Profile of Lung Cancer in Predominantly Bidi Smoking Rural Population of Northern Himachal Pradesh

To The Editor: We read with great interest the article by Sharma and Bansal.1 The authors have discussed the presentation of lung cancer in predominantly bidi smokers in northern Himachal Pradesh. There are some interesting observations of the study. Out of the current bidi smokers, 40% had squamous cell carcinoma and 32% had adenocarcinoma historically, suggesting that the incidence of squamous cell carcinoma and adenocarcinoma is equal among bidi smokers. However, the Indian studies have uniformly shown that squamous cell carcinoma is the predominant cell type among smokers.2 We have also studied lung cancer in Himachal Pradesh covering almost the entire population. We found that overall squamous cell carcinoma was the dominant cell type (59.8%) and 21% females had adenocarcinoma.3 In another study carried out exclusively among bidi smokers 57.5% had squamous cell type followed by small cell carcinoma (22%) whereas adenocarcinoma was significantly more in females (23.5%).4 We further studied pattern of lung cancer among bidi smoking women wherein 44.7% bidi smoking women had squamous cell carcinoma followed by small cell carcinoma (22.4%); adenocarcinoma was found in (14.9%) cases, and in this particular study bidi smoking did not have any bearing on the cell type.5 Similar results were reported in another study.6 Therefore, it can be concluded from the foregoing discussion that squamous cell type is the dominant lung cancer among bidi smokers in Himachal Pradesh. The conclusion of the authors that incidence of squamous cell cancer and adenocarcinoma lung is almost equal sounds very interesting and suggests that adenocarcinoma of the lung may be on the rise among smokers in the population under study. Nevertheless, a study in larger number of patients should clear the picture.

The increase in the occurrence of adenocarcinoma particularly in the western countries has been possibly attributed to the changing pattern of tobacco smoking involving low tar and high nitrate content. However, a recent Indian study7 has attributed the increase in the incidence of adenocarcinoma of lung to the factors other than smoking since the increase has been shown in non-smokers as well.

The authors have also noticed that in 16% of the patients with lung cancer, the cell type was not classifiable. It is possible that some of these unclassified patients were of specific cell type, and thus, distorting the picture of overall pattern of histopathological distribution of lung cancer.

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