ROLE OF SMOKING IN PRIMARY PULMONARY MALIGNANCIES IN CENTRAL PUNJAB

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ABSTRACT
Three hundred patients of primary malignancies of the lung from Gulab Devi Chest Hospital and other hospitals of Lahore were studied. The history of the Patients and their clinical findings were recorded. The sections of all the cases were stained with haematoxylin and eosin whereas all large cell carcinomas were stained with Alcian Blue-Periodic Acid-Schiff (AB-PAS) stain. Significantly large numbers of patients (70%) were smokers. 83.33% of patients were cigarette smokers whereas 7.14% were hukka smokers. The remaining (9.53%) was taking both cigarette and hukka. Amongst the cases of squamous cell carcinoma, the number of smokers was significantly more (P<0.001) as compared to those of adenocarcinoma. Adenocarcinoma cases had significantly less (P<0.02) number of smokers as compared with small cell carcinoma.

Key Words: Smoking, Lung Cancer, Squamous Cell Carcinoma, Small cell Carcinoma, Adenocarcinoma.

INTRODUCTION
Malignancies of the lung remain one of the most frequently diagnosed malignant neoplasms throughout the world.1-3 In Pakistan, amongst the males, the malignant tumours of the bronchus ranked number one.4 Various regional studies also show that malignancies of the lungs are a common malignancy of the male in Pakistan.5,6 Development of malignancies of the lung is multifactorial process. These factors include smoking,7,30 ionizing radiation, metals, diffuse pulmonary fibrosis8 and asbestos exposure.1 The most important factor for causing lung carcinoma is smoking. The role of tobacco smoke in the development of malignancies of the lung is well known.9-11,30 Active as well as passive smoking is associated with an increase in risk of having cancer.7,10 A study conducted by Jubelirer and Wilson12 concluded cigarette smoking as causative factor in 80% of their patients. Smoking has also been held responsible for the rise in the incidence of bronchogenic carcinoma in India.13 However relatively few people who develop malignancies of the lung are exposed to an occupation-associated carcinogen and since only about 10% of cigarette smokers develop malignancies of the lung, other unknown factors appear operative.11,14
Therefore the present study was carried out to see the role of smoking in primary pulmonary malignancies in central Punjab.

MATERIALS AND METHODS
Three hundred patients of primary malignancies of the lung from Gulab Devi Chest Hospital and other hospitals of Lahore were included in this study. Gulab Devi Chest Hospital drains the maximum number of cases of pulmonary malignancies from the region of central Punjab. Patients of all ages and both sexes were included in the study.

History of the patients regarding name of patient, age, and sex, presenting complaints with duration, and smoking habits were recorded. Patients were examined clinically; lymph node enlargement was noted and recorded along with relevant investigations, x-ray chest, Bronchoscopy, and CT Scan (if available).

The specimens included were bronchial biopsy, transthoracic core needle lung biopsy, open lung biopsy and/or regional lymph node biopsy. The sections of all the cases were stained with haematoxylin and eosin whereas all large cell carcinomas were stained with Alcian Blue-Periodic Acid-Schiff (AB-PAS) stain,15 without diastase as well as with diastase.

The tumors were classified according to WHO classification.16 Chi square test was used for statistical analysis.

RESULTS
In our study of 300 cases of primary pulmonary malignancies a total of 210 cases were smokers, which is significantly large number as compared with nonsmokers (Table 1). Amongst the smokers
83.33% of patients were taking cigarette whereas 7.14% were using hukka (Table 2). The remaining (9.53%) was taking both cigarette and hukka.

The distribution of histological lesion in smokers and nonsmokers is given in table 3.

DISCUSSION
Malignancies of the lung remain one of the most frequently diagnosed malignant neoplasms throughout the world. It is the number one cause of cancer death in the American males and females. Bronchogenic carcinoma is being diagnosed with increasing frequency in China, Japan, Canada, and European countries, as well as in India. Similarly in Pakistan, malignant tumours of the lung ranked number one, among males.

Cigarette smoke is the most common pollutant that the human lungs are exposed to. In this study of 300 cases of primary lung carcinoma 70% of patients were smoker, whereas smokers in other studies were ranged from 80-90%.

Active as well as passive smoking is associated with an increase in risk of having malignancies of the lung. Squamous cell carcinoma and small cell carcinoma are strongly associated with smoking. Amongst the cases of squamous cell carcinoma, the number, of smokers in this study was significantly more (P<0.001) as compared to those of adenocarcinoma. This is in accordance with the study of Jindal et al and Auerbach and Garfinkel who reported that adenocarcinoma are associated less directly with smoking.

Cases of adenocarcinoma included significantly less (p<0.02) number of smokers as compared with small cell carcinoma. Our results are similar with the study of Jett et al who concluded that there is high association of smoking and small cell carcinoma.

Thus in conclusion this study has highlighted the role of smoking in primary malignancies of the lung.

REFERENCES