

Incidence of Colorectal Carcinoma to the Time of Cholecystectomy

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Abstract:

Aim: To investigate the incidence of colorectal carcinoma following cholecystectomy, along with the specific locations of the tumors and the time intervals associated with their occurrence.

Methods: A prospective study involving 193 patients was conducted over a three-year period, spanning from February 2020 to January 2023. The study focused on patients presenting with colorectal carcinoma at various anatomical sites.

Results: In a cohort of 43 patients (23%), there was a documented history of either open or laparoscopic cholecystectomy performed at varying intervals, specifically between 9 to over 30 years prior. None of these patients exhibited a family history of colorectal cancer, inflammatory bowel diseases, adenomatous polyps, or familial adenomatous polyposis. The analysis revealed that the most frequently observed site of malignancy among these patients was the ascending colon, affecting 21 individuals (48.8%), while the ano-rectal region accounted for the least frequent occurrence, affecting only one patient (2.4%). Most patients diagnosed with colorectal carcinoma were between 21 to 25 years post-cholecystectomy, with 18 patients (41.9%) diagnosed within this timeframe; conversely, the earliest diagnosis occurred at 9 years, noted in a singular case (2.4%). Microscopic examination of colorectal malignancies in these patients predominantly identified adenocarcinoma, found in 38 patients (88.4%). From a macroscopic standpoint, the prevalent presentation was ulcerative colorectal cancer, identified in 29 patients (67.5%), while the annular type was the least common, reported in 5 patients (11.6%). Our data indicates that the predominant age range for colorectal carcinoma occurrences is between 60 and 69 years, with 24 patients (55.8%) falling within this category. In contrast, occurrences are least prevalent in the 40 to 49-year age group, comprising only 2 patients