who has had two courses of radiotherapy 6000r at each session, although on oesophagoscopy investigation the growth was still there and the biopsy was positive, she could swallow easier than before.

Since our Unit has been functioning some of these cases have been operated upon, but at this stage it is impossible to give a comprehensive report to the short time which has elapsed and the number of cases being insufficient to give a detailed report, but we hope to be able to record these in the future.

It can be seen from the chart that the majority of these patients have come from the northern part of the country, and it is thought that the following are the reasons:

(a) The people from the North being more intelligent. In the South there are Centres in which this disease can be treated, but it must be borne in mind that these Centres are restricted to a certain class of people (e.g. Oil Company Hospital for employees, Nemazi Hospital which is private Institution in Shiraz).

(b) Transport facilities from the northern part of the country are more advanced.

(c) The distance from the North being shorter to Tehran.

(d) The northern people being in a better financial position.

(e) The population in the northern part of the country is heavier.

(f) This disease is prevalent in the north for some local reason, which is unknown to us, and needs investigation in that area.

Fig. 1. The geographical incidence shows that three-quarters of these patients come from the northern part of the country and 37% of the whole lot being from the Azarbaijan area. One has to bear in mind that this a more populated area than the rest of the country. Amongst these patients three were seen and operated on at Shiraz and did not travel to Tebran.

Fig. 2. This shows the sex incidence amongst these cases the male to female ratio is 1.7 to 1 comparing with other statistics Illingworth and Dick (1956) and Aird (1956) the male to female ratio is 5 to 1. From this we can draw the conclusion that carcinoma of the oesophagus amongst female patients in this country is three times higher than in European countries.

Fig. 3 and 4. This is sex incidence and age incidence of the post

cricoid carcinoma-male to female ratio is about equal while Willis (1953) states the post cricoid carcinoma is almost exclusively in the females, especially among the younger age group. Our Figure shows the youngest patient was a male of twenty-one and the eldest was a female of seventy-four

Fig. 5 and 6. This is sex incidence and age incidence of the upper third of the oesophagus. Here again the male to female ratio is equal while Allison (1949) states carcinoma of upper third of the oesophagus is more common in male than female patients.

Fig. 6 and 7. This is carcinoma of middle third of the oesophagus. In our Figure male to female ratio is equal and accounts for 40% of our cases.

Fig. 6 and 8. This is carcinoma of the lower third of the oesophagus, the male to female ratio is 3 to 1.

Fig. 9. This shows that carcinoma in the middle third is twice as much as in lower third in females.

Fig. 10. This shows the age incidence of carcinoma of the oesophagus is more common among the age groups of forty to sixty years.

Fig. 11. This shows the histology of these cases, but it is striking that carcinoma of the cardia accounts for only 6% of our cases, whereas Cox (1957) had 36 cases of carcinoma of cardia among his 86 patients.

We had two cases of glandular epithelioma of the oesophagus proper. One was operated on and the growth was about one finger breadth above the cardia and there was no question of it arising from the stomach itself. The second one the growth was situated in the middle third of the oesophagus and we thought it was not a carcinoma of the stomach.

Summary . 102 cases of carcinoma of the oesophagus were studied classified and the following conclusions were drawn:

(a) Carcinoma of oesophagus is three times more frequent in Iranian females.

(b) Carcinoma of post cricoid and upper third of the oesophagus amount to 17% of the cases and are equally distributed in male and female patients.

(c) Carcinoma of oesophagus in the middle third is twice as common as the lower third in females.

(d) Carcinoma of cardia amount to 6% of our cases.

(e) Glandular epithelioma of oesophagus proper being 2% of the

RÉSUMÉ

Le travail est basé sur l'étude de 102 cas de cancer œsophagien. Les conclusions en sont les suivantes:

a) Ce cancer est en Iran 3 fois plus fréquent chez les femmes que chez les hommes.

b) Les cancers du tiers supérieur de l'œsophage, qui constituent les 17% des cas observés, ont la même fréquence chez les deux sexes.

c) Chez la femme, les cancers du tiers moyen de l'organe sont 2 fois plus fréquents que ceux du tiers inférieur, les 6% des cas sont représentés par les cancers du cardia.

e) L'épithélioma glandulaire de l'œsophage forme les 2% de nos observations.

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