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Prof. of Oncology,  
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Varanasi.

Sectional Editor : DR. J. B. VENKAT RAU,  
Prof. of Surgery & Surgeon,  
Government General Hospital,  
64-2-1J, Rajanagar Colony,  
Kakinada-533 004

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2. DR. SAMBHU PAL Calcutta
3. DR. S. SHARMA Bombay
4. DR. N. D. TAHILIANI Allahabad
5. DR. G. N. SHUKLA Baroda
6. DR. (Mrs.) V. SAGDEV Nagapur
7. BRIG. S. K. SARKAR New Delhi

Let me wish the members a happy new year and busy professional work. It is heartening to note that the oncology section of Association of Surgeons of India is well oriented and catering to all members of A. S. It is needless to say the ordinary membership and Life Membership is increasing year by year. The members and executive have taken active part in the sectional programmes. The C. M. E. Programme of the Annual Conference held at Indore in December, 1990 covered the Surgical problems in oncology by the various speakers. To express in brief the Chemistry for General Surgeon by Prof. N. C. MISRA, Management of Stomach tumors by Dr. J. N. KULKARNI, Recent trends in Surgery of Thyroid cancer by Dr. S. M. BOSE and Surgical management of osseous secondaries by Dr. P. SURYANARAYANA of Madras. It clearly implies the importance of Oncology.

The symposium on Benign Breast diseases was conducted by Prof. S. SHUKLA, Secretary of Oncology Section. The Symposium covered the spectrum of Benign Breast diseases and the Speakers who participated enlightened about the diseases.

The Oncology section, in association with Gastro-enterology conducted a symposium on colorectal cancer and Brigr. S. K. SARKER Chaired. It dealt with epidemiology, Pathology, Diagnosis and Surgical management, risk factors and also adjuvant Chemotherapy. The participation by the delegates was commendable, The Radha Devi Memorial Oration was delivered by Prof. M. L. KAPOOR and he dealt extensively on carcinoma of Breast and his experience was shared by all delegates.

The free papers presented in Oncology section were of high standard and delegates shared the experience and Wisdom of Senior Surgeons.

Mid Term Conference :- The Mid Term Conference of Indian Association of Surgical Oncology will be held at Baroda on 7th and 8th September 1991. Prof. G. N. SHUKLA, Prof. of Surgery, Medical College, Baroda is organising Secretary. During the Conference, Dr. R. S. RAO of Tat

The other important surgical programmes are Guest Lectures, Symposium on Innovations in Cancer Surgery in 1990s, Surgery update Lectures and free papers.

In this connection, I request all the members of the section to attend the Conference in large numbers and as you all know the better understanding and camaraderie to each other well in conferences of small groups in particular in Surgical Oncology. Baroda is a worth visiting and connected by rail and Air.

For further details of Conference - please write to Prof. G. N. Shukla Prof. of Surgery, Medical College, Baroda.

*Scientific Programme :-* Please contact Prof. H. S. Shukla, M.S., FRCS., Ph.D., Prof. of Oncology, 31/13, Malavi Bhavan, Lanka, Varanasi-221 005.

The Bulletin also consists of abstracts of papers presented in the Oncology Section of A. S. I. held at Indore from 28th December to 1st January 1991 and dealt with various problems in Oncology.

I take this opportunity to thank the Executive to continue me as Sectional Editor for the Second Year in succession and encouraged to bring the Bulletin.

*Chairman* : Brig. S. K. SARKER President IASO

Minutes of the last General Body meeting of IASO held on 29th Dec. 1989 at Varanasi were read and approved.

Minutes of the last Executive Committee Meeting of IASO held on 29th Dec. 1990 at Library Hall 3 were read and approved. The statement of accounts for 1990-91 was approved. It was resolved that any amount over Rs. 10,000.00 (Ten Thousand only) in the current account will be invested in a fixed account.

#### *Condolence Meeting-*

The death of Prof. S.P. Srivastava at Agra, was deeply grieved by the members. Prof. B. M. L. Kapur gave a touching account of prof. Srivastava's qualities as a surgeon and as a human being. His compassion and concern for the cancer patient was particularly remembered.

#### **Midterm Conference.**

It was decided to hold a mid term conference of the IASO at Baroda on 7th and 8th Sept. 1991. It was conveyed that Prof. G. N. Shukla would be happy to be the organising secretary of the midterm conference. Prof. P. M. Trivedi had invited the IASO to come to Baroda for the Midterm Conference. The general body approved it. It was decided to hold the following scientific programme at the Midterm conference-

- (a) Moti Bhai Oration: Dr. R. S. Rao, Bombay.
- (b) Guest Lecture.
- (c) Symposium on innovations in Cancer Surgery in the 1990s.
- (d) Surgery update lectures.
- (e) Preferred papers.

The annual meeting of the IASO will be held with ASICON 91 at Hyderabad. The following scientific programme was agreed upon for the annual conference-

- (a) Smt. K.K. Radha Devi Guest Lecture. In keeping with the convention the outgoing President Brig. S. K. Sarker was selected for this lecture.
- (b) SYMPOSIUM-Symposium on Surgical Obstructive Jaundice will be held. The symposium will be jointly convened by the secretaries of the IASO and ISG.
- (c) Guest lectures.
- (d) Open house session.
- (e) Preferred papers.
- (f) Best Paper Award. It was decided to give a best paper award to a postgraduate upto 35 years of age. The award shall carry a certificate and a cash prize of Rs. 500.00 (Five hundred only). The rule and regulations for the award will be worked out by the Secretary in consultation with the President and the immediate Past President. This will be published in the news letter.

#### *Visiting fellowship-*

In view of the interest shown by the Concept Pharmaceuticals Company to sponsor ONCOLOGY TRAVELLING FELLOWSHIP the secretary was asked to *negotiate* the formalities and report the progress to the President. An amount of Rs. 50,000.00 (Fifty thousand) was considered to be minimum required for the institution of the fellowship.

*President :* Prof. P. M. Trivedi, Baroda.

Prof. Trivedi was not present in the meeting and he had conveyed his reluctance to become the President. However the members were unanimous in their opinion to persuade Dr. Trivedi to accept the Presidentship which may be handed over to him at Baroda during the midterm conference of IASO.

*Vice Presidents :* Dr. S. G. Deshpande, Pune.

Dr. S. K. Shukla, Indore.

*Secretary :* Dr. H. S. Shukla, Varanasi, 2nd year.

*Sectional Editor :* Dr. J. B. Venket Rau, Kakinada, 2nd year.

*Members Executive Committee-*

- |                         |           |                |
|-------------------------|-----------|----------------|
| 1. Dr. K. K. Pandy      | New Delhi | 2nd year       |
| 2. Dr. Sambu Pal        | Calcutta  | 2nd year       |
| 3. Dr. S. Sharma        | Bombay    | 1st year       |
| 4. Dr. N. D. Tahiliani  | Allahabad | 1st year       |
| 5. Dr. G. N. Shukla     | Baroda    | 1st year       |
| 6. Dr. (Mrs.) V. Sagdev | Nagpur    | 1st year       |
| 7. Brig. S. L. Sarker   | New Delhi | Past President |

8. *Academic activity-*

It was decided that a book of abstracts of papers presented at Indore will be published this year. Dr. J. B. Venket Rau was requested to undertake this along with the publication of the News Letter. Dr. Sandeep Kumar to help in this.

