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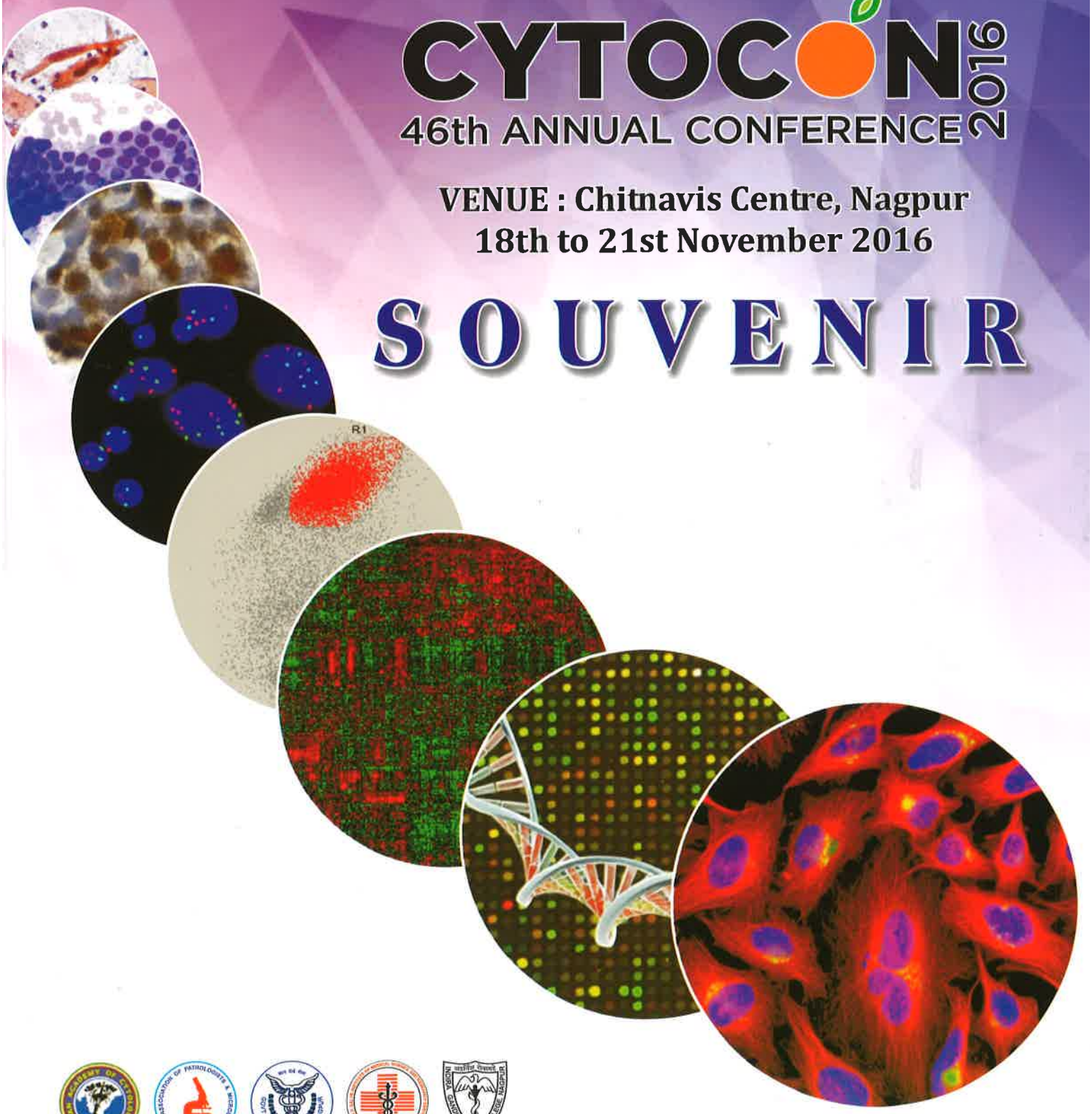

OP37 - RECTAL AND COLONIC BRUSHINGS - HOW DO THEY HELP?

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INTRODUCTION : Obtaining cell yield from rectum or from anastomotic site by brush technique is feasible. However, the use of this technique should be justified.

AIMS AND OBJECTIVES : We reviewed 30 consecutive patients in whom brush cytology was done and attempted to determine their role in tumour management.

MATERIALS AND METHODS : We reviewed cytopathology and histopathology of 30 patients who had either rectal or anastomotic brushings done. Clinical details were obtained from medical records.

RESULTS : Age range of patients is 12 to 75 years. M: F ratio is 3:1. 28 of 30 patients were treated for colorectal and other carcinomas. The indication of use of rectal and colonic brush cytology was to exclude recurrence in 83% patients treated for above malignancies and for primary diagnosis in remaining patients. 4 brush cytology samples were positive for recurrent adenocarcinoma. None of the patients could be offered a definitive primary diagnosis; 5 patients with negative brush cytology had positive biopsy diagnosis of adenocarcinoma.

CONCLUSION : The trend of use of rectal and anastomotic brush cytology is clearly towards the diagnosis of recurrence of malignancy after completion of treatment for rectal and other cancers. The use of this technique is perfectly justified in this clinical setting where scope could not be negotiated due to presence of stricture. However, sampling error and deep seated tumours can lead to false negative results. Moreover, brush cytology should be avoided for primary diagnosis since biopsy is the better way of demonstrating muscularis mucosae invasion.

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