بسم الله الرحمن الرحيم

شبكة المعلومـــــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قـــسـم ﴾

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون آية تغيرات

يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %

بعض الوثائق الأصلية تالفة

بالرسالة صفحات

لم ترد بالأصـــل

Recent Advances In Management of Colorectal Cancer

Essay

Submitted for Partial Fulfillment
of Master Degree in General Surgery

By

OSAMA MOHAMED MOHAMED ELKOMY
M.B. B.Ch..
Ain Shams University

Under Supervision of

Prof. Dr. ALI BAHGAT LASHEEN
Prof. of general surgery
Head of surgery departments
Faculty of Medicine
Ain Shams University

Dr. ASHRAF FAROUK ABADEER
Assist. Prof. of general surgery
Faculty of Medicine
Ain Shams University

Dr. MOHAMED AHMED RADWAN
Lecturer of general surgery
Faculty of Medicine
Ain Shams University

➢ Introduction:

World-wide, the large bowel is the fourth commonest site for cancer after lung, stomach and breast and the fourth cause of cancer death after lung, stomach and liver cancer. ***(Northover et al, 2003).***

Epidemiological, pathological and molecular genetic studies have provided convincing evidence that most colorectal cancers arise in adenomatous polyps and that their ablation arrests the development of cancer at that site.***(Northover et al, 2003).***

Colorectal carcinogenesis is a multi-step process, arising from a progressive accumulation of genetic abnormalities that underlie its progression along an adenoma–dysplasia–carcinoma–metastases sequence. The progression of the disease may be faster for flat or depressed adenomas. ***(Rembacken et al, 2000).***

Computed tomography (CT), magnetic resonance(MR) colography and virtual colonoscopy (CT colography) have high sensitivity for colorectal cancer and large polyps, but are less sensitive for flat lesions and for smaller polyps. ***(Fenlon, 2002).*** On the other side barium enema has been shown to be relatively insensitive compared to colonoscopy. ***(Winawer et al, 2000).***

The finding of a distal adenoma at sigmoidoscopy is associated with an increased likelihood of having adenomas in the proximal colon, so colonoscopy is indicated. Around 70% of all advanced colorectal neoplasia will be detected with this strategy. ***(Lieberman et al, 2000).***

Several recent studies have reported the possibility of extraction epithelial DNA from stool samples, in which mutations in several genes have been examined.***(Ahlquist et al, 2000).*** Using a panel of DNA markers, data so far suggest that these markers are highly specific and, therefore, represent a

significant improvement over fecal occult blood test. ***(Dong et al, 2001).***

Around 20% of cancers detected during endoscopic screening will be malignant polyps that have only invaded locally and can be removed during endoscopy or by local surgical excision. The others will require open abdominal surgery.***(Atkin et al, 2002).***

The principal modality of treatment remains radical surgical excision of the tumor with a safety margin of surrounding bowel and attached mesentery. Stapling techniques permit restoration of colorectal continuity in all except those where the sphincter complex is involved and, as a result, abdominoperineal resection of rectum and permanent colostomy is seldom required. (***Guillem et al, 1999).***

Local recurrence of rectal cancer despite optimal surgery, suggests intrinsic tumor variables such as increased invasiveness and metastatic potential. (***Minsky, 1999).***

The efficacy of adjuvant chemotherapy in colorectal cancer has been well established in the past decade molecular, immunochemical, and other methods have been used recently to identify micrometastatic residual disease within lymph nodes and bone marrow. (***O'Sullivan et al, 1997).***

➢ Aim of work:

The aim of this essay is to have a spotlight on the recent advances in diagnosis, investigations and treatment of colorectal carcinoma.

➢Refrences:

1. Ahlquist D, Skoletsky J, Boynton K et al : Colorectal cancer screening by detection of altered human DNA in stool: feasibility of a multitarget assay panel. Gastroentrology *2000*; 119: 1219-1227.

2. Atkin W and UK Flexible Sigmoidoscopy Screening Trial Investigators : Single flexible sigmoidoscopy screening to prevent colorectal cancer; baseline findings of a UK multicentre randomised trial. Lancet *2002*; 359: 1291-1300.

3. **Dong S, Traverso G, Johnson C et al :** Detecting colorectal cancer in stool with the use of multiple genetic targets. J Natl Cancer Inst *2001*; 93:858-865.

4. Fenlon H : Virtual colonoscopy. Br J Surg *2002*; 89: 1-3.

5. **Guillem JG and Cohen AM :** Current issues in colorectal cancer surgery. *Semin Oncol* **1999**; 26:505–13.

6. Lieberman D, Weiss D, Bond J et al : Use of colonoscopy to screen asymptomatic adults for colorectal cancer. N Engl J Med *2000*; 343: 162-168.

7. Minsky BD : Adjuvant therapy for rectal cancer. *Semin Oncol* **1999**; 26:540–4.

8. Northover J and Atkin W : Screening for colorectal cancer. Recent advances in surgery *2003*; 26: 111-112.

9. O'Sullivan GC, Collins JK, Kelly J et al : Micrometastases: marker of metastatic potential of evidence of residual disease? *Gut* **1997**; 40:512–15.

10. Rembacken B, Fujii T, Caims A et al : flat and depressed colonic neoplasms: a prospective study of 1000 colonoscopies in the UK. Lancet **2000**; 355: 1211-1214.

11. Winawer S, Stewart E, Zauber A et al : A comparison of colonoscopy and double contrast barium enema for surveillance after polypectomy. N Engl J Med *2000;* 342: 1766-1772.

➢ List of contents:

- **الغرض من البحث:**

يهدف هذا البحث إلى إلقاء الضوء على الاتجاهات الحديثة في تشخيص و علاج الأورام السرطانية بالقولون و المستقيم.