**Life Members of Indian Association of Surgical Oncology - 19**

- |                          |           |
|--------------------------|-----------|
| 1. Dr. V. K. Shukla      | Varanasi  |
| 2. P. K. Wanchoo         | Jaipur    |
| 3. S. H. Bhansali        | Bombay    |
| 4. S. K. Sarker          | New Delhi |
| 5. M. J. Joshi           | Pune      |
| 6. N. M. Kavarana        | Bombay    |
| 7. H. S. Shukla          | Varanasi  |
| 8. Rajendra Kumar Sharma | Imphal    |
| 9. (Mrs) Varsha Saedeo   | Nagpur    |

**CONGRATULATIONS TO NEW ORDINARY MEMBERS OF 1990**

- |                         |            |
|-------------------------|------------|
| 1. Dr. Maj M. Ganguli   | A. M. C.   |
| 2. N. K. Mehdiretta     | Allahabad  |
| 3. N. D. Tahiliani      | Allahabad  |
| 4. V. Engineer          | Brindavan  |
| 5. M. C. Misra          | New Delhi  |
| 6. S. Sharma            | Bombay     |
| 7. Arun Agrawal         | Indore     |
| 8. S. S. Nayyer         | Indore     |
| 9. R. K. Sharma         | Ludhiana   |
| 10. V. S. Subrahmanyam  | Kakinada   |
| 11. S. Vijaya Mohan Rao | "          |
| 12. N. S. Padi          | Berham pur |

## ANNUAL CONFERENCE OF A.S.I.

Fifty first Annual Conference of A. S. I., will be at Hyderabad (Andhra Pradesh) in December, 1991 and Dr. L. B. Reddy is the Organising Secretary.

FOR FURTHER DETAILS, PLEASE WRITE :

Dr. L. Bhaskara Reddy, M.S., FICS, FIMSA.,  
Prof. & Head of the Dept, of Surgery  
I. M. A. Building, 4-5-357/A.  
Esmia Bazar, Hyderabad - 500 027. (A. P.)  
Phone No. 43562

## MIDTERM CONFERENCE OF GASTRO ENTEROLOGY A.S.I.

The mid term conference of Gastro-enterology Section of association of Surgeons of India will be held at Ahmedabad during the third week-end of August 1991.

IX Joint Conference of Asian and Pacific Federations  
(I College of surgeons) Manila Nov. 24-29, 1991 Phillippen.

## AIMS AND OBJECTIVES :

To evaluate the role of surgery retro.spectively over a period of 5 years in Gastro-Intestinal Lymphomas and their prognosis thereof.

## MATERIALS AND METHODS :

Between a period of 1985-1990. 86 cases of primary G. I. tract lymphomas were treated in M.K.C.G. Medical College Hospital, Berhampur (Orissa). These included 76 cases with large cell lymphomas, 6 cases with mixed cellularity and 4 with Hadgkin's disease. The mean age group was 56 years. The disease was more common in men, there were 30 females and 56 males. The commonest site was being stomach accounted for in 58 cases (65%)

## RESULTS :

Of the 86 patients 80 underwent exploratory laparotomy and 4 were in poor condition and died in the hospital. The rest 2 refused surgery. Laparotomy and Biopsy was done in majority of cases (56 cases) and in remaining 24 cases resection was possible in 16 cases only. In the rest of 8 cases the lesions was not resectable. The rate of resectability in the cases who underwent operation was 20 %. Cases with less than 5-year follow-up were excluded and over all 5-year survival rate was 20 %. Routine post-operative Chemotherapy (COPP REGIMEN) was given in all the cases where the tumour was resected completely. 6 cases completed their total duration of chemotherapy and 3 (50%) cases survived for 5 years. 10 patients could not complete chemotherapy and 4 (40%) cases survived for 5 years. In 8 cases where a palliative surgery was adopted and lesions were considered

Dr. M. V. S. Rao  
Dr. N. C. Padi  
Dr. N. K. Patro  
Berhampur

non-resectable the average survival rate was 0.2 months. In resectable cases only biopsy would be done. Where the average survival rate was 7.2 months duration. The survival rate of Hodgkin's disease could not be assessed due to a small number of cases.

#### CONCLUSION :

In the role of surgery in G. I. Lymphomas is limited, the overall survival rate of cases who have undergone surgery at an earlier stage of disease were impressive.



#### Value of Serum Trace Elements Estimation in Cancer Breast

Dr. D. K. Mittal  
Dr. V. P. Kamboj  
Dr. K. Sharma  
G.S.V.M. Medical College  
Kanpur.

To evaluate the Diagnostic and Prognostic value of trace elements viz. Copper, Zinc, Selenium and molybdenum were estimated in 20 patients with biopsy proved carcinoma breast and 26 healthy individuals serum and malignant tissues by atomic absorption photometer in pre and post therapy phase (11th day after surgery or after completion of diatherapy and chemotherapy).

All the patients showed statistically significant ( $p < 0.05$ ) increase level of copper and molybdenum and decrease level of Zinc in serum and tissue in comparison to control. These levels were directly related to the stage of the disease and tumour histological differentiation.

A reversal trend in serum level in all the trace element was found post therapy phase, irrespective treatment modality adopted in early case

Hence as there was no gross difference in median survival rate, 5-FU a single drug can be recommended safely for advanced carcinoma stage more FAM is very costly as compared to 5-FU alone.

Hence as there was no gross difference in median survival rate, 5-FU a single drug can be recommended safely for advanced carcinoma stage most equal efficacy.

#### The Changing Trends in The Management of Gastric Carcinoma

BY  
BRIG S. K. SARKER, SM, VSO  
Consultant in Surgery  
Lt Col K. K. MAUD  
(From Army Research & Referral Hospital, New Delhi-11001)

The Gastric Cancer continues to pose challenge in its management overall 5 year survival rate following surgical resection of gastric cancer remains 10-15% according to the UICC Report. However, the survival rate of 40% to 50% and higher rate of resectability of gastric cancer is reported from Japan. The improvement in survival rate gastric cancer today is believed to be due to early endoscopic diagnosis and standardised system of surgical staging and treatment.

The 5 year survival for resected stage I cancer at the Memorial Sloan-Kettering Cancer Center approached 50% through surgical staging and treatment. On the other hand, the overall 5 year survival in a large series of patients of Charity Hospital in New Orleans was a dismal (5.6-7%).

This paper reviews analytically 120 consecutive cases of gastric cancer treated over a period of 10 years at Armed Forces Malignant Diseases Treatment Centres. The purpose of the paper is to highlight the changing trends in the surgical options in the management of gastric cancer based on surgical staging and the survival pattern.

Cases only... months duration. The survival rate of Hodgkin's disease could not be assessed due to a small number of cases.

### CONCLUSION :

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A reversai trend in serum level in all the trace element was found post therapy phase, irrespective treatment modality adopted in early case

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Hence as there was no gross difference in median survival rate, 5-FU a single drug can be recommended safely for advanced carcinoma stomach as compared to a multidrug regime like FAM, either alone or after most equal efficacy.

