

Table-II

Demographic variables of histopathological diagnosis (n=273)

| Histopathological | Number of (%) | Age difference t-test | Sex difference X2-Test |
|-------------------|---------------|-----------------------|------------------------|
| Benign | 236(86.4) | | |
| Malignant | 37(13.6) | .000 | .003 |
| Total | 273(100) | | |

Table-III

Histopathological diagnosis of difference system

| Tissue under system | Type of diagnosis | | | | | | Total | Difference between benign and malignant S |
|-----------------------|-------------------|---------|-----------|--------------|-----------|-----------|----------|---|
| | Benign | Pre | Malignant | Inflammation | Inadequat | Total | | |
| Female genital tract | 126(85.1%) | 2(1.4%) | 5(3.4%) | 13(8.8%) | 2(1.4%) | 148(100%) | .004 | |
| GIT | 10(25%) | 1(2.5%) | 7(17.5%) | 21(52.5%) | 1(2.5%) | 40(100%) | ns (n) | |
| Skin | 63(76.8%) | 0(0%) | 8(9.8%) | 11(13.5%) | 0(0%) | 82(100%) | .003 (n) | |
| Gallbladder | 3(4.9%) | 0(0%) | 0(0%) | 58(95.1%) | 0(0%) | 61(100%) | | |
| Buccal mucosa | 7(35%) | 3(15%) | 10(50%) | 0(0%) | 0(0%) | 20(100%) | ns (n) | |
| Appendix | 6(33.3%) | 0(0%) | 0(0%) | 10(55.5%) | 2(11.1%) | 18(100%) | | |
| Eye | 0(0%) | 0(0%) | 3(100%) | 0(0%) | 0(0%) | 3(100%) | | |
| ENT | 4(50%) | 0(0%) | 3(37.5%) | 1(12.5%) | 0(0%) | 8(100%) | | |
| Breast | 12(92.3%) | 0(0%) | 1(7.7%) | 0(0%) | 0(0%) | 13(100%) | | |
| Genito urinary system | 5(83.3%) | 0(0%) | 0(0%) | 1(16.7%) | 0(0%) | 6(100%) | | |
| Total | 236(85.1%) | 6(1.5%) | 37(9.3%) | 115(28.8%) | 5(1.3%) | 399(100%) | | |

Age difference between benign and malignant of female genital tract and skin were significant

Discussion

It is evident from the present study that malignant lesion is very common in surgically resected specimen. A total of 37(9.3%) out of 399 sample came out as malignant. Of this, malignancy is more frequent in tissue from buccal mucosa 50% and GIT(17.5%). Premalignant lesion was also common in buccal mucosa 15%, GIT 2.5% and Female genital tract 1.4%. So any abnormality in buccal mucosa, esophagus, pyriform fossa, tonsil in the form of leuko oplakia, erythroplakia, non healing ulcer, tumor should be sent for immediate histopathological diagnosis. As we found (50%) of cases from these sites were malignant implying importance of early diagnosis by histopathology. The age range of buccal mucosal lesion varied from 24 -71 years, the mean age 54.86 years and M:F ratio 1:2. The predominant age group for malignant lesion in buccal mucosa were 41-80 years 85% and 15% in 21-40 years age group. The common age group for pre malignant lesion were also 41-80 years age group 60% and 40% in 21-40 years age group.

Other important finding of this study is that the most common cancer is squamous cell carcinoma 72.26%,

most common in oropharynx and esophagus, skin specially nonhealing ulcer, followed by adenocarcinoma and carcinoma in situ(CIS) 7.89% each, the common site of adenocarcinoma is stomach and CIS is cervix. There is female preponderance 65.78% vs 34.21 in males and the mean age is 52.86 years. The most commonly affected age groups are 61-80 years 44.73%, followed by 41-60 years 36.84% contributing 81.57% between 41-80 years. Also female preponderance in both age range 23.68% and 26.31% vs 13.15% and 18.42% for males. The M:F ratio is 1:1.71. This findings are consistent with the findings of others who found the most common type of malignancy is squamous cell carcinoma followed by adenocarcinoma in surgically resected specimens. In Nigeria the proportion of cervical cancer is less and the mean age of gynaecological cancers was 44.2 years. In our study the mean age for all malignant lesions was 52.86 years a bit higher than Nigeria. This difference may be due to geographical and sociocultural background and late diagnosis in Bangladesh. 5 biopsy (1.26%) specimen showed granulomatous inflammation most likely Tuberculosis, age range of the patient were 24-62 years, male 3 female 2 cases. Nature of specimen include chronic abscess in arm 2, Lymphnode 2, non healing ulcer on skin in Labia 1. So any non healing ulcer, chronic abscess and enlarged lymphnode should be sent for histopathological diagnosis to exclude Tuberculosis in Bangladesh. As there is reemergence of tuberculosis it is important to exclude Tuberculosis in developed, developing and poor countries. Although granulomatous inflammation particularly Tuberculosis is common Bangladesh but less number or samples were sent for histopathological diagnosis. This is because of the fact that the Clinicians starts antituberculous treatment depending on clinical and some routine laboratory tests like CBC, ESR, MT, Xray. As such number of granulomatous inflammation was less in this study. Benign lesion is common in Gynecological samples like hysterectomy Specimen 85.1% vs 3.4% malignant. The age range of the hysterectomy patient was 28-63 years and the mean age of the patients was 47.87 years. One thing is very clear that adenomyosis (39%) and chronic cervicitis (55%), are frequent finding in resected Uterus samples followed by leiomyoma(18%), polyp in (7.86%), ovarian cyst in (12.35%) of samples. Most of these women presented with menorrhagia, low back pain and white discharge, dysparunia. Most of the endometrium samples were sent for therapeutic abortion and some for infertility to