

Carcinoma of stomach in Diyala governorate before and after 2003

Dr. Ahmed M. AthabAlmissari (F.I.C.M.S.M)

Diyala university, collage of medicine

Abstract

Back ground: Gastric carcinoma it remains the leading cause of cancer death world-wide. There is marked geographical variation in incidence. Gastric cancer is more common in men and the incidence rises sharply after 50 years of age, the 5-year survival rate is 5 to 15%, More than 85% of gastric cancers are adenocarcinomas. 15% are Gastric lymphomas or gastrointestinal stromal tumors. *H. pylori* infection may be responsible for 60-70% of cases and acquisition of infection at an early age may be important. Diets rich in salted, smoked or pickled foods and the consumption of nitrites and nitrates may increase cancer risk. **Objective:** to determine the incidence, sex and age group of gastric cancer 6 year before and 6year after 2003. **Material and method:**a retrospective study done in baghuba teaching hospital (endoscopy unit), show no. of patient have ca. stomach diagnosed endoscopically from 9785 patients were did endoscopy, we found 239 patients had ca. stomach. **Result:** from 9785 endoscopic patient we found 239 patients had ca stomach 113 patient 6 y. before 2006 and 125 patients after 2003 ,also found ca stomach more common in elderly people after age of 55year and more common in male than female. **Conclusion:** ca stomach it remains the leading cause of cancer death world-wide so every patient have feature of ca. stomach or liable of ca stomach such as +ve family history or others risk factors can diagnosed easily by endoscopy then treated in early stage of malignancy

key word: ca. stomach. 2003. diyala

Introduction

Cancer in general is a growing health problem at global level in terms of number of new cases ,cost of care and the tall of death [1],it's estimated that the global annual number of new cases of cancer is more than10 millions and the annual number of death is more than 6 million death in addition more than 24 million

people are living with cancer[2,3] gastric carcinomait remains the leading cause of cancer death world-wide [4] is the 8th most common fatal cancer in UK[5].

There is marked geographical variation in incidence. It is extremely common in China, Japan and parts of South America (mortality rate 30-40 per 100 000), less common in the UK (12-13 deaths per 100 000) and uncommon in the USA.

[1]Gastric cancer is more common in men than female [6]is rare below age of 40y and the incidence peaks at about 60 y of age[7],More than 85% of gastric cancers are adenocarcinomas. 15% are Gastric lymphomas or gastrointestinal stromal tumors [8] gastric cancer is often advanced at the time of diagnosis; the 5-year survival rate is 5 to 15 %.[9]

The worldwide incidence of gastric cancer has declined rapidly over the recent few decades [10-11].

The aetiology of H. pylori infection may be responsible for 60-70% of cases and acquisition of infection at an early age may be important H. pylori is associated with chronic atrophic gastritis and gastric cancer:Diets rich in salted, smoked or pickled foods and the consumption of nitrites and nitrates may increase cancer risk. Carcinogenic N-nitrous-compounds are formed from nitrates by the action of nitrite-reducing bacteria which colonize the achlorhydric stomach. Diets lacking fresh fruit and vegetables as well as vitamins C and A may also contribute.

Others important risk factors for gastric cancer:

Smoking ,Alcohol ,Dietary associations ,Autoimmune gastritis (pernicious anemia) ,Adenomatous gastric polyps ,Previous partial gastrectomy (> 20 years) ,Ménétrier's disease

Hereditary diffuse gastric cancer families (HDC-1 mutations) ,Familial adenomatous polyposis.[4]

Clinical features: The most common symptom is epigastric pain, which is indistinguishable from the pain of peptic ulcer disease, Most patients with carcinoma of the stomach have advanced disease at the time of presentation, and

also have nausea, anorexia and weight loss. Vomiting is frequent and can be severe if the tumour is near the pylorus. Dysphagia can occur with tumours involving the fundus. Gross haematemesis is unusual, but anaemia from occult blood loss is frequent.

Patients can present with metastases causing abdominal swelling OR jaundice .Metastases also occur in bone, brain and lung, producing appropriate symptoms.

Nearly 50% of patients have a palpable epigastric mass with abdominal tenderness. Often weight loss is the only feature. A palpable lymph node is sometimes found and signs of metastases are present in up to one-third of patients. Carcinoma of the stomach is the cancer most frequently associated with dermatomyositis And acanthosis nigricans.[4,5]

Gastroscopy is usually performed as the primary procedure and has the advantage that biopsies can be performed for histological assessment and to exclude lymphoma.

Barium meal. Double-contrast barium meal has a diagnostic accuracy of up to 90%. The carcinoma is usually seen as a filling defect or an irregular ulcer with rolled edges.[5]

Ultrasound & CT can demonstrate masses and wall thickening. Liver secondaries can be detected. Endoscopic ultrasound can demonstrate the penetration of the cancer through the gastric wall and extension into lymph nodes. It complements CT and ultrasound. Routine full blood count and liver biochemistry.

