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Analysis of radiation cystitis and radiation proctitis cases in patients with carcinoma cervix

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Statement of the problem: Radiation-induced cystitis and proctitis are major complications that occur commonly after radiotherapy. Cervical cancer is commonly being diagnosed in the North-eastern population of India. The incidence of carcinoma cervix according to ICMR data, cancer registry programme is 9.6% of all female cancers (2007-2011) in Kamrup district of Guwahati. It is the third most common cancer amongst females. The detection of Ca cervix is mostly done at a later stage where radiation therapy forms the basis of its treatment. Radiation cystitis and proctitis are commonly seen in these patients and contribute to increased morbidity and sometimes even mortality.

Methodology and Theoretical Orientation: An observational and retrospective study was undertaken at Dr B Borooah Cancer Institute, Guwahati, Assam, India. All treated patients of carcinoma cervix with radiation-induced cystitis and proctitis attending GOPD were analyzed. The appropriate statistical analysis was used and the results calculated.

Findings: The study has completed 6 months of time period. 50 cases have been analyzed. 42 cases that are 84% of cases are of radiation proctitis and 16% cases are of radiation cystitis. The mean period of development of cystitis is 6 years and that of proctitis is 15.7 months. Out of the 42 cases of radiation proctitis; 19.04% were of grade I, 42.8% grade II, 26.2% grade III and 11.9% belonged to grade IV. The incidence of radiation proctitis was 13.3% and cystitis was 2.67%. The incidence of radiation proctitis in the conventional radiotherapy group was 14.8% and in the IMRT group was 6.67%.

Conclusion and significance: Radiation proctitis was seen significantly in patients receiving conventional radiotherapy via LINAC accelerators as compared to IMRT technique. More patient load, lack of adequate packing methods contribute to increased incidence of RT-related complications. Further evaluation of these patients is required to suggest management protocols and also to avoid them.

Biography

Megha Nandwani is a fellowship trained in gynecologic oncology at Dr. B. Borooah Cancer Institute, Guwahati, Assam. She is an active participant at all national conferences and has won awards for best paper presentation as well. She is interested in research in oncology and has a passion for improving patients outcomes and make a difference in their lives.

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