INTRODUCTION AND AIM OF THE WORK

Colorectal carcinoma occurs with great variation in frequency in different parts of the world. The disease is particularly prevalent in highly developed countries, a notable exception being Japan, though a very industrial nation, has only a moderate incidence of the disease **(Hill, 1985).**

The highest incidence appears to be in the western world, whereas low and very low incidence have been reported from Africa. The greatest incidence among males and females is in Scotland **(Ngala Kinda, 1976).** These variations in incidence are related not so much to racial characteristics as to environmental influence. This is possibly related to changes in diet and social habits **(Growther et al., 1976).**

In Egypt, the registry of the National Cancer Institute, in Cairo (1985-1989), reported that CRC ranks the 7th of the 16 internationally known malignancies, preceded by the bladder, lymphoma and breast giving an incidence of (3.08%). The rectum accounts for 2.3% and the colon 0.77%, with frequently affected older males. Rectal cancer is the 3rd of all the digestive organs malignancies (16.15%), while the colonic carcinoma was the 7th (5.43%). This is different from the reports of the developed

countries, where CRC ranks 2nd to the lung tumours **(Mokhtar, 1991).**

Colorectal carcinoma may occur at any age. **Rose et al. (1988)** mentioned that CRC is predominantly a disease of old age. However, it is not uncommon to find the disease in younger age, although it is rare in children and adolescence **(Okuno et al., 1987).**

Although some investigators have proposed defining the age range for young patients with CRC as being 28 years of age, a fairly large number of articles have referred to 39 years of age or younger as being the appropriate age range for young patients **(Goldthorn et al., 1983, and Jarvinen et al., 1984).** When the clinicopathologic pattern of CRC was studied by **Bidikian et al. (1981),** they detected no difference between patients in their 20s and 30s. These data led us to classify our patients 39 years of age or under as young adults, and patients above 39 years of age as older.

The incidence of CRC in patients under 39 years of age have been reported to range from 2.2% **(Bulow, 1980)** to 14.5% **(Terabe et al., 1984).** Tumours are already in an advanced stage at initiation of treatment in most young patients with CRC and the prognosis has been considered unfavorable **(HSU and Guzman,1982 and Okuno et al., 1987).**

However, some articles have shown that it is not necessary dismal **(Martin et al., 1981 and Ohman, 1982).**

The present work aimed at the evaluation of the clinicopathologic status and prognosis of colorectal cancer in young adults (below 39 years of age) compared with older patients (above 39 years of age).We tried to specify the factors that are responsible for difference in prognosis including clinical, investigatory, exploratory and pathological factors.