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Original Article

Gastrointestinal Malignancies: A Case Series from District Hospital Kulgam, Jammu & Kashmir, North India

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ABSTRACT

Background: Gastrointestinal (GI) malignancies demonstrate marked geographic variation. The Kashmir Valley is recognized as a high-risk region for upper GI cancers, yet data from district-level hospitals remain scarce.
Objectives: To describe the demographic, endoscopic, anatomical, and histopathological profile of GI malignancies presenting to District Hospital Kulgam and to compare findings with published literature from Kashmir, India, and abroad.
Methods: A retrospective case series of biopsy-confirmed GI malignancies admitted from January 2023 to march 2024 was conducted. Demographic variables, lesion location, endoscopic/colonoscopy gross morphology, and histopathology were analyzed.
Results: A total of 23 patients were included. Mean age was 58.2 years, with a male predominance (M:F = 2.8:1). Upper GI malignancies accounted for 83% of cases, with gastric adenocarcinoma being the most common. Ulcero-proliferative lesions were the predominant endoscopic finding.
Conclusion: GI malignancies in Kulgam predominantly affect older males and are largely upper GI in origin, mirroring patterns reported from Kashmir and other Asian high-risk regions.

Keywords: Gastrointestinal malignancies, Gastric adenocarcinoma, Upper gastrointestinal cancer, Endoscopic morphology, Kashmir Valley.

INTRODUCTION

Gastrointestinal cancers remain a significant cause of cancer-related morbidity and mortality worldwide. Marked regional variation exists, with esophageal and gastric cancers disproportionately affecting populations in the "Asian esophageal cancer belt," which includes the Kashmir Valley. Previous studies from tertiary care centers in Kashmir have documented a high burden of upper GI malignancies, particularly esophageal squamous cell carcinoma and gastric adenocarcinoma. However, published data from district hospitals are
limited.
This case series aims to characterize GI malignancies presenting to District Hospital Kulgam, providing insight into disease patterns at a secondary care level and comparing these findings with regional, national, and international literature.

MATERIALS AND METHODS

Study Design

Retrospective observational case series.

Study Setting

District Hospital Kulgam, Union Territory of Jammu & Kashmir, North India.

Study Population
All patients with histopathologically confirmed gastrointestinal malignancy who underwent endoscopy or colonoscopy during the study period.

Data Collection
Data were extracted from hospital records and endoscopy registers, including:

- Age and sex
- Endoscopic/colonoscopy findings
- Gross appearance of lesions
- Anatomical location
- Biopsy reports

Statistical Analysis
Descriptive statistics were used. Continuous variables are expressed as mean and range; categorical variables as frequencies and percentages.

RESULTS

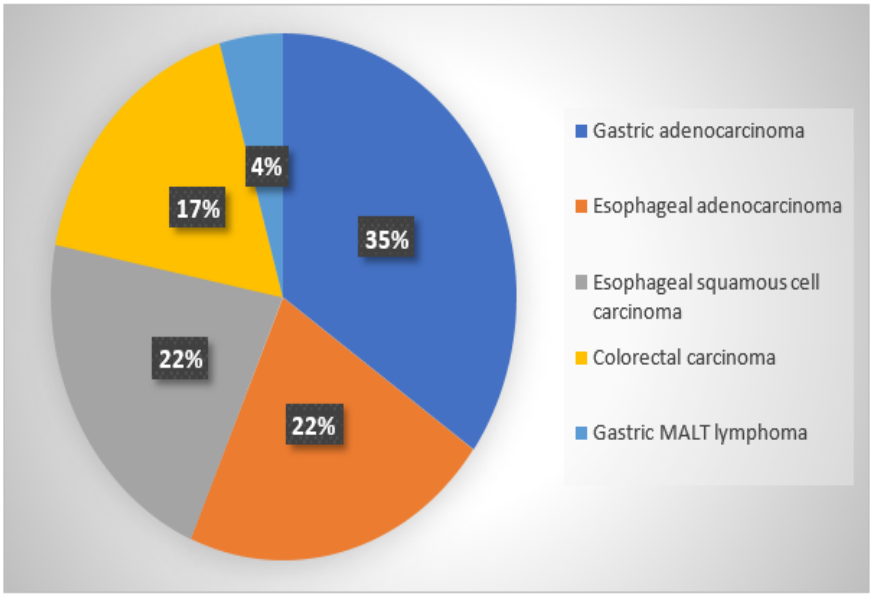
1. Demographic Profile

- **Total patients:** 23
- **Males:** 17 (73.9%)
- **Females:** 6 (26.1%)
- **Male: Female ratio: 2.8:1**
- **Mean age: 58.2 years**
- **Age range: 15–75 years**