The TNM classification is used The tumour (T) indicates depth of tumour invasion, N denotes the presence or

absence of lymph nodes, M indicates presence or absence of metastases. Surgery remains the best form of treatment if the patient is operable, chemo ,radio and palliative therapy also used.[5]

Material and method

A retrospective study done in baghuba teaching hospital (endoscopy unit), show no. of patient have ca. stomach diagnosed endoscopically which registered 6years before and 6 years after 2003 .every patient indicated for endoscopy who had upper abdominal Pain with or without GIT disorder .from 9785 patents doing endoscopy we found 239 paeintshav ca. stomach

Results

CA stomach one of the important disorder and one of the important cause of death . from9785 patents they did endoscopy we found 239 patients had ca.stomach

Table 1 show no. Of patient doing endoscopy of the last 12 y. from 1998 to 2009 (238 case2.5%from all no. of endoscopic patient)and show ca. stomach in each year there is slightly increase incidence of ca stomach after 2003 (125 patients versus113 patients before 2003). Ca. stomach high at 2009(40 patients) then2003 (30 patient) then 2004 (20 patient)

Table2 shows no. of patient with ca. stomach before 2003 (113 patients 48%) and no. of patients after 2003 (125 patients 52%). Table 3 shows no. Of ca. stomach in male199 patients (83.6%) and 40 patients female (16.4%)

Discussion

Incidence:

In this study show the incidence of ca stomach slightly more after 2003(125 patients) than before 2003

This is compatible with study done by Sajjad S Essa et al[3] show no. of all type of ca&ca. death increasing in 3 diff. year(1989 ,1997 2005)

But in most other study like Haenszel, W study ,and study done bywaterhous and Murishows the incidence of ca stomach is decline [9, 10] also studies done by Cumer&Klark show the overall world-wide incidence of gastric carcinoma appears to be falling, even in Japan; proximal gastric cancers are increasing in the West.[5]

Sex:

In this study show the incidence more common in male than female also this study compatible with study done by saleh m. alhasnawi et al [12]show the incidence of ca. Stomach more common in male than female also compatible with others studies likeparvenu Kumar and Michael Clark study[5] ,Charles et al study[9]they shows ca stomachmore common in male than female

Age:

in my study show the incidence more in elderly people above 60 of age than younger also compatible with other study like(saleh m, alhasnawi et al [12] and Fauci et al study [8] also study done by Cumer&Clark [5] show The incidence increases with age (peak incidence 50-70 years), being rare under the age of 30 years,

Conclusion: ca stomach it remains the leading cause of cancer death world-wide so every patient have feature of ca stomach or liable of ca stomach such as have +ve family history ...can diagnosed easily by endoscopy then treated in early stage of malignancy

References

- 1-Parkin DM, Bray T ,Ferly J ,Pisani P .global cancer statistics 2002 CA cancer J clin. 2005; 55: 74-108
- 2-Shibuya K et al global and regional estimates of cancer mortality and incidence by sit 2 results for global burden of disease 2000 BMC cancer 2002 2:37 published on line 2002 December 26. Di: 10 .1186/147-2407-2-27
- 3-Sajjad S Eessa et al the medical journal of Basrah university vol.25 no.1 2007
- 4-K.R. Palmer, I.D. Penman ,S. Paterson-brown , gastric carcinoma, Davidson's principle and practice of medicine 20th ed. page 891
- 5—parvenu Kumar, Michael Clark gastric tumors, kumer&Clark's clinical medicine 17th ed.2009:280
- 6-kenneth R. McQuid, MD, Current medical diagnosis &treatment 2001, 4th ed. P: 615
- 7- ABC of upper GIT BMJ books 2002 p; 50
- 8-Fauci et al, tumors of stomach - Harrison's principles of internal medicine 17th ed. Page: 571
- 9-Charles M. Bliss Jr. M. Michael Wolfe ,gastric carcinoma ,Cecil essentials of medicine 6th ed. 2007. Page 374)
10. HAENSZEL, W. Variation in incidence of and mortality from stomach cancer, with particular reference to the United States. J Natl Cancer Inst 1958; 21:213.
11. Waterhouse, J, Muir C, Correa, P, et al, eds. Cancer incidence in five continents. Vol III. IARC Scientific Publication no.15.International Agency for Research on Cancer, Lyon, 1976.
- 12-saleh m. alhasnawi et al cancer in Iraq distribution by primary site. The new Iraq journal of medicine V5 no.1 April 2009; 5

Table 1 no. of patients in each year and no. of ca. stomach in that year

| year | No. of patient | No. of ca. patient | % |
|------------------|----------------|--------------------|----------------|
| 1998 | 1000 | 10 | |
| 1999 | 1028 | 13 | |
| 2000 | 1023 | 18 | |
| 2001 | 1095 | 20 | |
| 2002 | 886 | 22 | |
| 2003 | 900 | 30 | |
| 2004 | 800 | 20 | |
| 2005 | 890 | 21 | |
| 2006 | 268 | 16 | |
| 2007 | 180 | 11 | |
| 2008 | 583 | 18 | |
| 2009 | 1122 | 40 | |
| Total no. | 9785 | 239 | 2.5% ca |

