



A STUDY OF GASTRIC CANCER CASES PRESENTING TO A TEACHING HOSPITAL IN SOUTH INDIA

Dr Reddi Hemanthi M.S., Associate Professor, Department of General Surgery, SVMC, Tirupati

ABSTRACT

Carcinoma of stomach has been described as "captain of men of death". Despite a significant worldwide decline, gastric cancer still remains a leading cause of cancer related death. The purpose of this study is to note the epidemiology, clinical presentation & outcomes of gastric cancer cases presenting to a teaching hospital in south India.

KEYWORDS : Stomach cancer, epidemiology, clinical features, outcome.

INTRODUCTION

Carcinoma of stomach has been described as "captain of men of death".

It is the second most common cancer among men and third most among females in Asia and worldwide, most common gastrointestinal malignancy and the second leading cause of cancer related death.

Most cases present late when the disease is mostly incurable and 5-year survival is less than 30% in developed countries and around 20% in developing countries.

OBJECTIVE

To study the demographic indicators, commonest clinical presentation, stage at the time of presentation, procedure performed and the outcome of carcinoma of stomach.

PATIENT METHODS

Study was started after permission from Institutional ethics committee.

A prospective study was conducted over 74 patients admitted to surgical wards with diagnosis of carcinoma stomach established by endoscopic biopsy, during August 2017 to August 2019.

Data was analyzed using descriptive statistics.

RESULTS & DISCUSSION

A total of 74 cases were diagnosed in 2 year period.

There is male predominance, male:female ratio 3:1.

More than 80% of cases were in the age group of 41-70yrs.

Blood group A constitute most of cases.

Duration of symptoms varied between 1 month to 9 months.

Pain abdomen and vomiting were presenting symptoms in most of the cases.

Early gastric carcinomas were not detected in our series. Most of the cases were advanced carcinomas.

Pyloric antrum was involved in 2/3rd of the cases.

Curative resection was done in 1/2 of the cases and others underwent palliative procedures.

Patients with curative resection survived for average period of 18 months, those without any procedure survived for average period of 6 months

Figure 1 Demographic Indicators

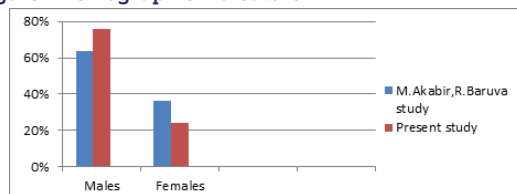


Figure 2 Common Symptoms at presentation

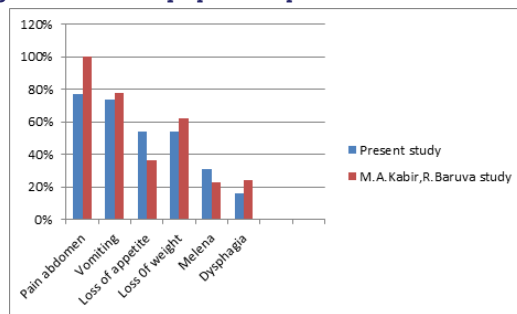


Figure 3 Blood Group Of Patients

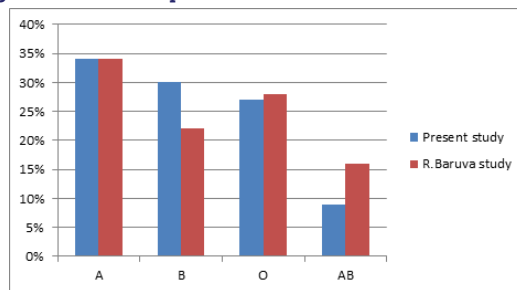


Figure 4 Site Of Presentation

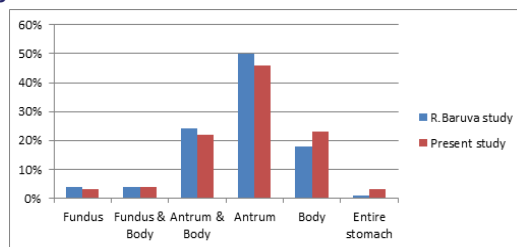


Figure 5 Stage at Presentation



Figure 6 Type Of Surgery Performed

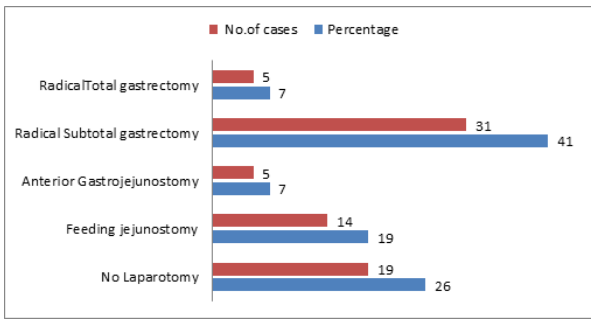
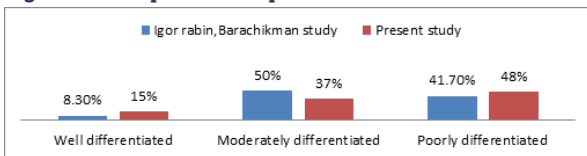


Table 1 Findings at Laparotomy

S. No	Findings	No. of Cases(n74)	Percentage
1	Invasion of serosa	48	65%
2	Lymph node involvement		
	Perigastric	45	60%
	Celiac & Splenic	22	30%
	Para aortic	9	12%
3	Liver secondaries	8	11%
4	Ascitis	12	16%
5	Direct infiltration		
	Liver	3	4%
	Pancreas	10	14%
	Transverse colon	4	5%
6	Peritoneal secondaries	10	14%

Figure 7 Post Operative Biopsies



CONCLUSION

Half of the cases were admitted in late stages. So curative resection was possible only in half of the cases. Serious attempts should be made to detect gastric cancer in early stages where it is potentially curable.

For this gastroscopy facilities should be improved and personnel's trained in gastroscopic diagnosis and cytological examination should be available in all community area hospitals and district hospitals.

To improve the prognosis all dyspeptic patients above 40years should be viewed with suspicion and subjected to thorough investigation and follow up.

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