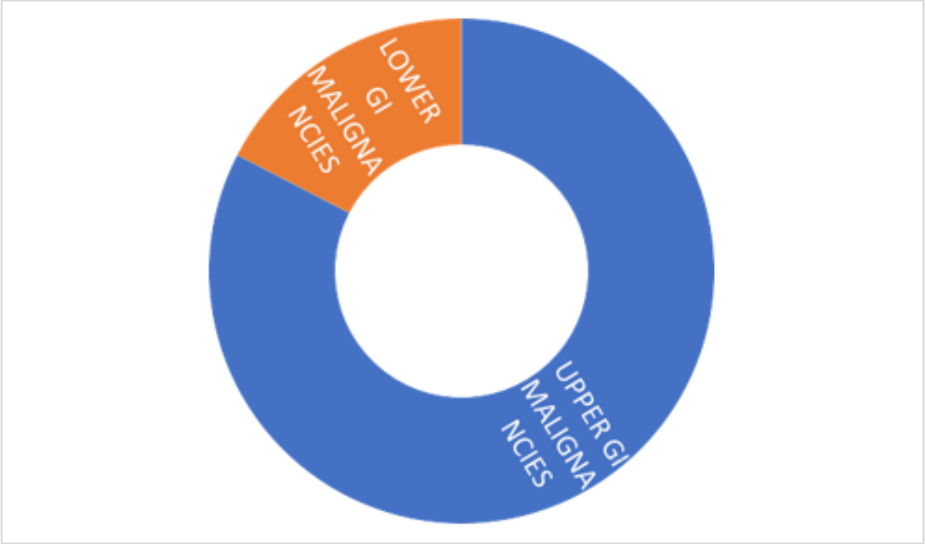
Interpretation: A strong male predominance and presentation in the sixth decade align with regional GI cancer epidemiology.

2. Types of Gastrointestinal Malignancies

Malignancy Type	Number (n)	Percentage (%)
Gastric adenocarcinoma	8	34.8
Esophageal adenocarcinoma	5	21.7
Esophageal squamous cell carcinoma	5	21.7
Colorectal carcinoma	4	17.4
Gastric MALT lymphoma	1	4.4



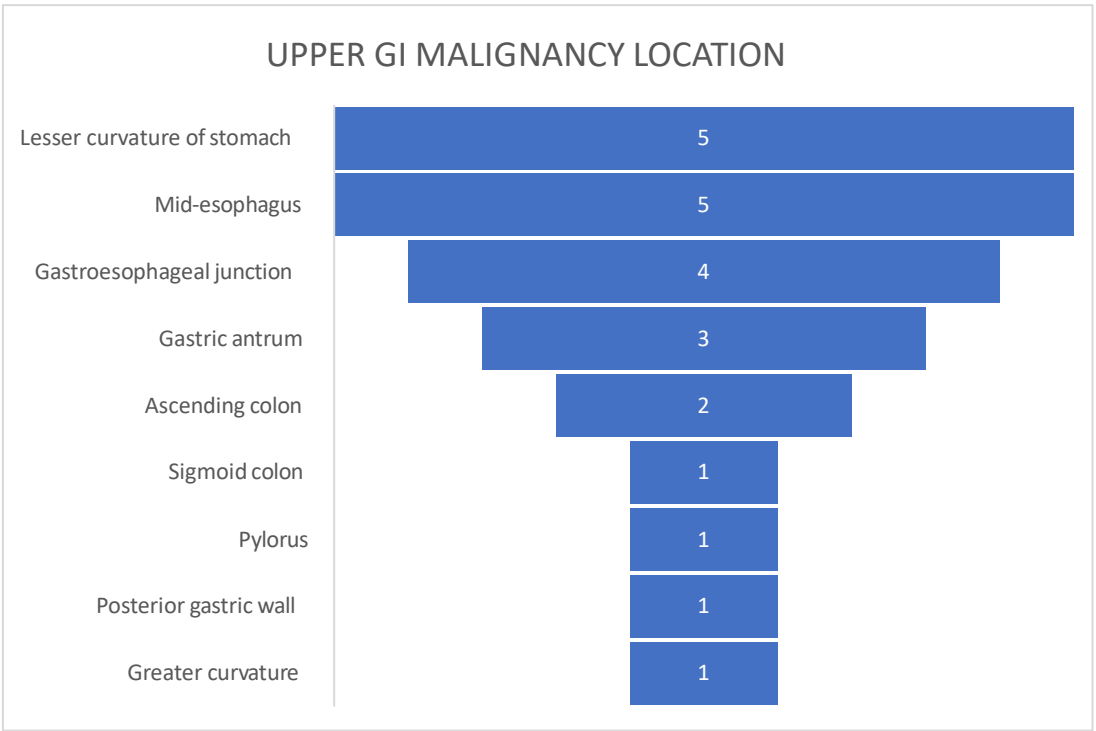
Upper GI malignancies (esophagus + stomach) constituted 82.6% of all cases.

