

STOMACH CANCER: DIAGNOSIS, TREATMENT AND PREVENTION

Raxmatullayeva Zebiniso

*3rd year student at the Therapeutic Work,
Alfraganus University*

Kucharova I.SH

*Lecturer, Department of Medicine,
Faculty of Medicine, Alfraganus University*

Annotation: *The article extensively covers the etiology, pathogenesis, clinical symptoms, diagnostic methods, treatment directions and preventive measures of gastric cancer. Modern endoscopic and radiological methods, surgical and conservative therapy methods are scientifically reviewed. Also, ways to improve the quality of life of patients and prevent the disease are analyzed.*

Keywords: *gastric cancer, diagnosis, treatment, prevention, oncology.*

Gastric cancer (GC) is one of the most common oncological diseases in the world. According to the World Health Organization (WHO), more than 1 million new cases are diagnosed annually, and it ranks second among oncological diseases that cause death. Early detection of the disease significantly increases the effectiveness of treatment.

Etiology and pathogenesis. Gastric cancer is a multifactorial disease, with the following risk factors: *Helicobacter pylori* infection; Chronic gastritis and peptic ulcer; Improper diet (salted, smoked products, high salt intake); Smoking and alcohol; Genetic predisposition; Decreased immunity. In its pathogenesis, metaplasia and dysplasia processes in the gastric mucosa gradually develop, leading to malignant changes.

Clinical symptoms. In the early stages of gastric cancer, there are no obvious symptoms. The main symptoms: Loss of appetite; Rapid satiety; Feeling of heaviness and abdominal pain; Vomiting with blood (hematemesis); Anemia; Rapid weight loss. In most patients, symptoms appear at a late stage, which delays diagnosis.

Diagnostic methods. Endoscopy (EGD) is the most reliable diagnostic method, allows for biopsy. Biopsy and histological examination - to identify malignant cells. Computed tomography (CT) and MRI – to determine the spread of the tumor. Ultrasound (UTT) – to assess metastases. Laboratory tests – hemoglobin, tumor markers (CEA, CA 72-4).

Treatment methods. 1. Surgical treatment Subtotal gastrectomy – removal of part of the stomach. Total gastrectomy – removal of the entire stomach. Laparoscopic methods – minimally invasive procedure. 2. Chemotherapy Adjuvant (after surgery) and neoadjuvant (before surgery) are used. Drugs: 5-fluorouracil, cisplatin, capecitabine. 3. Radiation therapy Used to reduce local tumors and relieve symptoms. 4. Targeted and immunotherapy Trastuzumab (for HER2+ tumors). PD-1/PD-L1 inhibitors (nivolumab, pembrolizumab).

Rehabilitation and improvement of quality of life. Adjustment of the eating regimen (small portions, frequent meals). Vitamin and mineral therapy. Psychological support. Physiotherapy and gradual restoration of physical activity.

Preventive measures. Treatment of *Helicobacter pylori*; Diet rich in fruits and vegetables; Reduction of salted and smoked products; Quitting smoking and alcohol; Regular endoscopic screening of individuals in high-risk groups.

Conclusion.

Stomach cancer is a serious oncological problem, and its early detection increases the effectiveness of treatment. Modern diagnostic methods, the complex use of surgical and conservative therapy play an important role in improving the quality of life of patients. Preventive measures are the most effective way to prevent the disease.

The list of used literature:

1. World Health Organization. Cancer Fact Sheets. Geneva, 2023.
2. Smyth EC, Nilsson M, Grabsch HI, van Grieken NC, Lordick F. Gastric cancer. *Lancet*. 2020;396(10251):635–648.
3. Japanese Gastric Cancer Association. Japanese gastric cancer treatment guidelines 2018. *Gastric Cancer*. 2021.
4. O‘zbekiston Respublikasi SSV Onkologiya klinik protokollari, Toshkent – 2022.