

INTRODUCTION AND AIM OF WORK

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Alteration in blood constituents have been used for many years as indicators of the presence of malignancy. A variety of enzymes, hormones, plasma proteins , protein degradation products and immunologically related cellular and humoral substances have been used for markers in the diagnosis and management of cancer in man (Carter et al., 1981) .

X { Among the tumor associated antigens, carcinoembryonic antigen (CEA) is the only established and clinically useful tumor marker for colorectal cancer and other CEA producing tumors (Go and Zamcheck, 1982) .

In the other hand, sequential determinations of other tumor antigen; tissue polypeptide antigen (TPA) in colorectal carcinoma, for a retrospective evaluation of their utility as a marker of recurrent tumors showed about 60% sensitivity to recurrence (Fucini et al., 1987) .

Acute phase reactant proteins (APRPs) are too insensitive as early tumor markers of gastrointestinal malignancies. A rise in APRPs accompany many disease states including acute and chronice inflammation, connective tissue disorders, pregnancy and malignancy (Bastable et al.,1979).

Also, several alkaline phosphatase isoenzymes have been identified in a wide variety of tumor tissues and in patient's sera . Alkaline phosphatase

isoenzymes has been found in the sera of up to one - third of patients with most types of gastrointestinal neoplasms (Mercer and Talamo, 1985) .

This study will deal with the correlation of histopathological and clinical findings and the serum level of certain markers in some cases of gastrointestinal neoplasms .

The markers to be studied will include carcinoembryonic antigen (CEA), tissue polypeptide antigen (TPA), alpha-1- acid glycoprotein (AAG), alpha - 1 - antitrypsin (AAT) and alkaline phosphatases (ALP) both total & isoenzymes .

The aim is to declare the usefulness of such parameter as tumor markers that help in better management in gastrointestinal malignancies .