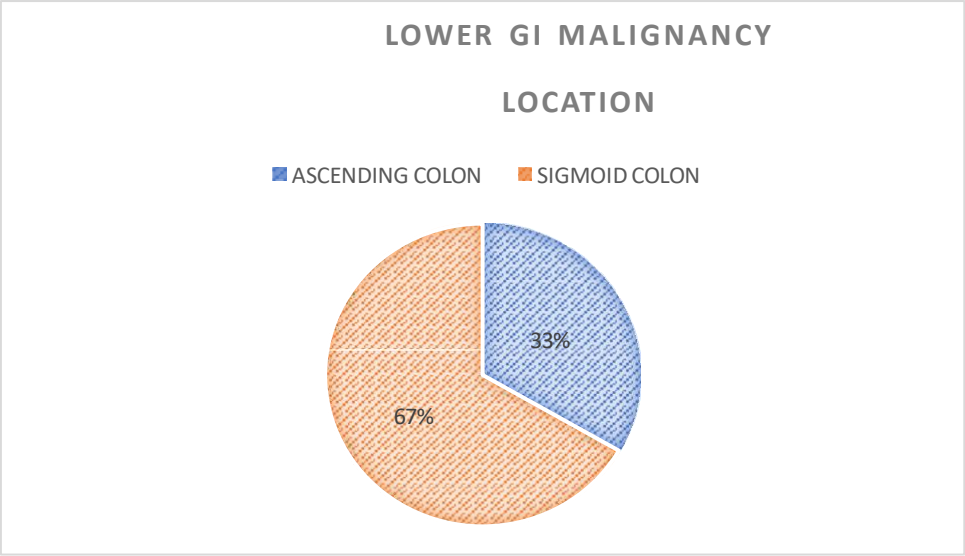


3. Anatomical Location of Lesions

Location	N
Lesser curvature of stomach	5
Mid-esophagus	5
Gastroesophageal junction	4
Gastric antrum	3
Ascending colon	2
Sigmoid colon	1
Pylorus	1
Posterior gastric wall	1
Greater curvature	1

Key observation: Predominance of esophageal and gastric sites, especially lesser curvature and GE junction.





4. Gross Endoscopic / Colonoscopic Appearance

Gross Appearance	n	%
Ulcero-proliferative	15	65.2
Ulcero-polypoidal	2	8.7
Ulcerative lesion	2	8.7
Polypoidal	2	8.7
Ulcero-infiltrative	1	4.3
Superficial raised lesion	1	4.3

Ulcero-proliferative growth was the dominant morphology, reflecting advanced presentation at diagnosis.

DISCUSSION

This case series from District Hospital Kulgam demonstrates several important epidemiological patterns:

Sex and Age Distribution

The strong male predominance (2.8:1) and mean age of ~58 years are comparable to reports from southern Kashmir, where male dominance and sixth-decade presentation are consistently observed.

Pattern of Malignancies

Upper GI cancers dominated this series, consistent with:

- High esophageal cancer incidence in Kashmir (Romshoo et al.)
- Gastric adenocarcinoma predominance reported in Srinagar-based studies

In contrast, Western populations report colorectal cancer as the leading GI malignancy, highlighting geographic variation.

Endoscopic Findings

The predominance of ulcero-proliferative and ulceroinfiltrative lesions parallels findings from other Indian and Asian studies, indicating delayed presentation and limited early screening.

Comparison with Other Studies

Region	Commonest GI Cancer	Mean Age	M:F Ratio
Present study (Kulgam)	Gastric	58 yrs	2.8:1
Kashmir (tertiary centers)	Esophageal/Gastric	55–62 yrs	~2:1
India (overall)	Colorectal/Gastric	50–60 yrs	1.5–2:1
Western countries	Colorectal	65–70 yrs	~1.2:1

These similarities reinforce the classification of Kashmir as a high-risk upper GI cancer zone.

CONCLUSION

Gastrointestinal malignancies presenting to District Hospital Kulgam predominantly involve the upper GI tract, affect older males, and commonly present with advanced ulceroproliferative lesions. The findings closely mirror those from tertiary care centers in Kashmir, underscoring the need for early detection strategies, risk-factor modification, and improved endoscopic screening at the district level**.**

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