INTRODUCTION

Colorectal cancer is a most common malignancy of gastrointestinal tract. Early detection of disease and appropriate management by surgery or chemotherapy is effective and life saving and reduces mortality rate. It has many risk factors such as...
advance age and dietary factors like high fat, low fiber diet as high fiber diet is protective against this disease. Smoking and alcohol consumption, ureterosigmoidostomy, pelvic radiation therapy, inflammatory bowel disease as ulcerative colitis, crohn disease and familial adenomatous polyposis, hereditary non polyposis colon cancer and adenomas greater than 1 cm size are risk factors of colorectal cancer.2 Positive familial history of any malignancy is a strong risk factor in such cases screening should be done by serum CEA level. CEA level is used for screening of colorectal carcinoma and especially it is indicator of its recurrence.3 This tumor may spread locally in longitudinal or transverse direction causing intestinal obstruction and lymphatic spread may involve pericolic, peri rectal and mesenteric lymphnodes.4 Spread through blood occurs to liver, lungs and brain. This cancer is more common in male population as compared to females. This malignancy is much prevalent in developed countries as well such as in America incidence is 6% every year. Most of the patients develop this malignancy without any risk factors and just 25-30% patients with this cancer have risk factors associated with it.3 There are many systems for staging of this malignancy such as Dukes staging, TNM staging. Patients with colorectal cancer present usually with per rectal bleeding, anemia and palpable abdominal mass. If tumor involves right colon then presentation will be right abdominal mass, anemia is more common in right side tumor, intestinal obstruction and appendicitis may occur due to blockage of lumen of appendix.5 Such patients may present in emergency ward due to intestinal obstruction or perforation requiring laparotomy. Tumor of left colon presents with lower abdominal pain, obstruction, tenesmus, colovesical fistula. Rectal tumor may present with bleeding, something coming out of anus, sense of incomplete evacuation of rectum diarrhea and constipation and weight loss. In metastatic disease altered consciousness, hemoptysis and portal hypertension or ascites may be present. Poor prognostic factor include young age, distal tumor location and undifferentiated on histopathology with advanced stage or metastasis.7-9 In advance metastatic tumor just palliative surgery for debulking or palliative chemotherapy is required. According to a report each year one million people in the world suffer from this cancer and about half of them die within five year. In previous few years incidence of colorectal cancer has been increased significantly in asian countries including Pakistan. Surgical management includes anterior resection, abdominoperineal resection and Hartman’s operation. Chemotherapy is given in stage 3 tumors as it has no role in initial stage of tumors. Drugs of chemotherapy include 5-fluorouracil, folicin acid and oxaliplatin etc. Radiotherapy has no role in this malignancy.

Patients and Methods
This is a cross sectional study of descriptive type conducted in ateaching hospital of Pishawar pakistan. In this study patients from OPD were selected falling on our inclusion criteria. All patients presented in surgical outdoor during study period with signs and symptoms suggesting colorectal cancer were included in this study. Colorectal cancer is a most common malignancy of gastrointestinal tract. Early detection of disease and appropriate management by surgery or chemotherapy is effective and life saving and reduces mortality rate. It has many risk factors such as advance age and dietary factors like high fat, low fiber diet as high fiber diet is protective against this disease. Proper history taken and thorough clinical examination was done. Initially digital rectal examination was performed followed by proctoscopy, sigmoidoscopy, colonoscopy, ultrasound abdomen, CT scan abdomen with contrast. In which patient tumor was suspected biopsy was taken and sent for histopathology. All important points of history and positive findings on clinical examination and investigations were documented properly. An inclusion and exclusion criterion was established according to which only those cases were included having age below 40 years, newly diagnosed cases, having no associated chronic disease and not operated previously for colorectal cancer. After establishing diagnosis staging workup was done. Treatment option was selected depending on the extent of tumor size and metastasis. TNM and Dukes systems were used for staging tumor. Data was analyzed on Microsoft office version 2012 and statistical software. Results presented in the form of table and figures. In study cases baseline investigations were done such as CBC, RFTs, LFTs, PT, INR and for metastatic workup CT abdomen, CT brain and chest x-ray were done. ECG was also done in patients who were planned for laparotomy. In our study no patient died due to colorectal cancer during study period of seven months and mortality may occur afterward due to advance disease. During laparotomy tumor was identified, located and if resectable then removed and diversion colostomy or ileostomy was made. These cases were kept in the syrgical unit of study institution for monitoring.

