

**ASSOCIATION OF ORAL AND OESOPHAGEAL CARCINOMA
WITH TOBACCO**

Rahman Ghani, Rizwanullah, Syed Humayun Shah, Ghulam

ABSTRACT

Thirty-two cases of oro-oesophageal carcinoma were treated in the DHQ Teaching Hospital, Abbottabad, in two years from January 1988 to December 1989. In 100% cases of Oral Carcinoma the relation was positive with tobacco. Where as in 92% cases of oesophageal carcinoma the association with tobacco use was found. The cigarettes and smokeless tobacco used both showed a synergistic affect.

INTRODUCTION

Tobacco has been a source of recurrent controversy since it was introduced to the rest of the world from America¹ Once Tobacco is introduced, its use has seldom been eliminated, even by religious or legal proscriptions². Medicinal properties were sometimes attributed to tobacco. In 1940 smoking was reported to be associated with coronary heart disease². After some time, link was established between lung cancer and tobacco smoking⁴.

The mixture of saliva and tobacco if swallowed causes gastrointestinal discomfort. Use of tobacco results in lowered sphincteric pressure that can give rise to gastro-oesophageal reflux and thus reflux oesophgitis⁵.

Carcinoma of oesophagus has also been reported to occur as result of prolong use of tobacco⁰ in countries such as India, China, Thailand, Srilanka, and former USSR where the use of snuff and chewing tobacco alone or as quid combination with beetle-nut and other ingredients is more prevalent. Death rates from oral cancer are amongst the highest in the world'. Other studies also consider snuff as a possible cause of oral cancer⁸⁹, some authors have found that premalignant conditions like karatitis and hyperplasia result from prolonged use of tobacco^{10,11}.

This retrospective study was designed to see the relationship of oral and oesophageal carcinoma with use of different forms of tobacco.

MATERIALS AND METHODS

This is a retrospective study. The records of ENT ward of DHQ Hospital, Abbottabad were seen for the cases of oral and oesophageal carcinoma. The ages, sex, address, site of the lesion and habits were checked from the histories of these patients.

RESULTS

The results of this study are given in the tables 1-6.

From Ayub Medical College, Abbottabad.

Rahman Ghani,
Rizwanullah,
Syed Humayun Shah
Ghulam Nabi

Table -1: Sites of Oral Carcinoma

Site	Percent of total (n=17)
Tongue	70
Buccal Mucosa	05
Lips	15
Palate	10

Table-2: Sites of Oesophageal Carcinoma

Site	% of total (n=15)
Upper 1/3	70
Middle 1/3	20
Lower 1/3	10

Table-3: Relation of carcinoma with different types of tobacco

Type of Tobacco	Oral Carcinoma	Oesophageal Carcinoma
Cigarettes	04	06
Chillum	04	05
Naswar	09	04

Table – 4: Area-wise distribution of Oro-oesophageal Carcinoma

Area	Oral (n=17)	Oesophageal (n=15)
Mansehra	5	2
Kohistan	6	4
Abbottabad	2	3
Haripur	1	4
Northern areas	3	2

Table – 5: Age incidence of oesophageal carcinoma

Age group	% of total (n= 15)
21 -40 years	40
41 -60 years	40
61-70 years	20

Table – 6: Signs and symptoms of oesophageal carcinoma

Presenting Complaint	% of total 9n=15)
Dysphagia	100
Loss of weight	85
Anemia	9
Chest infections	7

DISCUSSION

Several studies have shown a strong association of oral and oesophageal carcinoma with use of tobacco in different forms. Our study also suggests such a correlation. The use of tobacco is increasing in our country and even in youngsters. The bad effects of the use of tobacco must be advertised by using the public media like radio and TV. It is also suggested to carry out prolonged clinical and experimental studies to confirm the carcinogenic effects of tobacco.

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