### The Changing Trends in The Management Of Gastric Carcinoma

BY  
BRIG S. K. SARKER, SM, VSN  
*Consultant in Surgery*  
&  
Lt Col K. K. MAUDAI  
*(From Army Research & Referral Hospital, New Delhi-1100 10)*

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(A Review Of 75 Cases Of Advanced Carcinoma Of Stomach)

BY

DR. B. P. MISHRA  
DR. P. K. HORA

Dept. of Surgery  
V. S. S. Medical College & Hosp  
BUR

Summary:

In spite of the advances made in the surgical technique & newer sophisticated investigative procedures, the management of carcinoma of stomach in its advanced stage has still remained unsatisfactory. Palliative resection or bypass surgery alone or along with chemotherapeutic agents are still mainstay in their management. The question arises whether to give a surgical agent like 5-FU or a combination chemotherapy like FAM regimen. 75 cases of advanced carcinoma of stomach have been studied during 1988 - 89. They were followed up, 40 cases underwent laparotomy. Palliative resection was possible in 8 cases & only G. J. was done in 27 cases. These cases were given 5-FU postoperatively. Rest 20 cases were subjected to 5-FU alone & the remaining 20 cases were treated with a standard course of FAM regimen. The results were compiled & the efficacy of both regimens were compared.

The complications with FAM regimen were pronounced viz. alopecia (100%), G. I. disturbances (60%) & myelosuppression (45%). In the group getting 5-FU alone, the complications were G. I. disturbance (15%) & myelosuppression (20%), whereas the group getting 5-FU after palliative surgery showed G. I. disturbances (11.4%) & myelosuppression (22.8%). There was no significant difference in median survival rate. 5-FU alone the median survival rate was 4.7 months (5 cases lost to followup), whereas for FAM regimen it was 5 months. It was significant for palliative surgery 5-FU group being 9.2 months, whereas it was 4.2 months in G. J. x 5-FU group. Patients with FAM regimen required constant medical supervision for

remained the earlier days was mainly on contrast studies after clinical diagnosis in the earlier days was mainly on contrast studies after clinical diagnosis. Of late, however, the trend shifted to endoscopy and biopsy, which aimed the single important tool for diagnosis. Anaemia and anorexia formed the most common presenting features followed by weight loss. Epigastric pain was the most common presenting feature. Antral growth remained the most common site within the upper abdominal region and the rest of stomach following it.

Surgery remains the most effective form of treatment, and Radiotherapy and Chemotherapy forming adjuvants to the primary modality. The overall survival of 30%. A plea is made for more awareness of the problem, early referral to specialised centres, prompt diagnosis and a radical approach to achieve the best results is Gastric Cancer.

The overall survival remains dismal but the resectable growths have a better survival of 30%. A plea is made for more awareness of the problem, early referral to specialised centres, prompt diagnosis and a radical approach to achieve the best results is Gastric Cancer.

cinoma in pleomorphic adenoma — 1, fibrosarcoma — 1, miscellaneous-

**TREATMENT** — In benign — 22 cases — 16 had superficial parotidectomy had conservative total parotidectomy. In malignant 8 cases, all had radical parotidectomy with 3 block dissection and one radiotherapy. Postoperative radiotherapy was given to malignant parotid in 8 cases, neck nodes in one case.

**Result** — Facial paralysis — 13 cases, salivary fistula — 2 cases, Frey's syndrome 7 cases, haematoma — 8 cases, infection 5 cases were seen.



### Carcinoma Stomach - Our Experience

- Lt Col P. Subhas
- Lt Col V. P. Singh
- Col S. K. Basu
- Col S. Sambandam
- Lt Col N. P. Jaiprakash

Malignant Diseases Treatment Centre, CH (SC) Pune.

Carcinoma Stomach remains the sixth common cause of Cancer in the world. The disease is more common in Japan and Chile. In it remains a leading cause of cancer deaths, The silent nature of the disease the everpowering incidence of peptic ulcer dyspepsia and lack of awareness amongst the public and the medical profession alike make it one of the cancers that is diagnosed very late and handled inadequately.

At the Armed Forces Malignant Diseases Treatment Centre, Pune average incidence recorded was about 20-25 new cases of carcinoma stomach every year. It is a retrospective study of our experience of the disease over a period of 15 yrs, comprising the study of 210 cases during the period.

### GENIC-PATHOLOGIC FEATURES AND LONG TERM RESULTS

#### ALPHA-FETOPROTEIN-PRODUCING GASTRIC CANCER.

YU-CHUNG CHANG et AL (1990), showed elevated levels of alpha-fetoprotein more than 20 ng/ml of Serum of Gastric Cancer. with peroxidase and antiperoxidase method stain, alpha-Fetoprotein in Gastric Cancer was demonstrated. Lymphatic nodal involvement recorded in 10 patients than Gastric Cancer. The patients with hepatic metastases showed the highest levels of alpha-Fetoprotein in serum than lymphatic nodal involvement group and localised Gastric Cancer.

Alpha-Fetoprotein produced by foetal cells, hepatoma cells and embryonic cells of Endodermal sinus tumor of *Testis* and ovary. Alpha-Fetoprotein causes Gastric Cancer was first reported in 1970 by Ourreilli et al. It was demonstrated in primary Gastric Cancer and hepatic metastases by OKITAK et AL in 1977. Alpha-Fetoprotein also demonstrated in lung cancer and renal cell carcinoma.

#### References :-

- 1) YU-CHUNG CHANG et AL. " Alpha - Fetoprotein - Gastric Cancer. American journal of Gastroenterology 1990 : 85 : 1480 - 1485.
- 2) BOURREILLI. J, MATAYER. P, SAUGER. F - et AL. Existence of Alpha-Fetoprotein in a course of un cancer secondaire du Foie d'origine gastrique. reque Press med. 1970 : 78 : 1277 - 1278.
- 3) OKITA. K, NODAL. K, KODAMA. T et AL. Carcino-Foetal protein and gastric cancer. The site of Alpha-Fetoprotein synthesis in gastric Cancer., Gastro-enterology-Japan. 1977 : 12 : 4000 - 4006.

The Antigens Du-Pan 2, Carcino-embryonic antigen(CEA) and CA 19-9 in serum and bile of patients with pancreatic carcinoma and Biliary tract Carcinoma when measured showed Du-Pan 2 increased in Serum of 62 Percent of Pancreatic Carcinoma 62 Percent in Biliary tract Carcinoma; CEA rises to 56 percent in Pancreatic Carcinoma and 52 percent of cases of biliary tract carcinoma. CA 19-9 and DU-Pan 2 antigens are useful tumor markers for Pancreatic and Biliary tract Carcinomata.

Longitudinal assay of these antigens are useful for differential diagnosis in patients with obstructive jaundice.

Reference :-

“Comparative studies of DU-Pan 2, CEA and CA-19-9 in serum and bile of patients with, Pancreatic and biliary tract diseases-evaluation and influence of Jaundice.” GAKUJI OHSHIO et. Al. American Journal of Gastro-enterology. 1990 : 85 : 1370 - 1376.

Malignant Fibrous histiocytoma of Gastro-intestinal tract in a patient with Neurofibromatosis:

Malignant fibrous histiocytoma is a tumor that arises from the histiocyte which is a facultative fibroblast. It is a variant of fibrosarcoma and clinically difficult to distinguish from other soft tissue sarcomas. Immunohistochemical helps to distinguish from other sarcomata. The tumor is common in subcutaneous plane, but can occur in any viscous or Viscera. The Malignant fibrous histiocytoma of Gastro-intestinal tract i.e., Caecum is rare that is associated with neuro-fibromatosis. Malignant fibrous histiocytoma is described in many regions and mode of presentation and role of surgery, Radiotherapy and Chemotherapy. (Rau et. Al. - 1989.)

