

Gastrointestinal tract cancer in ESRD patients

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Background: Previous studies have suggested that the frequency of cancer is higher in patients with dialysis and kidney transplantation than in the general population. The study of cancer in patients treated with dialysis in Korea fewer reported. The aim of this study was to investigate the incidence, types of cancer, time to discovery of cancer and effect of early screening among patients on dialysis in Chosun University Hospital. **Method:** The study subjects were 25 cancer patients out of 796 end-stage renal disease (ESRD) patients maintained on hemodialysis or peritoneal dialysis at Chosun University Hospital from January 2002 to March 2010. We observed frequency of cancer, dialysis mode, cause of ESRD, time to discovery of cancer, cancer staging and cancer therapy among these patients. **Result:** Among the study population (796 ESRD patients), malignant disease were diagnosed in 25 patients(3.14%). Mean age at first dialysis was 54.3 yr. Mean age at cancer diagnosis was 59.4yr. Seventeen (68%) of our subjects were male and eight (32%) were female. The mean time from the start of dialysis to the diagnosis of cancer was 49.3(0-168) months. The most common cancer site was gastrointestinal tract (GIT) (32%) followed by urinary tract (20%) and genital tract (16%). During first year, cancer incidence highly compared to other period. Except for stage II, lower stage was longer time to interval cancer diagnosis. **Conclusion:** In ESRD patients, the incidence of GIT cancer and urinary tract cancer is higher, thus, careful surveillance for malignancies is recommended. **Key word:** End-Stage Renal Disease (ESRD), Cancer, dialysis

정상 면역능 환자에서 Mucormycosis에 의한 위궤양 1예

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Mucormycosis has emerged as an important opportunistic fungall infection in diabetics and other immunocompromised hosts. Rhinosinusitis, pansinusitis, rhino-orbital and rhinocerebral are the common classical manifestations of mucormycosis. However, primary gastrointestinal (GI) mucormycosis is an uncommon disease associated with a high mortality rate. Reported cases of GI mucormycosis in an immunocompetent host are very few in the literature. Standard therapy for invasive mucormycosis includes parenteral amphotericin B (AMB) in combination with radical debridement of infected tissues. We report a 53-year-old man patient with gastric mucormycosis who had only diabetes mellitus and completely recovery after only amphotericin B treatment.