An Epidemiological Assessment of Gastric Cancer

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ABSTRACT Gastric cancer is one of the most common sites of visceral malignancies. Meets more frequently in males, which is one third of all neoplasms and ranks first as the frequency, while the female ranks second after uterine cancer. Etiology of gastric cancer is unknown. Usually age occurs between 40 and 60 years. There are also cases seen at a younger age and even children. These forms are characterized by rapidly evolving and extreme malignity. For reasons still unclear, gastric cancer mortality rate decreased over the past 60 years. Epidemiological studies have suggested that the risk for gastric cancer is higher in classes with lower socioeconomic level, more immigrants coming from countries with high incidence of gastric cancer, established in countries with low incidence seem to keep increasing susceptibility to cancer stomach, while their offspring is equal to the incidence of new country. These observations suggest that exposure to some environmental factors likely begin early in life is correlated with the development of gastric cancer. Anatomical seat of predilection is antro-pyloric region (70%), followed by lesser curvature (20%) cardial location, the stomach walls and background are much more rare region (10%).

KEY WORDS gastric cancer, mortality, cardial, antro-pyloric.

Introduction

Gastric cancer is one of the most common sites of visceral malignancies. Meets more frequently in males, which is one third of all neoplasms and ranks first as the frequency, while the female ranks second after uterine cancer.

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Typically, gastric cancer tumor appears as a primitive single location multiple metastases are characteristic.

The initial lesion may be external inaparent exploring the stomach during surgery, careful palpation of the gastric wall according to discover indications of radiological sometimes discreet parietal infiltration. If there is any doubt, is indicated by gastrotomi endogastric exploration, where it can find a localized only in mucous superficial ulceration .. Cancer in early stages is characteristic muscle compliance mucosa. At this stage, sometimes erosive or atrophic mucosal changes present, sometimes there is a superficial ulceration, which extended even if the surface than the depth of interest (as serpiginoasis) cancerizat ulcer exception is when, macroscopically, the ulcer is diagnosed, denied by subsequent histopathology.

Microscopic characters malignant cell divisions consist of numerous, disoriented, multipolar with multiple nucleoli and monstrous, glandular tubules no longer have parallel and regularly, clogged basement membrane and submucosa infiltration corion respects. In a period of more advanced process is broken mucosal muscle invasive disease, muscular and serous. One can distinguish two groups schematically typical epithelioa, in which cylindrical cells, forming numerous tubes pseudoglandulari and atypical epithelioa with invasion by gastric cancer cells polymorphous tunics.

Approximately 90% of gastric cancers are adenocarcinomas, and 10% are lymphomas and leiomiosarcoame nehodgkiniere. Gastric adenocarcinomas can be divided into two categories: a diffuse type, in which cell cohesion
is absent resulting in isolated cells that infiltrate the gastric wall and thicker, without forming a discrete mass, and an intestinal type, characterized by adherent neoplastic cells, forming structures tubular gland issue. Diffuse carcinomas occur more frequently in younger patients, develops the whole stomach, including cardial, causing loss distensibilities stomach wall (so-called issue "limitis plastic" or "leather canteen) and associate a more severe prognosis. Lesions are usually ulcerative intestinal type, develops more frequently in the antral and small curvature and are often preceded by precancerous lesions with long evolution. While the incidence of diffuse carcinomas is about the same in most populations, intestinal type tends to predominate in high-risk areas mentioned above and is evidenced less frequency in regions where gastric cancer is declining. Thus, the pathogenesis of these two types of gastric cancer may be involved in different etiological factors. In U.S. distal stomach is located approximately ½ of gastric cancers. Approximately 20% of these tumors grow in the small curvature (25%), and only at 3-5% cardials sea level curves. Over 10% of gastric cancers affecting the whole stomach. 

Relationship between food habits and the development of gastric cancer has been investigated extensively. Long-term ingestion of high concentrations of nitrite in food dried, smoked and salted seems to involve an increased risk. It is assumed that the nitrates are converted to carcinogenic nitrites by bacteria. Such bacteria may be introduced by exogenous partially altered intake of exogenous bacteria. It remains to determine if induced iatrogenic achlorhydria using large extended the parietal cell histamine antagonists will result in future increased incidence of intestinal gastric cancer. 

Additional factors were associated with gastric carcinoma. Thus, in this direction were related stomach ulcers and adenomatous polyps, but data showing the relation cause - effect is unconvincing. For this presumptive association may be responsible, in part, inadequate clinical distinction between benign gastric ulcers and small ulcerated carcinoma. Presence of extreme hypertrophy rough gastric folds (Menetrier's disease), giving the impression of polypoid lesions was associated with increased frequency of malignant transformation, this hypertrophy is not true but the presence of adenomatous polyps. Individuals of blood group A II have been reported with a higher incidence of gastric cancer compared with those of O1 group, this observation may be related to differences in the mucus secretions of certain antigens has BO different, resulting in protection higher or lower than the carcinogenic agents. There was demonstrated no association between duodenal ulcer and gastric cancer. 

Gastric cancer when superficial and surgically curable, usually do not cause symptoms. As the tumor expands, patients may accuse upper abdominal discomfort, with variations in intensity from a vague feeling of postprandial fullness to a severe, persistent. Anorexia, often involving a slight nausea, is very common, but symptoms are not usually that patient's physician. Can be seen perhaps a weight loss and nausea and vomiting are particularly prevalent in pyloric tumor, dysphagia may be the primary symptom in cardial lesions . There are no physical signs of early disease and evidence of a palpable abdominal mass generally indicates an old tumor invasion and frequent regional. 

Gastric carcinoma disseminated by direct invasion to the stomach wall tissue adjacent organs occasionally adhering perigastrics as pancreas, colon, or liver. 

The tumor also disseminate via lymphatic or peritoneal seeding. Frequently, metastases can occur and supraclaviculari abdominal lymph nodes as metastatic nodules at the ovarian region periombilicale or bottom of the peritoneal sac, it can also develop a malignant ascites. The liver is the most common head narrow tumor dissemination.
Results

Of the 106 patients diagnosed with gastric carcinoma, 34 (32.075%) were female and 72 (67.924%) were male is observing a 2.117 report for male patients.

As regards distribution by age, we found: between 30-40 years we had 4 cases, 41-50 years we had 20 cases, 51-60 years we had 25 cases, 61-70 for years we had 32 cases, 71-80 years and we had 19 cases over 81 years - 6 cases.

The distribution is observed that the incidence is highest in decades 5, 6 and 7 with a peak in the decade 6.

In terms of histological type, 89 cases were intestinal type and 17 diffuse type. The degree of differentiation of intestinal type carcinomas found 9 well differentiated carcinomas, 36 moderately differentiated and 61 poorly differentiated.

Discussions

Regarding gender distribution, there is a 1 to 2.117 ratio (female: male). Also note the peak incidence of cases studied in 6 decade of life and very few between 30-40 years and 80 years. Analyzing these data, it appears that there is consistent with data from literature. Regarding extension of cancer invasion, I noticed a few tumors with invasion limited to submucosa and muscle. Also, serous invasion was present in many tumors. Diagnosis of gastric cancers in advanced stages found in this paper means a combination of unfavorable prognosis.

Conclusions

The incidence and prevalence of gastric cancer morbidity in this study is constant, and could take into account a slight decrease.

Although the increased rate of discovery in stages less advanced gastric cancer mortality is high.

For most cases diagnosis occurred at an advanced stage of disease

Public health problem, requiring prompt gastric cancer, the purpose of early detection and improve management of this disease

References


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