The occurrence of Malignant fibrous histiocytoma in neuro-fibromatosis is incidentally present, but the two tumor conditions probably are not connected with one another.

comas is dependent upon the BASIC BIOLOGICAL BEHAVIOUR, primary treatment and it is the controlling factor.

DONOHUE J H.,  
COLLIN FRIEDRICH C et al  
Cancer 1988-62 : 184-193

Allium Vegetables reduce risk of Stomach Cancer

Allium Vegetables such as Onions, Scallions and Garlics contain allyl sulphides. The allyl sulphides inhibit carcinogenesis in a variety of experimental animals. Randomised survey in Chinese who had stomach cancer showed that consumption of allyl sulphides diet is 20 percent less than normal control group.

YOUW-C, BLOT.W.J. et al,  
NATIONAL CANCER INSTITUTE.  
1989 : 81 : 162 - 164.

Dietary Guidelines - Rationale

Dietary Guidelines that may lower the risk of Certain types of Cancer are (1) Avoid obesity, lung, prostate, bladder and stomach cancers are (2) 30% of Fat intake must be reduced (less calorie diet); (3) Increase Fibre diet intake by 20 to 30 grams per day. Fruits, Vegetables and whole grain cereals are good sources of fibre diet; (4) Avoid pickled foods; (5) Minimise Salt cured and Salt pickled diet.

“NCI - Dietary guidelines : Rationale”  
BUTRUM. R. R. et. Al.  
American. J. Clin. Nutrition.  
1988 . 48 : 888 - 895.

Carcinoma of stomach was observed Twenty and Thirty years after partial Gastrectomy for benign ulcer disease. 102/6459 is frequency. More commonly are affected. The risk of malignancy (4 times) is more after Billroth II type of operation than Billroth I. Bile reflux into the stomach is more common after Billroth II than Billroth I operation. The presence of Bile in the stomach may induce Cancer of stomach. To support the theory Experimental evidence in rats (presence of Bile in stomach) suffered from Cancer due to Nitrosoguanidine induced gastric neoplasia.

The present day trend is to treat ulcer patients with H2 Blockers and antacids and it will be of immense value if these patients are followed up for long periods to find out occurrence of Carcinoma of stomach in these patients or due to partial gastrectomy.

Ref :- HUNDEGARDH, G ADAMI et al  
N. ENGL. J. MEDICINE  
1988. 319 : 195 - 200

### LOW GRADE SOFT TISSUE SARCOMAS OF THE EXTREMITIES:-

#### Analysis of risk factors for Metastases :

The risk of metastases is not related to tumor size or depth, proximal location, recurrence before presentation, type of treatment and adequacy of surgical margins in the low grade Sarcomas. Patients with metastases are older than others. The risk of metastases is greater for patients treated from 1968 to 1972 than those treated from 1973 to 1978. THE DISCREPANCY of treatment between the two periods is not difference in treatment.

Dr. J.B. Venkat Rao, M.S., F.A.C.G., F.I.C.S., F.I.M.S. (A)  
Professor Of Surgery  
Bangaraya Medical College  
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**SUMMARY :**  
The sublingual dermoids are developmental in origin. Usually occur in infants and children. Rare in adults 3 cases in adults are presented in the age group of 30-40 years. They presented as asymptomatic cystic swellings involving the hyoid bone occupying on both sides of Midline and projecting into the mouths clinically they Present as double chin. After Routine investigations and X-Ray of the part they were excised. These were found to be mylohyoid muscle. The muscle was cut along the time of exposure of the cysts were Excised. completely and the muscle edges were sutured together,

The cut section of cyst showed keratin material. Histopathologic confirmed the diagnosis classification of sublingual Dermoids.

- 1) Suprahyoid
  - a) Median
  - b) Lateral
- 2) Infra hyoid
  - a) Median
  - b) Lateral

**DISCUSSION :**  
The median dermoid cysts develop from the mandibular arches. The sublingual component lining the arches many be trapped during Impaction and the Trapped epithelium proliferates and sequesters with formation. It may or may not contain dermal appendages. The sublingual dermoids are tubular dermoids and arise from the second branch of the left.

Dr Annapurna Das  
M. K. C. G. Medical College  
Berhampur

CHITTOBANJAN Cancer Hospital, Calcutta

Parotid tumours possess diverse histogenesis and clinical pictures especially in late stages hence is a challenging problem to medical science. Ignorance, poverty, lack of health consciousness among the people are major factors for late presentation.

During the last 2 years 50 cases of parotid tumours were admitted MKCG Medical College, Berhampur. Analysis of our study included clinical assessment, pathological examination and biopsy (FNAC, frozen section, cisional) and radiological examination.

Age of patients ranged from 14-16 yrs, mostly adults. Benign cases were 38 and malignant 12 cases. Mean age for benign tumour was 40 yrs. and for malignant tumour 45.5 yrs. They presented as slow growing lumps in 50 cases, rapid growth with pain, fixicity, hardness and facial palsy - 6 cases, dysphagia, ulceration and bleeding 2 cases, regional lymphatic metastasis 4 cases. TNM stage I-3 cases, stage II-2 cases, stage III cases.

INVESTIGATION - FNAC. Among 50 cases 39 cases gave positive results. Inadequate and 6 had mislead findings. Biopsy of neck node was done in 4 cases.

RADIOLOGICAL INVESTIGATIONS - Sialography was done in 7 cases. In All cases X-Ray of chest, mandible and maxilla, were taken.

Metastasis of unknown origin (MUCO) are defined as metastatic colomors for which the site of origin consistent with the pathologic specimen not suggested by initial clinical work up.

Sixteen male and 15 Female cases are presented mostly belonging to over 40 years of age. Symptoms were commonly multiple and present for five months prior to diagnosis of metastatic carcinoma. Abdominal pain, hepatomegaly, cough, dyspnoea, cryptogenic cachexia, fever of unknown origin, peripheral lump and skin nodule, pathological fracture and joint pain were presenting features. Histologically the lesion showed adenocarcinoma 45%, poorly or undifferentiated neoplasm 40% and well differentiated squamous cell carcinoma 15%.

Prognosis on the involved site. Patients presenting with metastatic peripheral lymph nodes alone survived longer. Otherwise the prognosis dismal with median survival of 3-4 months.



### Post Mastectomy Breast Reconstruction

Dr. Bhadra Charya, Dr. Kumar S, Dr. I. D. Sharma  
K. G. Medical College, Lucknow

Mastectomy like any other amputation creates a great emotional shock unlike any other amputation very little has been done to rehabilitate patients. In reconstruct the breast following mastectomy for early stage CA, we have used the Latissimus Dorsi Myocutaneous flap in 13 patients.

standardised in our unit. An effort to reconstruct the nipple-areola complex either in the same stage or after six weeks completes the surgery. When tumour clearance can be achieved by the resectionist if a reconstruction is followed and the radiotherapist finds the new breast ideal to deliver telecobalt as it tolerates the latter better than a split skin graft. Hence both aesthetically and therapeutically post mastectomy breast reconstruction has come to stay.

