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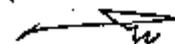
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لم ترد بالأصل

SALWA AKL

SERUM CHOLESTEROL LEVEL AND THE RISK OF COLORECTAL CANCER

Thesis
Submitted in partial fulfilment of the
Requirement for the M.D. Degree in
General Surgery

By

B770B6

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بسم الله الرحمن الرحيم

« وأن ليس للإنسان إلا ما سعى »

صدق الله العظيم

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INTRODUCTION

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Malignant neoplasms of the gastrointestinal tract are the most important cause of deaths, which is exclusively treated by surgery either for radical or palliative purpose.

Colorectal carcinoma is the most common neoplasm of the gastrointestinal tract. In females, it is the second cause of cancer-related death after cancer breast, while in males it is the third cause of cancer-related death after carcinoma of the lung and prostate **(Fleischer, et al., 1989)**.

The incidence of this malignancy is increasing in America during the first part of this century. Approximately 155,000 cases of colorectal cancer were estimated in the United States of America in 1992 (110,000 cases of cancer colon and 45,000 cases of cancer rectum). About 58,300 patients died during the same year **(Roger, et al., 1994)**.

Rectal cancer is slightly more common in men, while cancer colon is more predominant in women **(El-Sebal, 1961)**. Most cases of colorectal cancer are diagnosed in patients over the age of fifty years and the incidence of the disease rises steadily after that age.

However, colorectal cancer is not strictly a disease of elderly, it is estimated that between 6 - 8 % of cases of colorectal cancer can occur in individuals under the age of forty years old (Fleischer, et al., 1989).

In Egypt colorectal cancer constitutes about 51 % of all malignancies of the gastrointestinal tract at the National Cancer institute during a study done from 1970 - 1981, where the number of colorectal cancer cases were 1035 case, while the number of cases of malignant tumours of the gastrointestinal tract apart of colorectal cancer were 1006 case (N. C. I., 1984).

It is clear that dietary factors play an essential role in colonic carcinogenesis. Excess fat consumption and lack of adequate intake of fruits, vegetables, and cereals are the most important dietary factors in this process. It appear that the diet exerts its effect throughout the various stages of carcinogenic process (Shike et al., 1991).

Although the positive association of serum cholesterol level with the risk of cardiovascular diseases have been known for many years, it was not until the early of 1980 where attention was focused on a possible relationship of colorectal cancer with the different levels of serum cholesterol (Linda, et al., 1990).

A series of epidemiologic studies have demonstrated a strong association between high fat intake with high cholesterol level and an increased risk of colorectal cancer, however some fats such as olive oil and fish oil showed no such effect, but on the opposite, the high fish oil diet significantly reduces the incidence of cancer colon in rats and mice (**Reddy, et al., 1986**).

In recent human studies, a continuous administration of fish oil capsules yielded a lower ornithine decarboxylase activity and normalized dysregulated crypt cell hyperproliferation both of which are useful biologic parameters of tumour promotion, in the colonic mucosa of subjects with a high risk of cancer colon (**Narisawa etal., 1994**).

Thus fish oil which is a high density lipoprotein can therefore reduces the risk of colorectal carcinoma while fat of low density lipoprotein increases the risk of colorectal carcinoma. However, it has not been determined to what level dietary fat should be restricted in order to achieve significant attenuation of the carcinogenic process in the colon (**Narisawa et al., 1994**).

AIM OF THE WORK

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The aim of this work is to study the relation between lipid profile and the clinical staging of colorectal cancer