

# Editorial Note on Colon Cancer

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## Description

Colon cancer initiates in the large intestine which is called colon. The end part of the digestive tract is known as colon. Normally older adults affected by this disease. Normally it begins as small, noncancerous masses of cells called as polyps that form inside of the colon. Some of these polyps lead to colon cancers.

Polyps could be small and create few, if any, symptoms. For this cause, doctors recommend regular screening tests to prevent colon cancer by classifying and eradicating polyps before they turn into cancer. If colon cancer grows, several treatments are obtainable to control it, including radiation therapy, surgery, and drug treatments, such as chemotherapy, targeted therapy and immunotherapy. Colon cancer is otherwise called as colorectal cancer. Colorectal cancer combines colon cancer and rectal cancer, which initiates from the rectum.

Signs and symptoms of colon cancer include:

- A persistent change in the bowel habits, including diarrhea or constipation or a change in the consistency of the stool
- Persistent abdominal discomfort, such as cramps, gas or pain
- Bowel doesn't empty completely
- Weakness or fatigue
- Unexplained weight loss
- Rectal bleeding or blood in stool

Many colon cancer affected people cannot experience any symptoms in the earlier stages of the disease. When symptoms appear, possibly they'll vary, depending on the position and the cancer's size in our large intestine. Overall, when healthy cells in the colon start mutating in their DNA, colon cancer occurs easily. A cell's DNA comprises a set of instructions that order a cell what to do.

Healthy cells develop and divide in an arranged way to keep our body function normally. But after damaging the cell's DNA and it became cancerous, cells dividing even when new cells aren't needed. As the cells gathered, they produce a tumour. With increasing of time, the cancer cells grow and destroy the nearby normal tissue. And cancerous cells can move to other parts of the body to form deposits there (metastasis).

Doctors recommend that people with a minimum risk of colon cancer reflect colon cancer screening around age 50. But people with a high risk, especially those with a family history of colon cancer, should consider screening faster. Few screening techniques exist each with its own profits and drawbacks. The doctors only select which screening option is preferable for the affected person.

Generally these options are reserved for the people with a high risk of colon cancer. There isn't enough evidence to recommend these medications to people who have an average risk of colon cancer. If anyone has an increased risk of colon cancer, he/she should discuss about the risk factors with doctor to diagnose whether preventive medications are safe for the patient.

Curative-intent medication for colon cancer involves resecting the entire diseased "block," with histologically free limits and lack of residual lymph node metastases or distant metastases. High vessel ligation and extended lymphadenectomy has not been confirmed to progress survival; however, the surgical technique contains colectomy, resecting the segment that houses the tumor with the corresponding mesocolon and omentum. Anastomosis can be manual or mechanical.

## Conclusion

Some medicines have been found to decrease the risk of precancerous polyps (colon cancer). For example, some evidence links a reduced risk of polyps and colon cancer to regular use of aspirin or aspirin-like drugs. But it's not confirmed what dose and what length of time would be required to reduce the risk of colon cancer. Daily taking of aspirin can cause some risks, including gastrointestinal bleeding and ulcers.

**How to cite this article:** Kroner, Charat. "Editorial Note on Colon Cancer." *Clin Gastroenterol J* 6 (2021) : e147.

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**Received date:** October 01, 2021; **Accepted date:** October 15, 2021; **Published date:** October 22, 2021