Results
This study was done in Khyber teaching hospital Peshawar where daily 150-200 cases report in surgical outpatient door. Total136 cases were diagnosed with colorectal cancer and out of them 60(46.2%) cases were below 40 years and above 15 years of age with mean age + SD of 28± 11.5 years. Various diagnostic techniques were used in these
cases such as proctoscopy in 21 (35%) cases, digital rectal examination in 17 (28.3%), sigmoidoscopy in 14 (34%), colonoscopy in 12 (25%), barium enema done in 15 (25%), USG abdomen in 19 (31.7%), CT scan abdomen in 5 (8.3%) and exploratory laparotomy was performed in 3.3% cases. There were 37 (61.7%) male and 23 (38.3%) were female cases. Different tumor positions were seen in study subjects in 30 (50%) cases rectum was involved, in 7 (11.7%) rectosigmoid junction, 1 (1.7%) descending colon and 3 (5%) splenic flexure was involved. There were 41 (68%) cases with tumor in left colon. In 19 (32%) cases right side tumor present including 10 (16.7%) in caecum, 2 (3.3%) transverse colon, 5 (8.3%) hepatic flexure and 2 (3.3%) ascending colon. In 51 (85%) cases adenocarcinoma was diagnosed on histopathology. In 2 (3.3%) carcinoid tumor, in 5 (8.3%) lymphoma and juvenile polyposis coli was present in 2 (3.3%) cases.
**Histological types of colorectal carcinoma and their frequency**

| Histopathology Type          | Number of patients | %   |
|------------------------------|--------------------|-----|
| Adenocarcinoma type          |                    |     |
| a) Well differentiated       | 28                 | 46.7|
| b) Poorly differentiated     | 9                  | 15  |
| c) Undifferentiated          | 14                 | 23.3|
| Lymphoma                     | 5                  | 8.3 |
| Juvenile polyposis coli      | 2                  | 3.3 |
| Carcinoid                    | 2                  | 3.3 |
| **Total**                    | 60                 | 100 |
DISCUSSION
Colorectal cancer is the most common malignancy of gastrointestinal tract. Prevalence of this disease is different in various countries. It is not much common in Asian countries. In America its incidence was reported highest. European countries has higher incidence as compared to Asian countries. Colorectal cancer is a most common malignancy of gastrointestinal tract.

Early detection of disease and appropriate management by surgery or chemotherapy is effective and life saving and reduces mortality rate. It has many risk factors such as advance age and dietary factors like high fat, low fiber diet as high fiber diet is protective against this disease.

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CONCLUSION
Colorectal carcinoma is most prevalent tumor of large intestine worldwide. This is more prevalent in European countries as compared to Asian countries. Adenocarcinoma is most common histopathological type of colorectal cancer. It has significant incidence in young age group people. Most common location of tumor is in left colon especially rectum. Right sided tumors are less common. Early detection of cancer and management by surgery and chemotherapy may decrease morbidity and mortality.
Impact Factor:

| Impact Factor | ISRA (India) | SIS (USA) | ICV (Poland) |
|---------------|--------------|-----------|--------------|
|               | 1.344        | 0.912     | 6.630        |
| ISI (Dubai, UAE) | 0.829    |            | 1.940        |
| GIF (Australia) | 0.564        |            |              |
| JIF           | 1.500        |            |              |
| SJIF (Morocco) | 2.031        |            |              |

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