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### "MAGNITUDE OF THE PROBLEM OF BREAST DISEASES AND CARCINOMA WITH PATTERN OF RISK FACTORS IN NORTHERN INDIA 10 YEARS STUDY 1979-89 OF 2000 CASES"

Dr. I. D. Sharma, Dr. Anil Kumar Singh, Dr. L. Siddiqui  
K. G. Medical College, Lucknow

Breast cancer detection clinic, department of surgery attracts a large number of patients seeking for early detection of breast diseases, as all facilities especially mammography are available.

Records of 2000 patients (1979-89) formed the basis of epidemiological study only first of its kind in Northern India, to study the incidence of all breast disease patterns, with special reference to possible risk factors of benign and malignant disease. A detailed observation on the following was presented and their relationship with disease occurrence highlighted. Age at menarche, age at marriage, Age at the time of 1st child birth, parity breast feeding, presence of previous benign breast disease, dietary habits, use of oral contraceptives, family pedigree, menstrual disorders age at menopause.

Factors other than these mentioned above could be discovered and provide us with data for future study. Crude incidence of breast cancer risk factors, causes of delay in seeking treatment and significance of these details will provide additional knowledge to us. Various prognostic factors like blood group, cholesterol levels, obesity and "oestrogen window hypothesis" can be highlighted.

A detailed inference was drawn between risk factors for benign breast disease and breast cancer, separately,

Dr. Pandey K. K.  
Dr. Dewan A. K.  
Dr. Kakkar N. Dr. Jain P.  
Dept of Cancer Surgery,  
Safdarjan Hospital,  
New Delhi.

Aggressive fibromatosis is a group of non metastasizing fibroblastic tumours which tend to invade locally and recur after attempted surgical excision. They can be relatively harmless or fatal on rare occasions.

12 cases of aggressive fibromatosis are presented in this paper. The local and histological character of local aggressiveness of these tumours has been emphasized. Debulking of the tumour with preservation of vital structures can some times provide worthwhile palliation.

They are rare, and outside the experience of most pathologists. It is very difficult to differentiate them from low grade fibrosarcoma. Role of radiotherapy in these cases is controversial.

The mainstay of treatment is surgery.



### Title. Spectrum of Retro Rectal & Pre Sacral Tumours

Prof. M. G. Muthukumarasamy, Dr. G. Sivakumar  
Dr. G. Manoharan, Dr. K. Kanakachala Kumar, Madras.

Retro rectal tumours form a unique group of lesions which is of great interest to the oncology surgeon. They have different biological behaviour varying histological types and pose problems in surgical access. We present 15 cases of tumours in this location. It includes CHORDOMA, teratomas, osteosarcoma, myxo-sarcoma & melanoma. Aggressive surgical excision with radiotherapy was also given. We stress the use of abdomino - sacral approach.

presence of tomour after therapy.

This impedes the clinical usefulness of serum and tissue trace estimation in diagnosis and prognosie of the cases of carcinoma brea may also act as a guide for the efficacy of the therapy.



## CYSTECTOMY (STUDY OF 29 CASES)

Dr. Pandey K.  
Dr. Dewan A.  
Dr. Kakkar N.  
Dr. Jain P.  
Dept of Surgery, Safi  
Hospital, New Delhi

Treatment of Transitional Cell Carcinoma of bladder should be ted so as to prevent death from malignancy in the host. Current m rely heavily on cystectomy to achieve this goal.

Study of 29 cases of invasive carcinoma of bladder is present which cyrectomy has been done with curative intent or as salvage dure. Various types of urinary diversions included ureterosigmoido (7) ; Ideal Conduit (3) ; Transverse Colon Conduit (16) ; and Con pouches (Main : 3) Morbidity was maximum in ureterosigmoido group. Two out of 29 cases died in post-operative period (within 1 of surgery ).

## Ferritin in Breast Cancer

Dr. J. C. Baid  
Savitri College, Ajmer

### SUMMARY :

Ferritin is generally regarded as an iron storage protein. So authors have reported its high serum concentration in cancer patients e Leukemia, Hodgkin's disease etc. In carcinoma breast, there is good relationship between the development of cancer and increase Lymphoc bound ferritin.

Serum ferritin and other T-cell surface markers and their interrelationship with the iron status, Lymphocyte activation and clinical status patients with breast were studied by the use of flow cytometry.

### RESULTS :

T-Lymphocytes in cancer breast patients show that the number cells bearing ferritin is significantly greater than normal. The number ferritin bearing T.cells does not appear to be related to the clinical sta of the disease nor to the serum ferritin concentration, though this is hig in cancer patients than in normal women.

### THINK IT OVER :

The achievement is simply something you feel, you did well enjoyed doing and got mental satisfaction.

- B. Haldane

Consider the postage stamp, its usefulness consists in the ability to attack to one thing till it gets there"

- Josh Billings

# MALIGNANT OBSTRUCTIVE JAUNDICE: AN APPRAISAL

By  
Lt. Col. K. K. Maudar  
Brig S.K. Sarker, SM, VSM  
Consultant in Surgery

(From Army Research & Referral Hospital New Delhi-110010)

Malignant Obstructive Jaundice is generally believed to carry a poor prognosis. The cause of obstructive jaundice may be primary bile duct carcinoma, carcinoma of gall bladder, Neoplasm of pancreas and metastatic disease of Hilar lymphnode or liver. The neoplastic conditions grow slowly and more often cause death from biliary obstruction, liver failure renal failure and cholangitis. Restoration of bile flow improves survival.

The options in the management of malignant obstructive jaundice are resection, passage of stents through tumour to maintain bile drainage hepatico-enteric bypass, and percutaneous tube drainage. Complete removal of the tumour produces more long term survival than of palliative procedures.

Today, there is a trend towards more aggressive surgical treatment. The present paper reviews 65 consecutive cases of malignant obstructive jaundice treated during the period 1987-1990 to highlight the treatment protocol and evaluate various surgical options followed. Radical surgery for malignant jaundice was feasible in 40% of the cases, decompressor cholecystectomy in 35% and a biopsy alone in the remaining 25% of the cases. Different variants of bilio-enteric anastomoses were used. The Roux-Y procedure was preferred in most cases. The details of surgical options and palliative procedures will be discussed in the present study.

most of the cases. It was diagnosed in 4% of the patients of tubercular jaundice. They were treated with anti-tubercular chemotherapy and/or chemotherapy. They were subsequently subjected to radiotherapy and/or chemotherapy. We conclude, an aggressive surgical approach is ideal for all medical cases. The incidence of surgery are rewarding in the majority of the patients.

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## Evaluation of Abdomino Perineal Resection in Resectable Carcinoma of Rectum - 5 Year Study"

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" P. C. Naick  
" T. R. M. Raju  
Dept. of Surgery, V. S. S  
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Burla. (Orissa) 768017.

