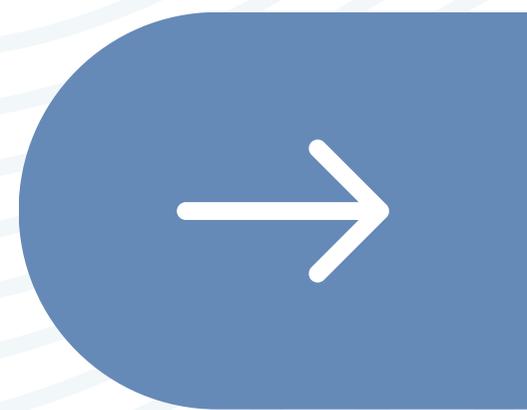


#DIBS BY NEXTILLO

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CARCINOMA STOMACH





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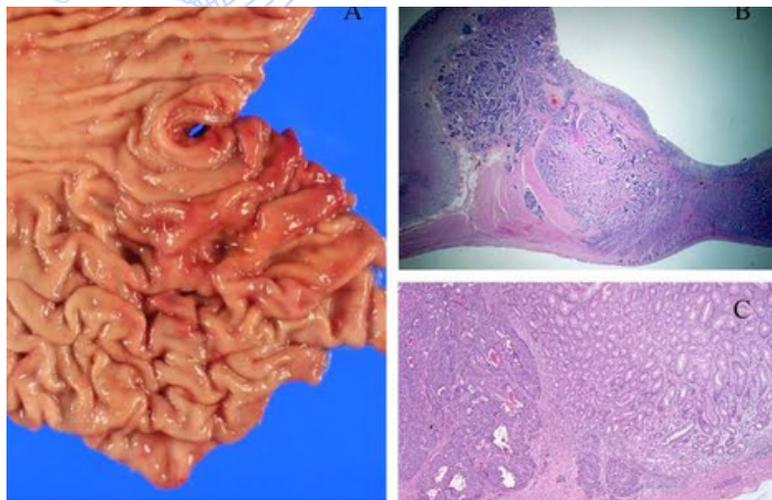
CARCINOMA STOMACH

*Stomach cancer or Gastric carcinoma is a **malignant tumor** of Stomach lining related to a number of nutritional risk factors which includes consumption of salt preserved food, smoked food & nitroso compound containing foods. Surgery is the only curative therapy for this cancer.*

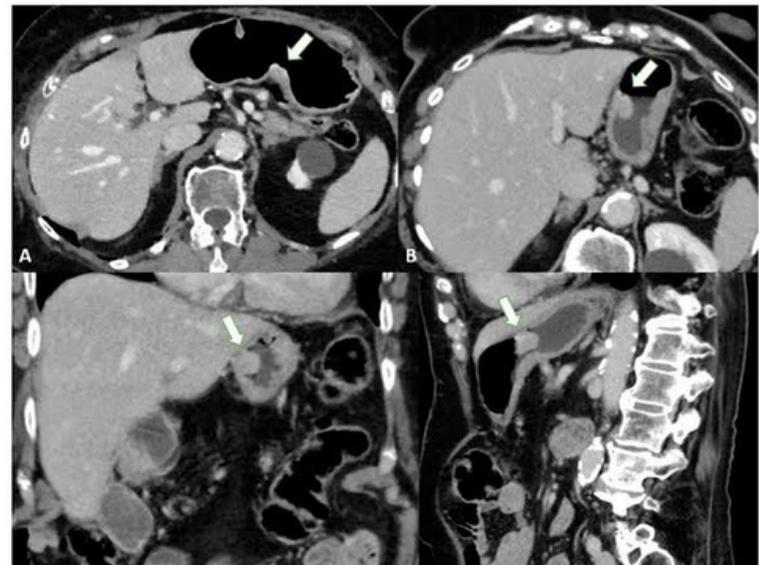
*It can present as **nonspecific gastrointestinal symptoms** like pain abdomen, anorexia, dyspepsia, dysphagia, weight loss or frank hematemesis.*



CLINICAL IMPRESSION



Pathological Findings



Radiological Findings



RISK FACTORS

1. Helicobacter Pylori Infection:

Linked to an increased risk.

2. Age:

More common in older individuals.

3. Gender:

Men are at a higher risk than women.

4. Diet:

High intake of smoked, salted, or pickled foods.

5. Tobacco and Alcohol:

Known risk factors.

6. Genetics:

Family history of stomach cancer increases the risk.



CLASSIFICATION

Laurens Classification:

- **Intestinal Type:** Associated with chronic gastritis, typically occurs in older individuals.
- **Diffuse Type:** Characterized by poorly cohesive cells, often presenting with linitis plastica.

Borrman's Classification:

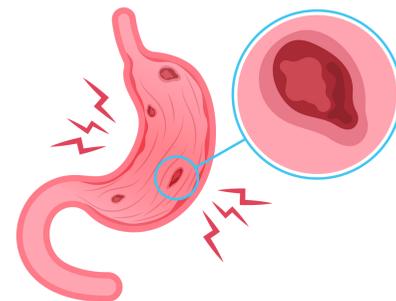
- **Polypoid (Type I):** Elevated mass with well-defined borders.
- **Fungating (Type II):** Irregular, cauliflower-like growth.
- **Ulcerated (Type III):** Central ulceration with raised margins.
- **Infiltrative (Type IV):** Infiltration of the stomach wall without forming a distinct mass.



CLINICAL FEATURES & INVESTIGATIONS

Clinical Features :

- *Dyspepsia*
- *Weight loss*
- *Abdominal pain*
- *Vomiting*
- *Dysphagia*



Investigations :

- **Upper Endoscopy:** Confirms the diagnosis and allows for biopsy.
- **Biopsy:** Histopathological examination for cancerous cells.
- **Imaging:** CT scans to evaluate extent and staging.
- **Endoscopic Ultrasound (EUS):** Determines tumor depth and involvement of adjacent structures.



MANAGEMENT

Surgery:

Mainstay of treatment, involves *partial or total gastrectomy*.

Chemotherapy:

Often used *pre or post-surgery to reduce tumor size or manage metastasis*.

Radiation Therapy:

Sometimes used in conjunction with surgery or as *palliative care*.

Targeted Therapy:

Inhibits specific molecules involved in cancer growth.



CARCINOMA STOMACH

Question :

A 45-year-old man presents with recurrent episodes of vomiting, often containing blood. Upper endoscopy reveals a raised, irregular mass with well-defined borders in the gastric fundus. What is the most likely Borrmann's classification for this gastric carcinoma?

- A) Polypoid (Type I)
- B) Fungating (Type II)
- C) Ulcerated (Type III)
- D) Infiltrative (Type IV)

Answer: B) Fungating (Type II)