



## Pathologic analysis of 4451 cases with digestive tract cancer

Tong Xu, Li-Ping Fang, Jing Li, Wen-Qing Liu, Zuo-Yu Zhou, Cui-Ping Qiu, Xin-Hua Yu, Tu-Peng Si, Li-Juan He, Xian-Lai Fang, Zhi-Hua Meng, Ying-Han Li, Li-Hua Jiang, De-Yuan Luo

Tong Xu, Li-Ping Fang, Jing Li, Wen-Qing Liu, Zuo-Yu Zhou, Pathological Department, Yue Bei People's Hospital, Shaoguan 512026, Guangdong Province, China

Cui-Ping Qiu, Xin-Hua Yu, Neoplastic Department, Yue Bei People's Hospital, Shaoguan 512026, Guangdong Province, China

Tu-Peng Si, Li-Juan He, Endoscopy Room, Yue Bei People's Hospital, Shaoguan 512026, Guangdong Province, China

Xian-Lai Fang, Zhi-Hua Meng, Ying-Han Li, Department of Radiology, Yue Bei People's Hospital, Shaoguan 512026, Guangdong Province, China

Li-Hua Jiang, De-Yuan Luo, Department of Surgery, Yue Bei People's Hospital, Shaoguan 512026, Guangdong Province, China

Author contributions: All authors contributed equally to the work.

Correspondence to: Dr. Tong Xu, Pathological Department, Yue Bei People's Hospital, Shaoguan 512026, Guangdong Province, China

Received: August 3, 1998

Revised: August 24, 1998

Accepted: September 10, 1998

Published online: October 15, 1998

### Abstract

**AIM:** To analyse pathological characteristics of 4451 cases of digestive tract cancer, and study its clinical significance.

**METHODS:** All cases were unselected patients of digestive tract cancer who were diagnosed and operated in our hospital during the period 1983-1997, and the diagnosis confirmed by pathological examination. Comparison was made between different age groups (young < 30, middle 30-40, old 40-70, very old > 70) on the basis of location of the primary cancer.

**RESULTS:** All patients aged from 7-87 years, mean 61 years, the

ratio of male to female is 2:1. The distribution of age is young (3.5%), middle (9.5%), old (70%), very old group (17%). Distribution of cancer is esophagus 17.1%, cardiac and gastric cancer, 50.7%, and carcinoma of large intestine, 31.6%. In the old and very old age groups well-differentiated and poorly differentiated squamous cell carcinoma of the esophagus, well-differentiated and poorly differentiated adenocarcinoma, myxoadenocarcinoma, papillary adenocarcinoma were significantly higher than those of young and middle age groups ( $P < 0.01$ ,  $P < 0.05$ ,  $P < 0.05$ ). Cardiac and gastric cancer have similar pathological presentations with adenocarcinoma predominates and adenosquamous carcinoma and squamous carcinoma occur infrequently. The incidence of poorly differentiated adenocarcinoma (79% of all cancer of the same location) and ring cell carcinoma (90% of all cancers of the same pathological type) is high in cardia and stomach among all cases. The metastatic rate of cardiac and gastric cancer is 11%; The recurrence rate of residual gastric cancer is 8% with high malignancy and poor prognosis. Precancerous lesions existed in 687 cases; The ratio to all cases is 1:6.5. There are 193 cases of early cancer (4.3% of all cases).

**CONCLUSION:** It is valuable to perform screening test to examine routinely (such as barium-air double contrast radiography, rectal touch, endoscopy + biopsy), as well as to get a timely pathological diagnosis for the detection and management of gastrointestinal tract carcinoma and early cancer, especially for young and middle age groups.

**Key words:** Digestive system neoplasms/pathology; Carcinoma, squamous cell/pathology; Adenocarcinoma/pathology; Precancerous conditions/pathology

© The Author(s) 1998. Published by Baishideng Publishing Group Inc. All rights reserved.

Xu T, Fang LP, Li J, Liu WQ, Zhou ZY, Qiu CP, Yu XH, Si TP, He LJ, Fang XL, Meng ZH, Li YH, Jiang LH, Luo DY. Pathologic analysis of 4451 cases with digestive tract cancer. *World J Gastroenterol* 1998; 4(Suppl2): 67 Available from: URL: <http://www.wjgnet.com/1007-9327/full/v4/iSuppl2/67.htm> DOI: <http://dx.doi.org/10.3748/wjg.v4.iSuppl2.67>

E- Editor: Li RF



Published by **Baishideng Publishing Group Inc**  
8226 Regency Drive, Pleasanton, CA 94588, USA  
Telephone: +1-925-223-8242  
Fax: +1-925-223-8243  
E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
Help Desk: <http://www.wjgnet.com/esps/helpdesk.aspx>  
<http://www.wjgnet.com>