Carcinoma rectum is second most common malignancy of Gastrointestinal tract, next only to stomach. Even in the era of chemotherapy and radiotherapy, the surgery remains its main stay in the treatment of rectal carcinoma. We are herewith present our experience over 5 years (1985-1988). The incidence of Rectal carcinoma in last 5 years was 139 (70.1%). All the cases were followed for two years wherever possible. Abdomino-perineal resection was performed in 72/98 (73.5%) out of 98 resectable cases. Out of 72 APRS performed 13 cases in Duke-A (24.2%), 92 in Duke-B (127.8%). Out of 16 APR performed in Duke Stage—A. We had crude 2 y survival rate of 75%. In Duke—B, we performed only 11 cases. In Duke—C, we performed only 11 cases. In Duke—D, we performed only 11 cases. In Duke—E, we performed only 11 cases. In Duke—F, we performed only 11 cases. In Duke—G, we performed only 11 cases. In Duke—H, we performed only 11 cases. In Duke—I, we performed only 11 cases. In Duke—J, we performed only 11 cases. In Duke—K, we performed only 11 cases. In Duke—L, we performed only 11 cases. In Duke—M, we performed only 11 cases. In Duke—N, we performed only 11 cases. In Duke—O, we performed only 11 cases. In Duke—P, we performed only 11 cases. In Duke—Q, we performed only 11 cases. In Duke—R, we performed only 11 cases. In Duke—S, we performed only 11 cases. In Duke—T, we performed only 11 cases. In Duke—U, we performed only 11 cases. In Duke—V, we performed only 11 cases. In Duke—W, we performed only 11 cases. In Duke—X, we performed only 11 cases. In Duke—Y, we performed only 11 cases. In Duke—Z, we performed only 11 cases.

of 71.4% and no evidence of disease in 28.6% of cases. Out of 21 cases of APR with chemotherapy we had crude survival of 71.4%. No evidence of disease in 43%. In 6 cases of APR in the radiotherapy we had a crude survival rate 50%. No evidence of disease in 25%. In 15 Duke—C APR along with chemotherapy or radiotherapy was given. In cases of APR chemotherapy out of 6 cases, we had an average survival of 50%. No evidence of disease in 25% of cases. In 9 cases where APR along with Radiotherapy was given. We had survival rate of 40%. In all cases there was local recurrence by the end of 2 yrs. Our result prove that APR alone is sufficient for Duke—A and in Duke stage II aggressive treatment needed. Adjuvant chemotherapy in primary disease free survival through the total increase survival is not significant. Our experience with radiotherapy is limited in Duke—C wherever APR is done, the chemotherapy or radiotherapy to be given to improve survival rate.

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### Dermatofibrosarcoma Protuberans :

### A Clinicopathological Study

Dr. M. C. Dhanda Pat, Dr. B. K. Panda

Dr. J. M. Dash, Dr. J. N. Mishra, Berhampur,

### AIM & OBJECT :

Dermatofibrosarcoma protuberans is generally regarded as a neoplasm of intermediate malignancy. It has a tendency for frequent local recurrence but only rarely with distant metastasis. The object of the study is to highlight the factors for recurrence along with the clinicopathological aspects these lesions & treatment modalities and attempt a modest review of world literature on the topic.

Medical College Hospital Department of Surgery from 1987, January 1990 January, 6 cases were recurrent with the pre-recurrent interval ranging from 1 year to 3 years among 17 cases. They presented as superficially growing, painless masses with varying sizes. The trunk, shoulder & scapular areas were commonly affected. The common age group was young adults age. Distant metastasis was observed in 1 case only.

The different surgical techniques adopted were i) excision with primary closure of skin ii) excision with fascio or myocutaneous flaps (depending on site & size & depth) iii) excision with skin grafting. Out of the 17, 13 including all the recurrent ones were treated by postoperative radiation therapy (within 6000 rads in 6—7 weeks). Chemotherapy (Vincristine, Vincristine, Actinomycin D and Cyclophosphamide) was given in one only.

### RESULTS & CONCLUSION :

Histopathological examination showed typical storiform appearance of cell pigment fibrous histiocytoma shows a striking resemblance with the tumour histologically. Frank evidence of fibrosarcoma is also seen in biopsy. Inadequate surgical margin accounted for most of the cases of recurrence. In recurrent cases wide excisional surgery followed by radiation gave excellent results.

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### DISCUSSION :

It is a tumour arising from histiocyte which is a facultative fibroblast. It is included in malignant fibrous histiocytomas—Intermediate type of fibrosarcoma. Intermediate type of M.F.H. Story from appearance is a characteristic of histological picture. Recurrence is due to inadequate excision also the tumour does not contain capsules. A part from surgery Radiotherapy and chemotherapy are useful.

The A 45 years male presented with difficulty in opening of mouth last 1 year and gradually enlarging swelling on left side of face for last 5

On examination the patient had a tender swelling on left side of face fixed to the mandible, erosions of mandible at various places, with varying consistency.

### HISTOLOGICAL REPORT ;

Numerous blood vessels lined by varying thickness of endothelium separated from tumour cells by a connective tissue collar of varying thickness, with mitotic figures.

Hemangiopericytoma arise from the pericytes of Zimmermann. Ultrastructural studies show that tumour cells have intermediate features between morol pericytes and smooth muscle cells. They have been described in most parts of the body (including brain, orbit, lung and parotid gland) and at all ages. They are usually benign but may be frankly malignant (of cases-Anderson).

In a discussion by Stout in 1956, covering 197 hemangiopericytomas in general, 3 were cited with bone involvement although no details were given.

Dahlin illustrated one hemangiopericytoma in an expanded ramus of the mandible, but gave no further details. In 1960 Marcial Rajas reported the clavicle of an 83 years old female, a primary hemangiopericytoma metastasized to the lungs (Aggressive).

Malignant hemangiopericytomas usually metastasized through the lymphatic stream (12% Stout) and less radioresistant so aggressive surgery has been recommended (Cook et al, 1974).

...and reliable FNAC in abdominal lumps is recommended which obviates the need for unnecessary laparotomies.



### Mediastinal Masses : Review of Surgical Treatment

By  
Lt Col S. K. Chandha  
Brig S. K. Sarker, SM, VSM  
Col S. K. Kaul  
Col T. K. Mitra  
Lt Col M. R. Waghray &  
Col R. S. Pahwa

( Army Research & Referral, Hospital, New Delhi-110010 )

Mediastinal masses have fascinated the surgeons since long, because of the variety and unpredictability of diagnosis prior to exploration. As a result they are relatively uncommon, when considered among the lesions requiring thoracic surgery, Nonetheless they continue to be a threat to the patient's comfort, function and longevity, while majority are amenable to non-operative surgical eradication.

This presentation consists of 125 patients of various types of mediastinal masses, operated upon during last 15 years, at Armed Forces Cardio-thoracic Centres. Their ages ranged from 6 months to 74 years (mean 33.6 years). Of these, 60% patients were asymptomatic, while remaining 40% presented with chest pain (22), exertional dyspnoea (14), recurrent cough (9), recurrent fever (7) and respiratory distress (3). Nature of these masses is as follows. Thymic masses 33 (26.4%), Neurogenic tumours 19 (15.2%), Germ Cell tumours 17 (13.6%), masses of unknown origin 10 (8.4%), Bronchial cysts 8 (6.4%), Duplication foregut cysts 3 (2.4%) and masses of parasitic origin 3 (2.4%). Of these masses only 20 (16%) were malignant in nature, while rest were benign.

Mass abdomen is an usual presentation in the surgical practice it poses a diagnostic challenge to the surgeon. Most often the diagnosis is made by basing upon laparotomy findings and histopathology. Investigations like contrast radiology ultrasonogram. CT scan are helpful in the diagnosis of these masses but have their own limitations being expensive time consuming.

To establish a preoperative diagnosis and planning of management tried FNAC of abdominal lumps in 100 patients admitted in the Medical College, Burla in the last 2 years i. e. 1988-1990. All the were confirmed by biopsy after laparotomy.

