

Carcinoma: III- 4, 4. 555

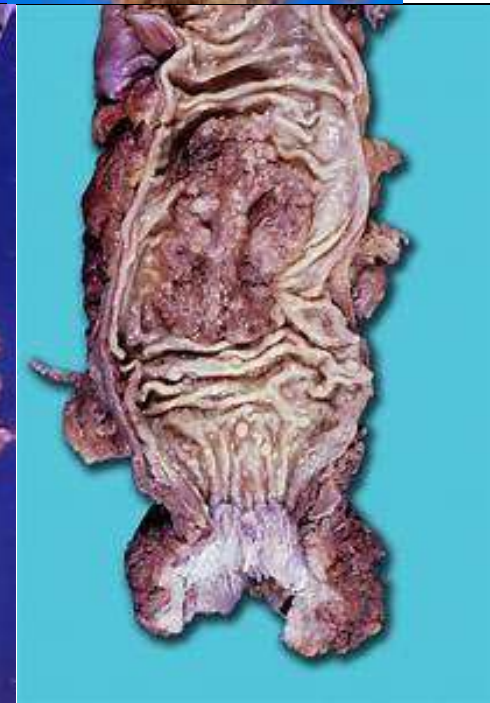
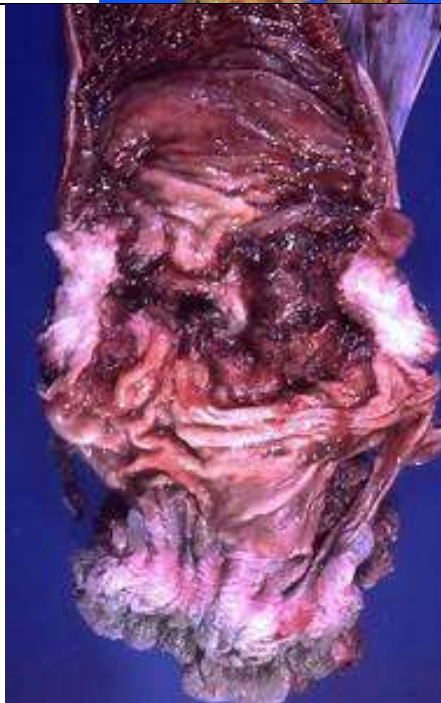


Rectum and anal canal:		Show a tumour	
	The tumour	<ul style="list-style-type: none"> • At the junction of the skin with the mucosa • Single • Moderately-large • Infiltrating the wall (malignancy) • Ulcerating 	
	The ulcer:	<ul style="list-style-type: none"> • Raised margins • Everted edges • Very firm in consistence 	
	Lymph nodes (regional):	<ul style="list-style-type: none"> • Are enlarged • Infiltrated by the tumour tissue 	



N.B.:

- *Histologically, it proved to be squamous cell carcinoma.*
- *Tumours in the anal region are rather rare :*
 1. *Benign lymphoma.*
 2. *Basal cell carcinoma.*
 3. *Mucous-gland-tumours.*
 4. *Sweat-gland-tumours.*
 5. *Skin-tumours.*
 6. *Malignant melanoma.*
 7. *Carcinoma.*



Carcinoma of rectum

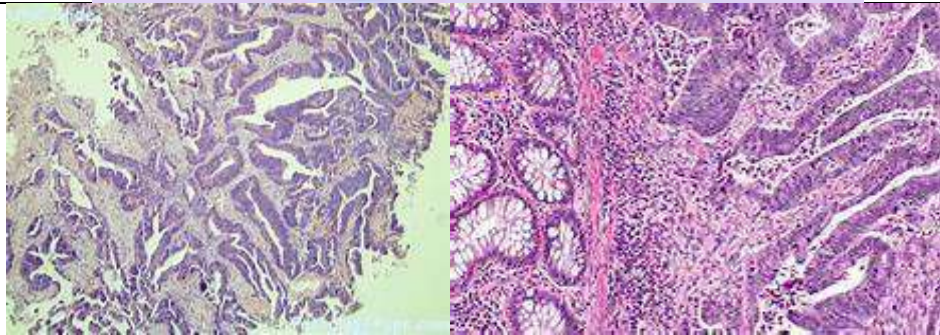
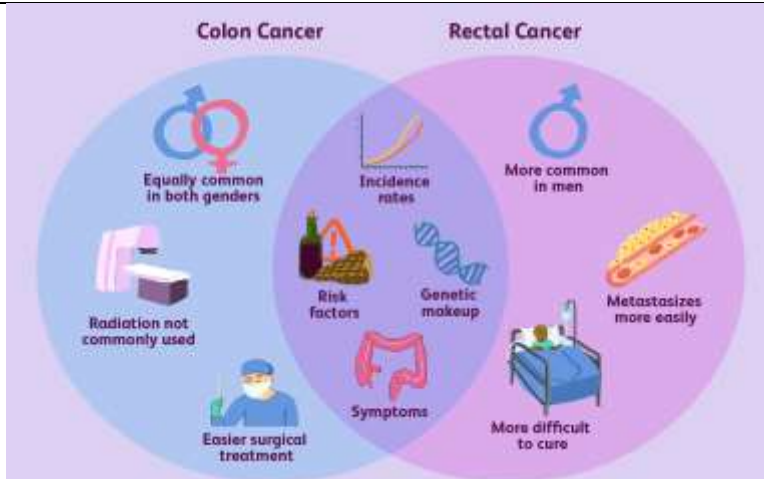
A piece of rectum

The tumour

- *Shows a tumour*
- *Arising from the mucosa and destroying the wall*
- *Infiltrating (malignancy)*
- *Large (moderately)*
- *Opaque greyish-white*
- *With semi-translucent mucoid foci*
- *Some foci are haemorrhagic (dark-reddish-brown)*
- *Firm in consistence*

N.B.1:

- *Carcinoma of the rectum has a better prognosis than that of the other parts of the intestine because of:*
 1. *Early diagnosis.*
 2. *Early successful surgical treatment,*
 3. *Its relatively-slow rate of growth.*



Types of colon CA

- ***Synchronous***- Multiple primary ca in different parts of colon at the same time.
- ***Metachronous***- Growth in different parts of colon in different time.
- **Gross type-**
 - Annular (left side)
 - Tubular (left side)
 - Ulcerative (right side)
 - Cauliflower type (right side).