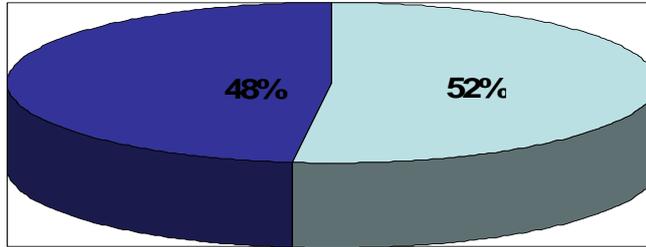
Table 2 shows no. of patient before 2003 (113 patients 48%) and no. of patients after 2003 (125 patients 52%)

| No. of patient before 2003 | No. of patient after 2003 |
|----------------------------|---------------------------|
| 113 patients (48%) | 125 patients (52%) |

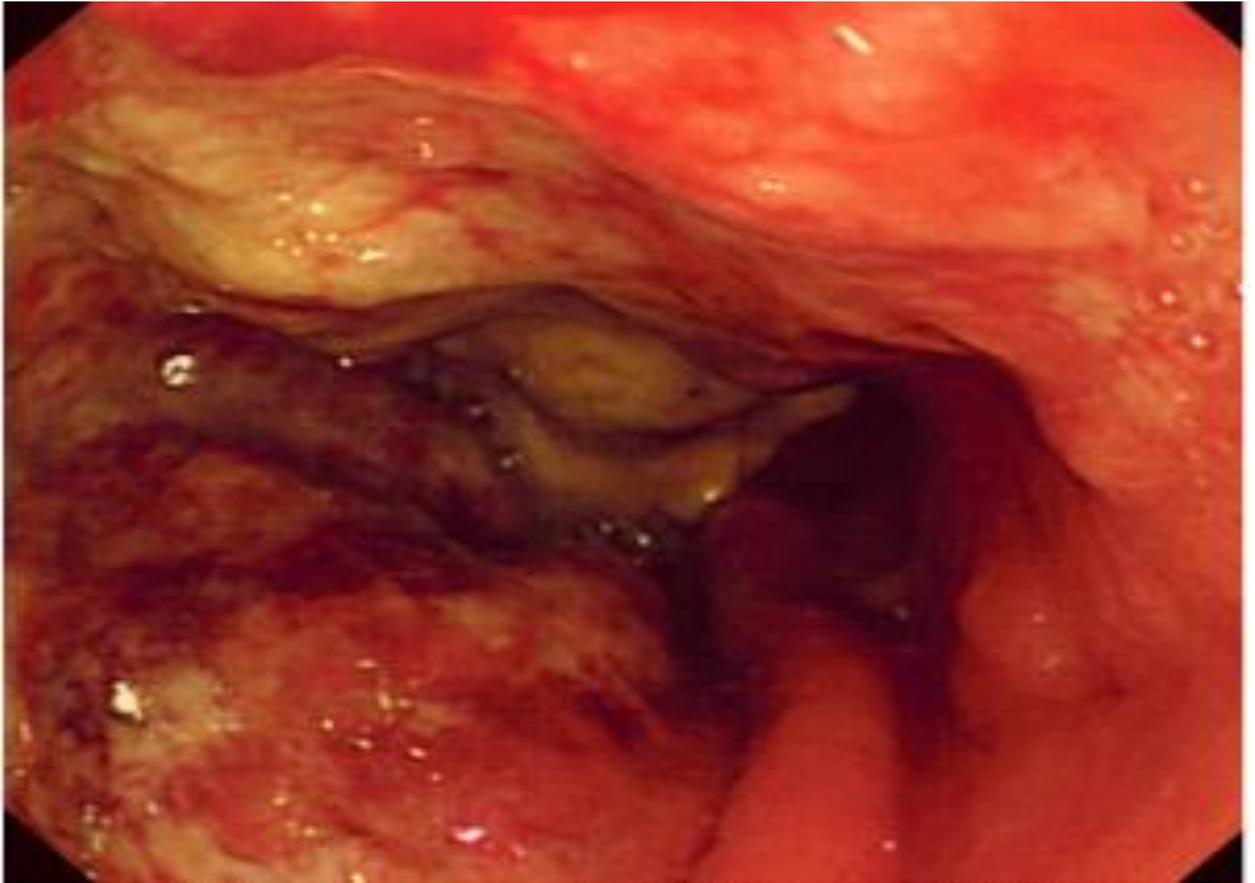
Table 3 shows no. and percentage Of ca. stomach in male 199 patients (83.6%) and 40 patients female (16.4%)

| Total No. of patient | No. Of male patients | No, of female patients |
|----------------------|----------------------|------------------------|
| 238 | 199 (83.6%) | 40 (16.4) |

Carcinoma of stomach in Diyala governorate before and after 2003



125 patients (52%) after 2003 versus 113 (48%) patients before 2003



Carcinoma of stomach