Out of 100 patients smear was satisfactory in 88 cases (88%) in attempt. This was improved to 96% by repeating aspiration upto 4 smears are stained by M. G. stain and HE stain. We observed adenocarcinoma is 56 cases all cases were confirmed by histology giving an accuracy of 100%; lymphoma in 12 cases out of 14 cases confirmed by histology accuracy 85.7%), teratomas in 3 cases all were histologically positive (accuracy 100%), seminoma in 2 cases all are histologically positive with an accuracy of 100%, hepatoma in 3 cases (accuracy 100%), secondary carcinoma of liver in 1 case (accuracy 100%), inflammatory lump in 7 cases out of 8 cases histologically confirmed giving an accuracy of 87.5% neuroblastoma in 2 cases, Wilms' tumor in 2 cases, hemangioperithelioma in one case and one metastatic lymphoma.

There is not a single false positive case giving FNAC a specificity of 100%. In case of lymphoma and inflammatory mass it is not as sensitive as malignancies. This can be improved by repeating smears.

Malnutrition and immuno incompetence are interrelated. The we feel that both can be remedied by nutritional repletion. It would be advisable to make maximum effort to nourish lymphoma patients with thinking upon oncologic therapy.



## RACE ELEMENTS IN CANCER BREAST

Dr. (Mrs.) V. N. Sagdeo  
Dr. M. N. Thakur  
Dr. Amor Garg  
Dr. Vainganwar

The paper constitutes a study of 20 cases of cancer breast carried out at Government Medical College Nagpur and Department of Chemistry, Nagpur University between the year 1988 to 1990. We studied the trace element content of cancerous tissue and normal tissue in same breast by neutron activation analysis. In few cases we have also studied blood level of trace elements in the same patients. The Neutron activation was done at Bhabha Atomic Research Institute.

In all 40 samples from 20 patients were studied, 20 from cancerous and 20 from normal breast tissue. We have found constant high levels of 20 and Se. We have correlated the levels of these elements with pathological grading and clinical staging. In few patients we have studied blood sample to find out if there is any change in blood level of these elements and are they any way related with stage of malignancy.

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&  
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Primary Gastro-intestinal lymphomas are rare neoplasms with variable clinico-pathological presentation. A lymphoma in the GIT is considered primary if it presents with predominant GI involvement without temic affection of the lymphoreticular system.

Primary GI lymphomas constitute about 20% of non Hodgkins lymphomas and less than 1% of all malignancies. Being such a rare neoplasm opinion differs on the diagnosis programme. However, unlike lymphomas elsewhere, the management of primary GI lymphomas, remains multimodal including all three modalities of treatment.

We present a retrospective study of our experience at the Forces Malignant Diseases Treatment Centre 35 cases over a period of 23 years (1981-89). Out of these 12 cases were in stomach and the remainder 23 in the intestine. Histologically Diffuse Histiocytic and Diffuse differentiated lymphocytic were the commonest types. The disease encountered in all different stages. Multimodal treatment was given to cases.

The outcome of the disease was variable depending mainly the histology and staging of the tumour. In this presentation the various prognostic determinants influencing the outcome of primary GI lymphomas will be discussed.

Dr. Rahul Khanna, Dr. J. P. Nayar, Dr. V. K. Shukla,  
Prof. S. K. Roy, Prof. M. P. Vaidya, B. H. U. Varanasi.

Immunological and nutritional status have been known to play an important role in various malignant conditions. It has been observed that patients with malignant disease are malnourished owing to direct or indirect effect or due to psychological and social factor. (Daly et al 197

Characterization of impaired immune responsiveness in lymphoma patients has long been a subject of investigation. But most of this effort centered around Hodgkin's Disease alone, although there have been several reports attempting to define the immunological status of patients with Non-Hodgkin's Lymphoma, literature is sparse regarding nutritional status of lymphoma patients. In an attempt to evaluate the foregoing, a nutritional study was planned to investigate the pretreatment immunological parameters in lymphoma patients. These parameters were correlated with the stage and histopathologic type of disease.

The present study was carried out in 50 lymphoma patients and 25 healthy controls admitted to one of the surgical unit of University Hospital. After establishing the clinical diagnosis, the patients were staged according to Ann Arbor staging. The patients were subjected to histopathological, anthropometric and immunologic investigations.

It was observed from this study that majority of lymphoma patients were seen in advanced stage of disease and were immunologically incompetent and malnourished. Delayed hypersensitivity reactions, absolute lymphocyte count and T cell count were important indicators of cell mediated immunity, while Ig C and Ig A were important indicators of humoral

# CYSTIC NEOPLASMS OF PANCREAS

(REPORT OF 2 CASES)

O. P. Pathanis, S. M. Gulati  
N. S. Champakam, K. B. Loga  
Lady Hardinge Medical College  
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New Delhi - 110018.

## ABSTRACT :

Cystic neoplasms of the pancreas are rare. Neoplastic cysts (cystadenoma and cystadeno carcinomas) of the pancreas account for 9 to 10% of cystic lesions of Pancreas. (1) and 1% of primary malignant lesions. Our recent experience of two Neoplastic cysts of Pancreas forms the basis of this presentation.

**CASE I :** 16 yr. old female presented with a 10 cm x 10 cm Lumbar mass. U/S showed cystic mass in relation to pancreatic tail. Kidney. On exploration 10 cm x 10 cm. Cystic lesion with vascular walls was resected. Histologically it was micro-Papillary cystadenoma of Pancreas.

**CASE II :** 45 years old presented with gallstones and a lumbar mass. Hypochondrium. 4/5 revealed Gallstones & cystic mass at splenic site. CT revealed a cystic mass in hilar region spleen. At surgery a 15 x 10 cm mass formed in the Pancreatic tail was formed. Distal tail was resected with splenectomy and Cholecystectomy was performed. Histologically it turned out to be cystadeno carcinoma of pancreas.

Advanced (T3 & T4) Oral Cancer :  
A Prospective Study of 66 Patients.

N. C. Misra  
A. Chaturvedi  
S. Bhattacharya  
M. S. D. Jaiswa

Sixty six patients of advanced T3 & T4 Oral Cancers, were prospectively studied in the last 2 years after administration of Induction Chemotherapy (IC) of single agent Methotrexate 40 mg/m<sup>2</sup> IV weekly X 4 and combination chemotherapy of Methotrexate 40 mg/m<sup>2</sup> weekly X 4 and 5-FU 15 mg/m<sup>2</sup> IV weekly X 4, to determine (i) response of IC on the incidence of nodal involvement, (ii) verrucous squamous cell carcinoma patients were having clinical stage Tx 7, T3-28, T4-22, No-25, N1-17. Clinical nodal involvement was, in 32 patients but histologically after neck dissection was seen in 29 out of 50 (58%). 4 out of 29 patients had partially positive cases HAD PARTIAL RESPONSE TO IC, the remaining 25 patients did not respond. Five out of six patients observed to be disease free (range 4-20 months), recurrence occurred in 26 patients and 14 patients died (3-18 months). Relationship of response of IC and surgery to disease free status was determined - CR patients 4, DF-3; PR patients 15, DF - 4; 15 patients responding to IC. Based on these observations it is concluded that histologically proven nodal involvement was 58% in T3 & T4 oral cancers, majorly of metastatic nodes did not respond well to IC, and verrucous variety of IC, appears to be highly responsive to IC. The subset of patients responsive to IC seem to have better disease free survival than non-responders.

