

## CLINICAL COURSE AND METHODS OF TREATMENT OF MALIGNANT TUMOR OF THE SIGMOID COLON

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**Abstract.** *The most common form of neoplasm of the main part of the large intestine is sigmoid colon cancer. Originating from the mucous membrane of the intestinal wall, the tumor has an aggressive clinical course, a high relapse rate and a tendency to early metastasis. Despite all the advances in the diagnosis and treatment of colorectal pathology, the incidence is steadily increasing. And only early detection of the tumor process gives a real chance for a complete cure.*

**Keywords:** *Types of tumors, causes of their appearance, histological classification, symptoms, clinical course, treatment methods.*

## КЛИНИЧЕСКОЕ ТЕЧЕНИЕ И МЕТОДЫ ЛЕЧЕНИЯ ЗЛОКАЧЕСТВЕННОЙ ОПУХОЛИ СИГМОВИДНОЙ КИШКИ

**Аннотация.** *Наиболее частой формой новообразований основной части толстой кишки является рак сигмовидной кишки. Возникая из слизистой оболочки стенки кишки, опухоль отличается агрессивным клиническим течением, высокой частотой рецидивов и склонностью к раннему метастазированию. Несмотря на все успехи в диагностике и лечении колоректальной патологии, заболеваемость неуклонно растет. И только раннее выявление опухолевого процесса дает реальный шанс на полное излечение.*

**Ключевые слова:** *Виды опухолей, причины их появления, гистологическая классификация, симптомы, клиническое течение, методы лечения.*

The sigmoid colon owes its name to its S-shape. It is the final section of the colon, responsible for the absorption of water and the formation of feces. Originating in the area of the upper opening of the small pelvis, the sigma is directed transversely to the right, then to the left and, at the level of the third sacral vertebra, passes into the final (rectal) section of the digestive tract.

Sigmoid colon cancer is a malignant neoplasm of epithelial origin, accounting for 44% of the total number of colorectal tumors. The incidence rate increases after forty years and is mainly registered in elderly people. In men, oncopathology of this localization occurs 1.2 times more often than in women.

The most vulnerable population to the process of malignancy are:

- patients suffering from genetic diseases (Lynch syndrome);

• persons with a family history (familial adenomatosis, MutYH-associated colon polyposis).

The leading risk factors for sporadic cases of the disease include:

- chronic inflammation in the large intestine;
- diabetes mellitus;
- smoking, excessive alcohol consumption;
- physical inactivity;
- predominance of red meat in the diet.

Depending on the cellular structure of the tumor, the following forms of sigmoid colon cancer are distinguished:

- congenital nonpolyposis (Lynch syndrome);
- adenogenic (without clear morphological signs);
- mucous adenocarcinoma (various variants);
- micropapillary carcinoma;
- signet cell carcinoma.

Malignant neoplasms of sigma are low, moderate and highly differentiated. Tumors growing inside the intestinal lumen are called exophytic; tumors growing into the intestinal wall are called endophytic (infiltrative).

Sigmoid colon cancer at the initial stage is asymptomatic and is detected only during a special examination. The first signs appear when the process has gone far enough, the tumor has already acquired large sizes and extends beyond the intestine. All symptoms of sigmoid colon cancer can be divided into two large groups - general and local. Common symptoms include:

- Weight loss not related to diets and sports activities - a decrease in body weight by more than 10% within six months.
- Anemia - pallor of the skin and mucous membranes, pasty tissue, deterioration in the quality of hair and nails.
- Fatigue, decreased performance, etc.

The oncology center provides comprehensive treatment for sigmoid colon cancer, consisting of surgery, chemotherapy and radiation therapy. The central method in this case is surgical intervention. Without surgery, other methods will not be able to overcome the disease.

Surgical intervention is based on the initial removal of infected tissue, further removal of areas affected by metastases and subsequent restoration of the integrity of the intestinal tube. For small tumors, the operation is performed using laparotomy, based on several punctures.

In advanced stages of sigmoid colon cancer, treatment by surgery involves complete removal of the sigmoid colon and removal of the gas tube during the postoperative period. After a few months, if the operation is successful, stool will be passed through the usual route.

Chemotherapy is a drug treatment. It is based on the introduction of special chemicals, the action of which is aimed at destroying the affected tissues and reducing the activity of tumor cells to divide. The method is used both before and after surgery to consolidate the effect of surgery. There are mono- and polychemotherapy. Its effect is aimed at reducing tumor size, preventing relapses and inhibiting the progression of the disease.

Radiation therapy for sigmoid colon cancer is used with extreme caution, due to the risk of developing perforation of the intestinal walls. In addition, it has a weak effect on intestinal oncology. The positive effect is the destruction of cancerous tissue in the area between the excised material and healthy tissue.

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