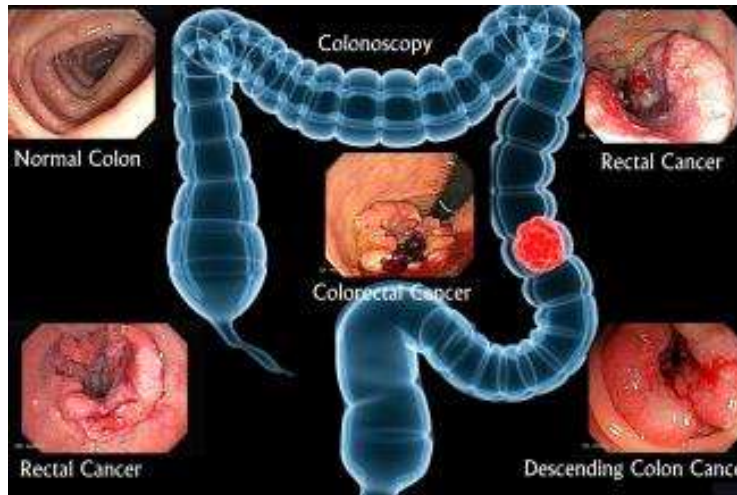





246 & 247
XVII. Diseases of the Digestive System



Carcinoma of Colon		III-4, 3. 555		
<i>A piece of intestine:</i>		<i>Shows a tumour</i>		
	<i>The tumour:</i>	<ul style="list-style-type: none"> • <i>Lies at the caecum</i> • <i>Arising from the mucosa</i> • <i>Invading the wall (malignancy)</i> • <i>Destroying the musculosa</i> • <i>Is opaque white</i> • <i>Firm in consistence</i> • <i>Ulcerating and fungating</i> 		
	<i>The ulcer:</i>	<ul style="list-style-type: none"> • <i>Is large</i> • <i>Fixed to deep structures</i> • <i>Has raised everted edges</i> 		
<i>Lymph nodes (regional):</i>		<ul style="list-style-type: none"> • <i>Are enlarged</i> 		
				

N.B.:

- Malignant tumours of the large intestine are commoner in males (than females) and
- Are most common after middle age (in case of carcinoma) and
- Before middle age and (in case of sarcoma).

They may be:

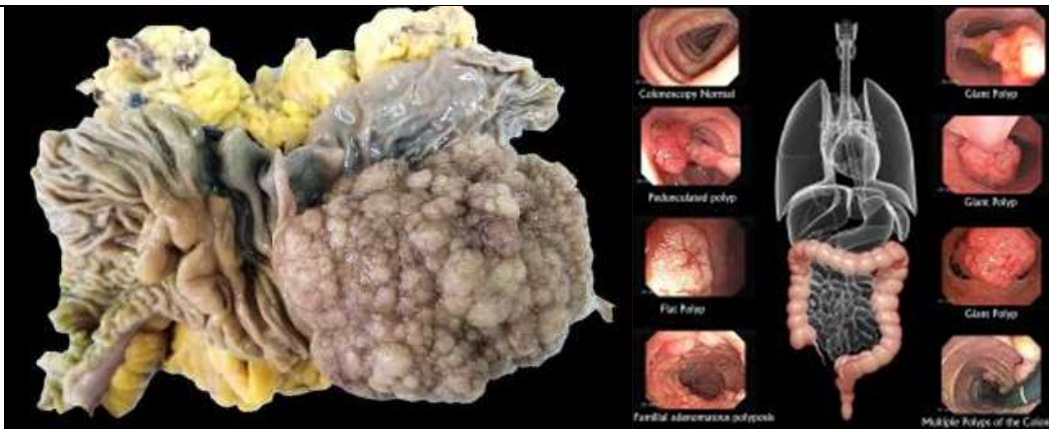
1. Common: Carcinoma.
2. Uncommon:
 - Sarcoma.
 - Lymphoma
3. Rare: Carcinoid

Precancerous conditions (in some cases):

- Familial multiple polyposis coli.
- Adenomatous papillomata.
- Papillary formations of chronic ulcerative colitis.

Common sites in the order of frequency:

1. Rectum (especially frequent in males).
2. Pelvic colon or caecum.
3. Descending and ascending colon.
4. Transverse colon and the flexures.

