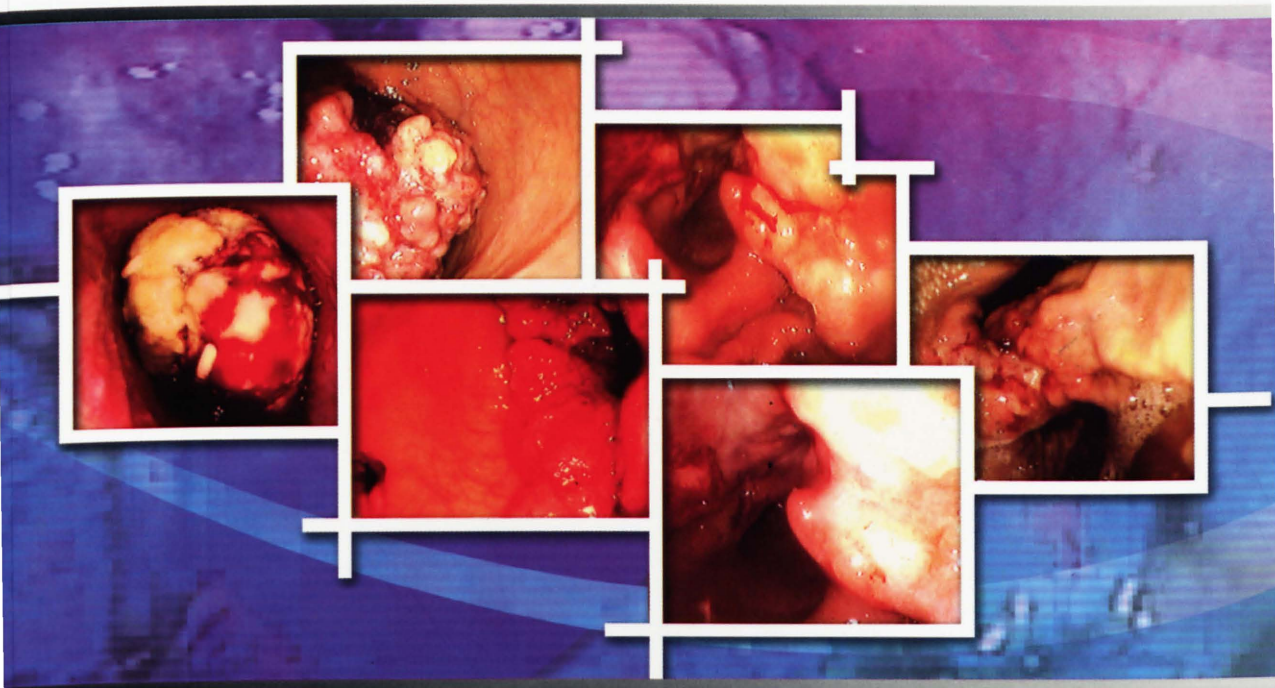
Gate to Gastrointestinal Malignancy



Sabah Hassan Ketan Aldaragee

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UNIVERSITI MALAYSIA SABAH
Kota Kinabalu • Sabah • 2008
http://www.ums.edu.my/penerbit

Perpustakaan Negara Malaysia Cataloguing-in-Publication Data

Aldaragee, Sabah Hassan Ketan, 1960-
Gate to gastrointestinal malignancy / Sabah Hassan Ketan Aldaragee.
Includes index
Bibliography: p. 183
ISBN 978-983-2369-91-2
1. Cancer. I. Title.
616.994

Cover designer: Ai Khen Wong
Layout designer: Rosalind Ganis
Text typeface: Times New Roman
Font and leading size: 11/13.2 points
Printed by: Capital Associates (S) Sdn. Bhd.