# EXPERIENCES IN CARCINOMA OF THE THYROID

Prof. K. M. Lakshmana Rao  
OSMANIA MEDICAL COLLEGE  
HYDERABAD.

A prospective study of 121 consecutive cases of Carcinoma of Thyroid amongst 528 cases of surgical thyroids was undertaken over the year period from 1976-1989 in Andhra Pradesh. The methods adopted were after an initial evaluation, isotope scan and FNAC, operative findings and histological features were studied.

Carcinoma constituted 22.91% of the total surgical thyroid disease. Of these, papillary formed 62.80%, follicular 18.18% Anaplastic 7.43% Medullary 3.30%

A 5 year study of the biopsy material received by the department Pathology of Osmania Medical College showed an overall incidence of 12.1%. Carcinoma amongst the thyroid biopsies. Of these papillary constituted 60.52%, follicular 30.20%. Medullary 3.94% and Anaplastic 3.94%

A correlative clinicopathological study of solitary nodules showed Carcinoma accounted for 18.71% of cold areas, 14.63% of cold nodules 16.16% of cold nodules in adenomatous goitres.

Solitary thyroid nodule was the common mode of presentation in carcinoma (36.71%). Papillary carcinoma constituted the major group (62.8%). There was no correlation between the aggressiveness of the tumour and the Papillary tumours were seen in 3.92% of adenomatous goitres. Unusual presentation of papillary carcinoma was in the form of multilocular cyst with five transillumination Calcification of the tumour was seen in 13.15% of cases. Aggressive tumours were present in 7.60%. One of the patients showed the rare event of transformation of the papillary carcinoma into an anaplastic carcinoma.

## Alphafeto-Protein Level in serum, And Tissue and Serum Assay of Alkaline Phosphatase, 5-Nucleotidase and Lactate Dehydrogenase in Hepatobiliary Malignancies

Dr. R. P. Jaina  
" Vijaya Kumar G.  
" S. P. Ravi  
GORAKHPUR.

The use of biological marker as an indicator of malignant disease is of great importance. Ideal tumour marker should be highly sensitive and highly specific for particular neoplasm but no such marker exists presently. In this fact tumour markers have become clinically important for diagnosis.

The present study was conducted to evaluate the role of serum albumin, protein, tissue and serum level of alkaline phosphatase, 5-nucleotidase, lactate dehydrogenase in hepatobiliary malignancies. All cases of primary malignancies included in the study were biopsy proven or histologically confirmed. Estimation of serum alphafetoprotein was done immunodiffusion method. Estimation of serum and tissue level of alkaline phosphatase, lactate dehydrogenase and LDH was done by kind and king Method (1954). Canine method (1962) and wroblewski and La Due Method (1955), respectively.

In our study significant rise in serum alpha-protein was found in 100% of primary liver cancer. It ranged from 25000 ng/ml to 33182 ng/ml. In mean value 27096 + 3159.46 ng/ml.

Serum alkaline phosphatase level in 20 normal control was found in 10-15 K. A unit with mean value of 8+3.2 K. A. unit. In hepatobiliary malignancies was found in range of 29.4 to 102 L. A. unit with mean value of 104.1 K. A. unit. This was more marked in secondary liver than primary cancer. Alkaline phosphatase level in malignant tissue in hepatobiliary malignancies was found in range of 30.4 to 93.4 K. A. unit with mean value of 16.9 K. A. unit.

of 1.5-18 IU/L with mean value of 7.7+3.46 IU/L. In hepatobiliary malignancies was found in range of 19.3 to 79.4 IU/L. With mean value of 41.95+18.75 IU/L. **SERUM 5-NUCLEOTIDASE LEVEL WAS MORE MARKED IN SECONDARIES LIVER THAN PRIMARY LIVER CANCER.** 5-nucleotidase level in malignant tissue in hepatobiliary malignancies was found in range of 15.4-60.5 IU/L with mean value of 40.8+10.63 IU/L.

**SERUM LACTATE DEHYDROGENASE** level in normal healthy control was found in range of 56-204.01 IU/L with mean value of 103.4+43.32 IU/L. Hepatobiliary malignancies was found in range of 159.8 to 900.3 IU/L with mean value of 392.1+239.47 IU/L, serum lactate dehydrogenase level was more marked in secondaries liver than primary liver cancer. Lactate dehydrogenase level in malignant tissue in hepatobiliary malignancies ranged from 160.9 to 526.7 IU/L with mean value of 354.2+119.0 IU/L.

#### CONCLUSIONS :

The serum alpha-fetoprotein level can be taken as tumour marker primary liver cancer for diagnostic as well as prognostic purpose. Alkaline phosphatase, 5-nucleotidase and lactate dehydrogenase grouped together act as tumour marker for secondaries liver.

#### ADVANCE OVARIAN CANCER, A PROSPECTIVE EXPERIENCE

N. C. Misra  
S. Bhattacharya  
P. K. Misra  
Medical College, Lucknow

Twenty three patients of advanced (St. III 22; St. IV 1) Ovarian cancer were studied over a period of 4 years. Primary surgery varied according to extent and operability ranged from oophorectomy to total abdominal hysterectomy. However, all patients had gross residual or recurrent disease. Combination chemotherapy consisting of Cisplatin 100 mg / m<sup>2</sup> I. V., day 1-5, Adriamycin 30 mg/m<sup>2</sup> I. N. day 1 and Cyclophosphamide 600 mg/m<sup>2</sup> I. V. day 1 was given at intervals of 3 weeks till date have received less than 3 cycles and are currently on the treatment schedule.

17 of the 23 patients are evaluable. The response to therapy was partial (PR) in 6 and complete (CR) in 8 patients. One patient died of the disease. The duration of response has ranged from 4+ months to 48 months (median 8 mths).

Second look surgery was done to excise residual disease in 4 patients. In 1 complete pathological response was observed in 1 patient. Presently 10 patients are disease free at 6-48 months (Median 10 mths). Others have recurrent / progressive disease.

On the basis of these observations it is concluded that combination chemotherapy consisting of P A C is highly effective giving over all response rate of 90%. Patients showing complete response have an excellent prognosis and can be predicted to have better disease free survival.

# Changing Histopathological Patterns of Gastric Mucosa in Patients on Oncolytic Chemotherapy

Dr. MSD Jaiswal  
Dr. MRS Kushwaha  
and  
Prof. N.C. Misra  
DEPT. OF SURGERY,  
K.G. MEDICAL COLLEGE, LUCKNOW

After preliminary observation definite gastric mucosal changes endoscopy - a further prospective study in 20 cases - receiving oncolytic drugs was done to assess the changing pattern of gastritis with subsequent cycles. Endoscopy with biopsy was done before chemotherapy and at the end of each cycle upto 6 cycles.

Superficial mild antral or mild sup. diffuse gastritis was very common after first or second cycle. In mid cycles changes have been moderate severe gastritis. All showed falling tendency in fifth and sixth cycle. At the end of sixth cycle - predominant change in chronic atrophic gastritis and intestinal metaplasia in 10%.

These changes have been significant as symptomatic cases require antacid to one group of 23 and Ranitidine with or without Librax to other 51 - there was no histopathological change due to this type of therapy although patients got symptomatic.

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