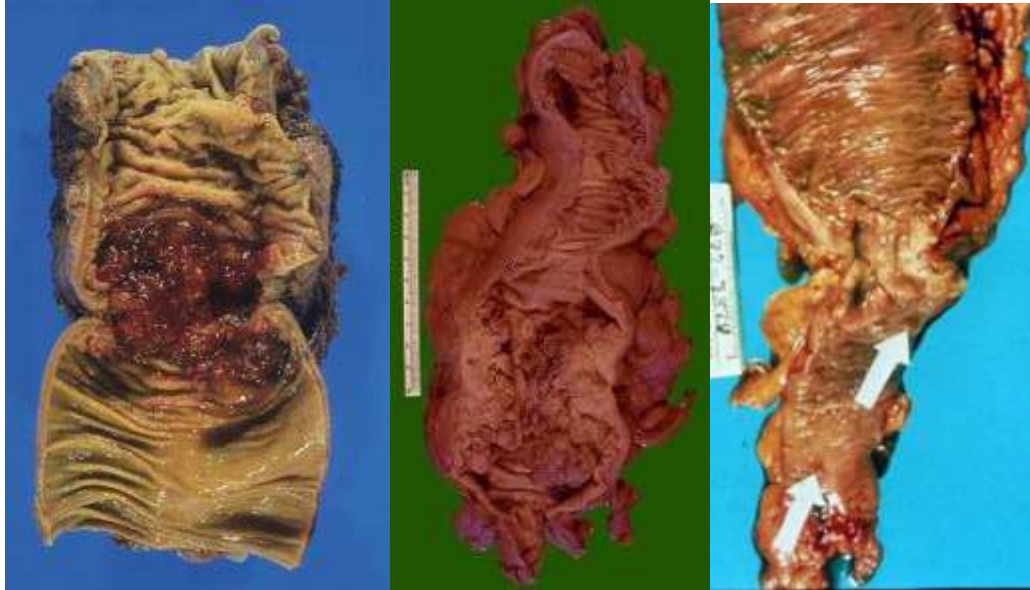


Mucoid Carcinoma III- 4. 3, 556.

A piece of intestine:		Shows a tumour	
	The tumour:	<ul style="list-style-type: none"> • Lies at the ileocecal junction • Is large in size • Rounded (or ovoid) in shape • Opaque white (most parts) • Some areas are: • Semi translucent • Homogeneous • Jelly-like • Evidence of invasion of adjacent tissue (malignancy) 	
Lymph nodes (regional):		<ul style="list-style-type: none"> • Are enlarged • Infiltrated by similar neoplastic tissue 	

N.B.:

- *Histologically, it proved to be mucoïd carcinoma.*
- *Most carcinomas of the colon are adenocarcinomatous and may produce mucin, the production of which hastens extension and worsens prognosis.*



Annular Carcinoma 111 -4, 3. 557

A piece of intestine (left colon):

Shows a tumour

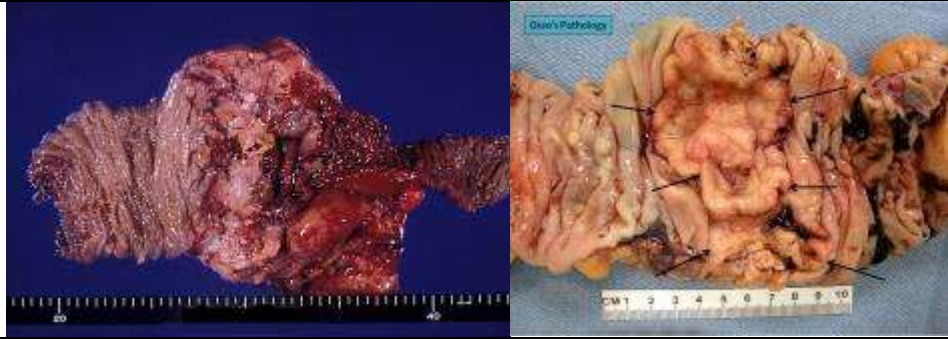


The tumour:

- Moderately-large
- Slightly fungating
- Infiltrating (circularly) wall of intestine
- *Invading and destroying the wall (malignancy)*
- *Shows an excess of fibrous tissue formation*
- *Is narrowing the lumen*
(purse-string stricture = napkin-ring constriction)
- *Opaque greyish-white*
- *Firm in consistence*

N.B.:

- *A common site for this tumour is the left-colon (pelvic and descending).*
- *The tumour tends to surround and constrict the wall of the intestine which becomes: Hypertrophied and dilated proximally, and collapsed distally.*
- *It thus causes:*
 1. *Early intestinal obstruction.*
 2. *Early correct diagnosis.*
 3. *Early surgical interference (and; hence, relatively better prognosis).*
- *The prognosis depends upon the proper treatment at the proper time (before the occurrence of penetration of the tumour → pericolic abscesses and peritonitis or metastases into liver, lungs etc.).*



Encephaloid Carcinoma (medullary) 111 -4, 3. 558

<i>A piece of the colon:</i>		<i>Shows a tumour</i>	
	<i>The tumour:</i>	<ul style="list-style-type: none"> • <i>A polypoidal mass filling the lumen (cauliflower-like mass) Large and irregular</i> • <i>Protruding from the cavity of the colon and caecum</i> • <i>Infiltrating the walls and adjacent tissues (malignancy)</i> • <i>Opaque greyish-white</i> • <i>With small foci of necrosis (pale yellow)</i> • <i>Scattered small haemorrhages (dark brownish-red)</i> • <i>Soft-firm in consistence</i> 	

N.B.:

- *This type of carcinoma is commoner in the right-colon (ascending) forming soft, bulky masses of opaque white tissue projecting in the lumen (fungating).*
- *This tumour is more liable to necrosis and infection.*
- *It is only when becoming large enough that this tumour may produce symptoms of intestinal obstruction; and, may show ulceration, invasion and metastases before starting the proper treatment.*
- *Hence, is late in diagnosis and surgical interference.*

