Letters to the Editor

Cancer and Indian films

Sir,

Cancer afflicts all communities worldwide. Approximately 10 million people are diagnosed with cancer and more than six million die of the disease every year. [1] Today cancer is the second leading cause of death. [2] In India, it is estimated that there are approximately 2-2.5 million cases of cancer at any given point of time with around seven lakh new cases being detected each year. Nearly half of these cases die each year. [2]

Due to the rising incidence of cancer, especially oral cancer and lung cancer, the Government of India has banned tobacco smoking, on screen, in films. This step taken by government must be appreciated by all sectors of society.

Indian films are presumed to be one of the major causes of the smoking habit in young adults. Indian films, especially Hindi language films of every genre, have cancer patients as central characters. The films seem to tackle the issue of cancer. The film "Anand," directed by late Hrishikesh Mukherjee, is one of the most memorable films about a cancer patient. "Lymphosarcoma of intestine" became a household name due to the film. The film tackles an emotional and inspiring journey towards death of a last stage cancer patient known as Anand played by Rajesh Khanna. Another film "Safar," is based on the life of a painter suffering from cancer. The film "Mili," directed by late Hrishikesh Mukherjee, is a touching film of a lively young girl diagnosed as suffering from cancer. "Dard Ka Rishta," directed by late Sunil Dutt, is a brilliant film tackling an issue of cancer in children. A recent film entitled as "Kal Ho Na Ho," directed by Nikhil Advani, is the story of modern day "Anand"- a young man with cancer, who knows that he is going to die, lives his life to the fullest. The Marathi language film "Shwaas" is the emotional journey of a child with cancer, of both eyes, and his grandfather; the path from light to darkness in the child's life. "Shwaas" is based on a real life story and was also sent as an official entry to Oscars from India.

All these films are not really scientifically correct. They make some contribution regarding cancer awareness but little in cancer education, which is an important area of primary prevention of the cancer. These films are noteworthy as they show another human side of the Indian Film Industry and social commitment of Indian Films.

Harshal T. Pandve
Department of Community Medicine, Smt. Kashibai Navale Medical College, Narhe, Pune, India

For Correspondence:
Dr. Harshal. T. Pandve, Dept. of Community Medicine, Smt. Kashibai Navale Medical College, Narhe, Pune-411014, India.
E-mail: dr_harshalpandve@yahoo.co.in

DOI: 10.4103/0973-1482.65230
PMID: *****

REFERENCES

Role of liver transplantation for surgical management of malignant liver tumors

Sir,

I read with great interest the article by Shukla and Barreto. [1] It is a comprehensive and excellent review of surgical management of malignant liver tumors. However, no article about the surgical management of liver tumors is complete without a brief discussion of the role of liver transplantation (LT).

Surgical resection remains the treatment of choice for hepatocellular carcinoma (HCC) in non-cirrhotic patients or in those with cirrhosis but well-preserved liver function, normal bilirubin, and hepatic vein pressure gradient <10 mmHg. [2] However, after resection, tumor recurrence rate exceeds 70% at 5 years, with the most powerful predictors of recurrence being presence of microvascular invasion and/or additional tumor sites besides the primary lesion. [3]

LT is currently recognized as the best treatment option for patients with early HCC and end-stage liver disease. [4] There are no randomized controlled trials comparing LT to other therapies for the management of HCC. While
Letters to the Editor

early experience with LT for HCC was disappointing, with 5-year survival rates of approximately 25%, outcomes have significantly improved over time, partially due to the application of stringent eligibility criteria when selecting patients for undergoing LT for HCC. Currently, patients undergoing LT for HCC have a 5-year survival rate exceeding 70%, which is similar to the survival seen in patients undergoing LT for other indications.[3]

The observed tumor recurrence rates are less than 15% at 5 years.[3,5] It has therefore been suggested that LT is an effective option for patients with HCC corresponding to the Milan criteria,[5] i.e., solitary tumor <5 cm in size or up to three nodules <3 cm in size.[5]

Rajeev Sharma
Department of Abdominal Organ Transplantation and Hepatobiliary Surgery, University of Virginia Health System, Surgery Box 800709, Charlottesville, VA 22908, USA

For correspondence:
Dr. Rajeev Sharma,
Department of Abdominal Organ Transplantation

REFERENCES


Ancient schwannoma of the neck mimicking soft tissue sarcoma

Sir,

We wish to describe a case of a 46-year-old women presenting with ancient schwannoma of the neck. Only few cases of ancient schwannoma have been reported in the neck region. In our patient, the tumor showed degenerative changes and nuclear atypia, thus mimicking a mesenchymal neoplasm.

A 46-year-old female with no symptoms or family history of von Recklinghausen disease was admitted to the department of surgery with a 6-month history of a swelling in the neck region. The swelling was non-tender, was not mobile, and the overlying skin was normal. We made a preoperative diagnosis of myolipoma. Excision biopsy was done under local anesthesia and the specimen was sent for histopathological examination.

An ovoid mass of 6.3 cm was sent to the pathology department for gross examination. The tumor was firm, well circumscribed, and encapsulated. The cut surface showed cystic degeneration and hemorrhage. The tissue was routinely processed and sections were cut at 5 mm thickness and stained with Hematoxylin and Eosin (H and E).

The H and E stained sections of the tumor showed Antoni-A and Antoni-B areas surrounded by a fibrous capsule. The Antoni-A regions were cellular and showed Verocay bodies (eosinophilic cell bodies nearly encircled by rows of nuclei). The Antoni-B areas were hypocellular. Cells were loosely arranged in a myxoid matrix. Infiltration by lymphocytes, mast cells, and pigment-laden macrophages, was seen in Antoni B areas. In addition, cystic changes and thick wall blood vessels were unusually prominent. The Schwann cell nuclei were large, hyperchromatic, and multilobated, and exhibited marked nuclear atypia. The cytoplasm showed vacuolar changes. These findings were compatible with a diagnosis of ancient schwannoma (degenerated neurilemmoma).

Photomicrograph shows degenerative nuclear atypia (blue arrow), cystic changes (green arrow) and thick walled congested blood vessels (black arrow) (H&E, ×400).

Schwannomas are encapsulated benign tumors arising from nerve sheath cells; the ancient schwannoma is one of the five variants.[1] Ancient schwannomas are neurilemmomas that display pronounced degenerative changes. Ancient change in a schwannoma is a histological variant that is typically found in long-standing tumors, and is thought to result from degenerative changes.[2] Degenerative changes include cyst formation, calcification, hemorrhage, and hyalinization. One of the most misleading aspects of this tumor is the degree of nuclear atypia. These tumors behave as ordinary neurilemomas and therefore the nuclear atypia can be regarded as a purely degenerative change.[3]