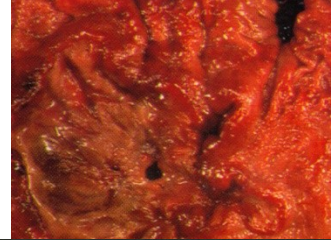


# Stomach cancer – data on diagnostic methodology

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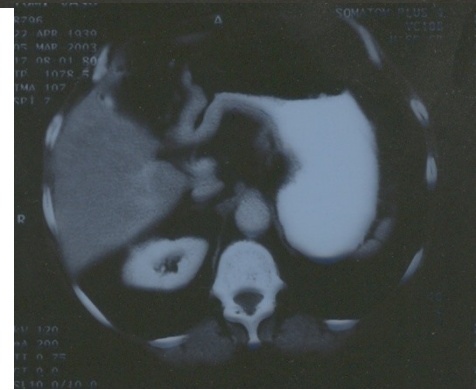
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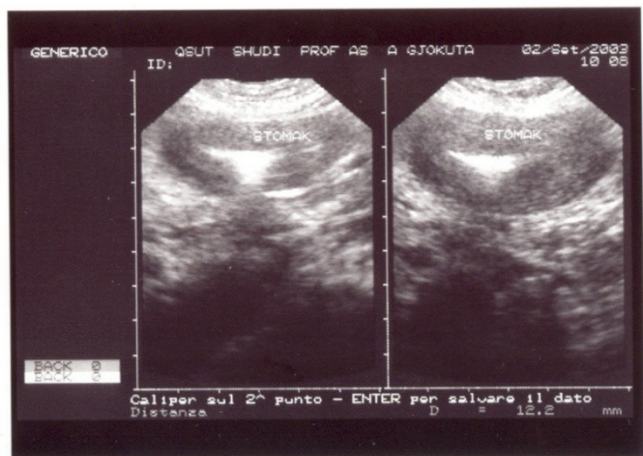
**Introduction:** Stomach cancer is a pathology that is not uncommon in our country and that includes almost all age groups but much more common in the geriatric age. The study is organized in two parts: in the general part which gives an anatomic-physiological description of the stomach intertwined with the clinic and the necessary examinations and in the special part that is presented as an exposition of stomach cancer intertwined with the study conducted in our clinic.

**Materials and methods:** In the study were examined about 50 patients with gastric cancer, operated in the clinic, for a period of 2 months. The defined order of diagnostic examinations for gastric cancer is as follows: Careful physical examination to find pathological signs that may be subject to biopsy such as palpable lymph nodes or palpable liver; Double contrast radiographic study of the upper gastrointestinal tract to capture intraluminal pathology; Endoscopy with biopsy and cytology; Diagnostic laparoscopy; Diagnostic and / or treatment laparotomy.

**Results:** The incidence of pathology on the female-male ratio is presented in a 2:1 ratio that is completely consistent with those of other authors. The disease is seen most often between the ages of 50 and 70 with a peak at the age of 60 in about 60% of cases. Gastric cancer is very rare under the age of 30 in 4% of cases. predominates antral cancer which does not match the data of the literature where it is seen that cardiac cancer is presented with an increase of almost 2 times (from 21% to 44%) these last four decades. It turns out that in our country predominates a larger percentage of patients with blood group O (I). The occurrence of gastrointestinal hemorrhage in patients with stomach cancer is one of its signs, but as seen it is rare 4%. A predominance of abundant hemorrhage is seen, melena 20%, hematemesis 4% compared to the occult form 4%. What stands out is that the examination that has diagnosed in almost all cases is fibrogastroscopy that is accompanied by preoperative biopsy in 72.8% of cases. The only case where preoperative fibrogastroscopy was not performed was a case of perforation of the stomach cancer (emergency). The accuracy of the preoperative biopsy is 68%, having a false negative of about 32%, but white laparotomy in these patients. This may be due to a small sample of material, a shallow sample that is not at the right depth, or a few places.



**Conclusions:** Although the largest number of inhabitants live in the countryside, especially the main age group affected by stomach cancer there is a slightly higher number of patients from the city. This contradicts the above data since the lower socio-economic strata live in the village. In the literature on this problem there are different opinions for and against the predominance of blood group A (II) in stomach cancer. According to all data in the literature, epigastric pain and weight loss are the most common symptoms presented to the patient. In this study a slight predominance of weight loss compared to epigastric pain was observed.



the absence of indoor reaction of the periodontal ligament the transmissions of forces to the joint are felt.

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