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Risk factors for and types of oesophageal cancer

In his Comment, Alastair Munro (Aug 14, p 566)[1] mentions that the potential influence of histology has been largely ignored in clinical trials of oesophageal cancer. He notes that the frequency of adenocarcinoma is rising, but that only a fairly small number of patients with adenocarcinomas are included in trials. In Scotland, most oesophageal cancers are adenocarcinomas, whereas in the clinical trials most cancers (77%) were squamous cell carcinomas.[1] Munro therefore concludes that the results of the clinical trials on oesophageal cancer have limited relevance for most patients with such cancer. This conclusion might be so for Scotland, but in other regions of the world patients' characteristics and types of oesophageal cancer might be more comparable with those reported in the clinical trials. In Uganda, for example, between 1998 and 2003, in the Kyadondo county (Kampala region), 111 histologically proven oesophageal cancers were reported; 85 (77%) of them were squamous cell carcinomas, eight (7%) adenocarcinomas, and 18 (16%) histologically unspecified; 63% were in men. These frequencies have not changed over time.[2]

Not only the histology of oesophageal cancer but also risk factors for development of such cancer could differ over time and from one region to another. Squamous cell carcinoma of the oesophagus in the developed world is at least five times more common in men than in women, probably because men drink and smoke more.[3] By contrast, the male-to-female ratio of this cancer in Uganda is two-to-one, suggesting that other risk factors are involved.[2] A rise in oesophageal cancer has been noted in South Africa and east Africa.[4] In Kampala, Uganda, the incidence of oesophageal cancer has increased progressively in both sexes over the past 30–40 years.[2] This period coincides with pronounced social and lifestyle changes in this region and with the emergence of the AIDS epidemic. However, HIV infection is unlikely to be the major risk factor, since in South Africa the rise of oesophageal cancer preceded the HIV epidemic.[4]

In Africa, oesophageal cancer is predominantly of squamous-cell origin.[4] In Uganda and other sub-Saharan African countries an increased incidence of human papillomavirus (HPV)-related squamous cell carcinomas (such as squamous cell carcinoma of the conjunctiva) has been noted.[2] So far only a few small, generally uncontrolled studies have looked at the potential association between HPV and squamous cell carcinoma of the oesophagus.[5] The results of these studies are contradictory, but none provides clear evidence that HPV is able to induce squamous cell carcinomas.[5]

Risk factors for, and types of, oesophageal cancer vary in different parts of the world; therapeutic approaches and preventive measures should take these differences into account.

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Necrotic arachnidism: dispelling fact with fiction

We compliment Geoffrey Isbister on his entertaining Viewpoint on arachnidism (Aug 7, p 549),[1] in which he claims there is a pandemic of unfounded attribution of skin ulcers to spider bites by patients and medical practitioners, leading to inappropriate management and preventable morbidity. Although the extent of this misdiagnosis is not quantified, Isbister provides a sound strategy for more accurately defining the effects of different spider species, including careful prospective follow-up studies of definite bites by spiders identified by experts. His call for thorough investigation of necrotic skin lesions suspected to be due to spider bites is also eminently sensible.

Isbister's attempt to debunk "the myth of necrotic arachnidism" unfortunately argues that "apart from loxoscelism, the use of the term necrotic arachnidism is ambiguous and problematic, and is blamed on bites of many different spiders around the world, making diagnosis and treatment impossible".[1] Although *Loxosceles* is the genus most commonly associated with this clinical presentation, envenomation by other spider genera also causes skin necrosis and ulceration.

In southern Africa, for example, although *Loxosceles* spiders are most frequently associated with necrotic arachnidism, bites by two other spider genera have been definitively linked with local necrosis and ulceration by results of studies in rabbits and prospective human follow-up.[2,3] *Sicarius*