To my parents
To my wife
To my two sons, Mohamad Noor & Zain Alabedean

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Glossary

5FU	5-flurouracil
ABG	Arterial blood gases
AJCC	American Joint Committee on Cancer
APC	Adenomatous polyposis coli
APR	Abdominoperineal resection
APTT	Activated partial thromboplastin time
APUD	Amine precursor uptake and decarboxylation
BOA	Basal acid output
BRCA1	Breast cancer serum is a human gene belongs to a class of tumour suppressor located on long arm of chromosome 17
BUSE	Blood urea and electrolytes
CBD	Common bile duct
CEA	Carcino-embryonic antigen
CLIP	Cancer of Liver Italian Programme
DNA	Deoxyribonucleic acid
DVT	Deep venous thrombosis
EBV	Epstein-Barr virus
ERCP	Endoscopic retrograde cholangiopancreatogram
ESR	Erythrocyte sedimentation rate (ratio)
EUA	Examination under anaesthesia
EUS	Endoscopic ultrasound / Endoluminal ultrasound
FAP	Familial adenomatous polyposis
FBC	Full blood count
FEV_1	Forced expiratory volume in the first second
FNAC	Fine needle aspiration cytology
FNH	Follicular nodular hyperplasia
G1	Well differentiated
G2	Moderately differentiated
G3	Poorly differentiated
G4	Undifferentiated
GI	Gastrointestinal
GIST	Gastrointestinal stromal tumour
GIT	Gastrointestinal tract
HCC	Hepatocellular carcinoma
HCL	Hydrochloric acid
HIAA	Hydroxy indole acetic acid
HIV	Human immunodeficiency virus
HNPCC	Hereditary non-polyposis colorectal cancer
HPF	High power field
IMA	Inferior mesenteric artery
IMV	Inferior mesenteric vein

K-ras	An oncogene resides on chromosome 12, involved in the G protein signal transduction pathway modultory cellular proliferation and differentiation
LFT	Liver function test
M0	No distant metastasis
M1	Distant metastasis
M	Metastasis
MALT	Mucosa-associated lymphoid tissue
MEN	Multiple endocrine neoplasia
MRCP	Magnetic Resonance Cholangiopancreatography
MRI	Magnetic Resonance Imaging
Mx	Metastasis cannot be assessed
N	Node
N0	No regional lymph node metastasis
N1	Regional lymph node metastasis
Nd-YAG	Neodymium-doped yttrium aluminium garnet. It is a crystal that is used as a lasing medium for solid-state lasers
NSAIDS	Non-steroidal Anti-inflammatory Drugs
Nx	Regional lymph nodes cannot be assessed
OGDS	Oesophagogastroduodenoscopy
PDT	Photo dynamic therapy
PET	Positron emission tomography
PT	Prothrombine time
PTB	Percutaneous transhepatic biliary
PTC	Percutaneous transhepatic cholangiography
PTT	Partial thromboplastin time
R0	No apparent residual tumour
R1	Residual tumour detected only microscopically
R2	Residual tumour can be detected macroscopically
SALTZ	A combination of irinotecan, 5-flurouracil and leucovorin
SRS	Somatostatine receptor scintigraphy
T	Tumour
T0	No evidence of primary tumour
T1	Tumour involving lamina propria or submucosa
T2	Tumour involving muscularis propria
T3	Tumour involving adventitia
T4	Tumour involving adjacent structures
Tis	Carcinoma in situ
TNM	Tumour Node Metastases
TPN	Total parentral nutrition
TRUS	Transrectal ultrasound
Tx	Primary tumour cannot be assessed
US	Ultrasound
VIP	Vasointestinal peptide
WDHA	Watery diarrhoea, hypokalemia, achlorhydria and acidosis

Preface

This book, Gate to Gastrointestinal Malignancy has comprehensive information on gastrointestinal malignancy in a concise, simple and more digestible manner. It can be regarded as a guide or main gate for entrance to more detailed medical textbooks. It helps students and doctors to remember the important points regarding the handling of gastrointestinal (GIT) cancer patients. It can be regarded as a quick reference for review in the ward or before examination. It involves the most recent information on investigations, surgical treatment and brief notes on chemotherapeutic and other palliative measures. It also includes operative notes on most common operations that can be performed on GIT malignancy. I hope this book will be a great help to our students and junior doctors.

I would like to express my gratitude to Professor Dr. Osman Ali, the Dean of School of Medicine, Universiti Malaysia Sabah for his continuous support and encouragement.

Last but not least, my sincere thanks to Mr. Chuah Jitt Aun, the Head of Surgical Department and consultant surgeon in Queen Elizabeth Hospital for his effort in reading this book and most importantly for giving his valuable comments.

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Introduction

During the writing of Gate to Gastrointestinal Malignancy, I tried to make it simple, comprehensive, updated and easier to remember. The book includes all malignancies of gastrointestinal tract including epidemiology, risk and causative factors, histological types, clinical manifestations, radiological, endoscopic, haematological and other investigative modalities available at the present time. It covers most of the malignancies in an organ-wise method which are discussed in separate topics of the neuroendocrine tumour and gastrointestinal stromal tumour (GIST). Here they are explained in the most commonly affected organs with that type of malignancy. It also includes surgical, curative or palliative, chemotherapy, adjuvant or neoadjuvant and palliative measures in treating GIT cancer patients. Review of disease prognosis is also mentioned. Notes on most common operations together with some pictures of endoscopy and other modalities are also included in this book. The book is helpful as a quick reference to refresh the memory while in the ward or before examination.