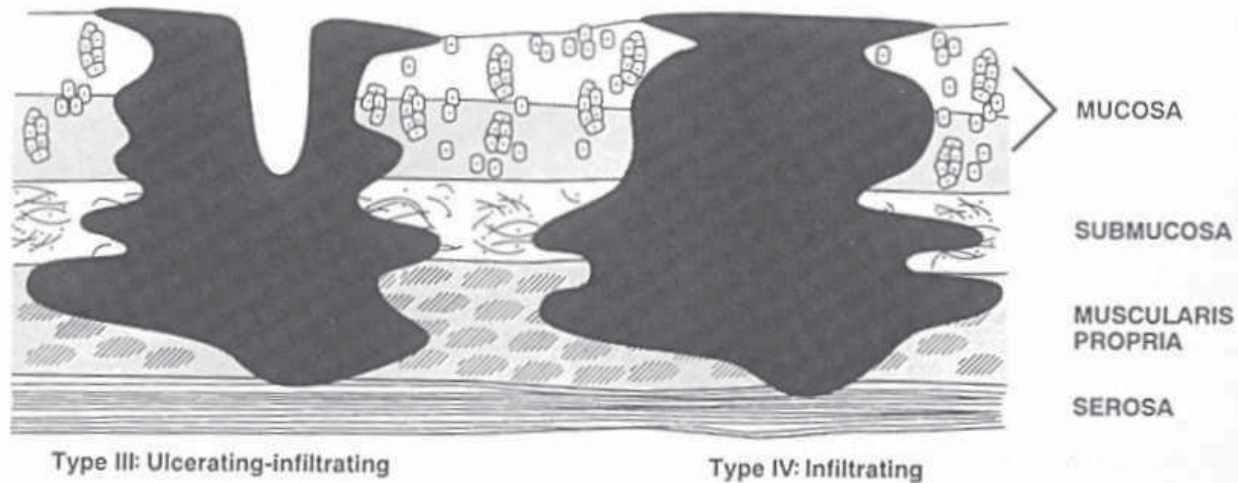
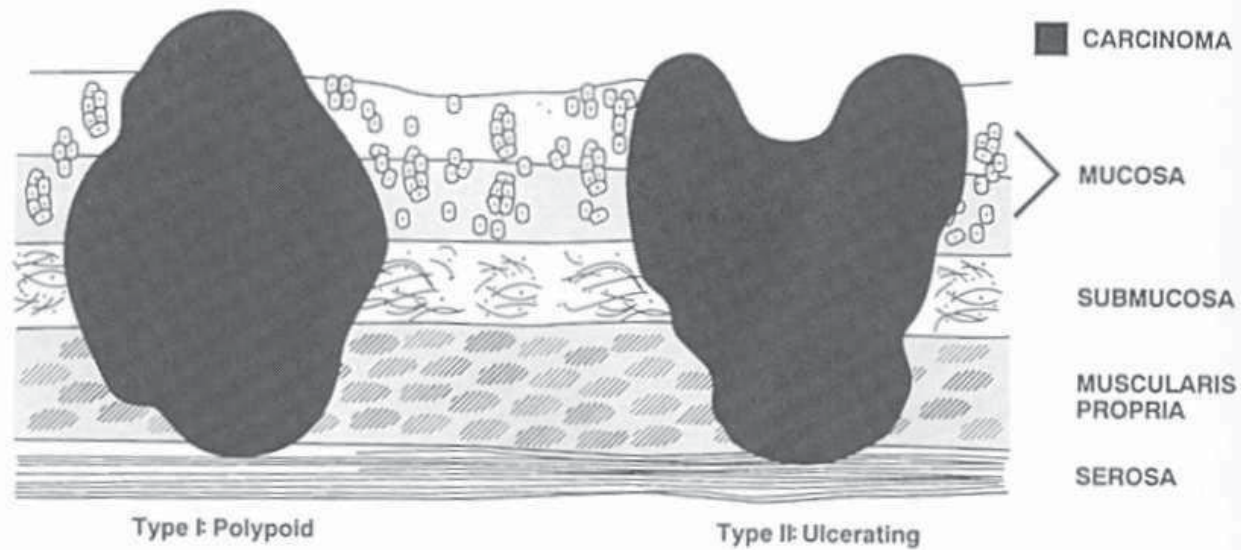


Morphology---early stage



Type III: Excavated

Morphology ---advanced stage



Investigations and Dx

Laboratory tests

- Iron deficiency anemia
- Fecal occult blood test (FOBT)
- Tumor markers (CEA, Ca19-9)

Diagnosis

- Endoscopic diagnosis
 - biopsy needed for definitive diagnosis
- Radiologic diagnosis
- Detection of early gastric cancer

Endoscopic diagnosis

- In patients with signs and symptoms suggestive of GC, and/or with compatible risk factors or paraneoplastic conditions, the diagnostic procedure of choice could be an endoscopic examination
- The diagnostic criteria for early or advanced gastric cancer under endoscopy are based on the JRSGC and Bormann's classification

Endoscopic features of gastric cancer

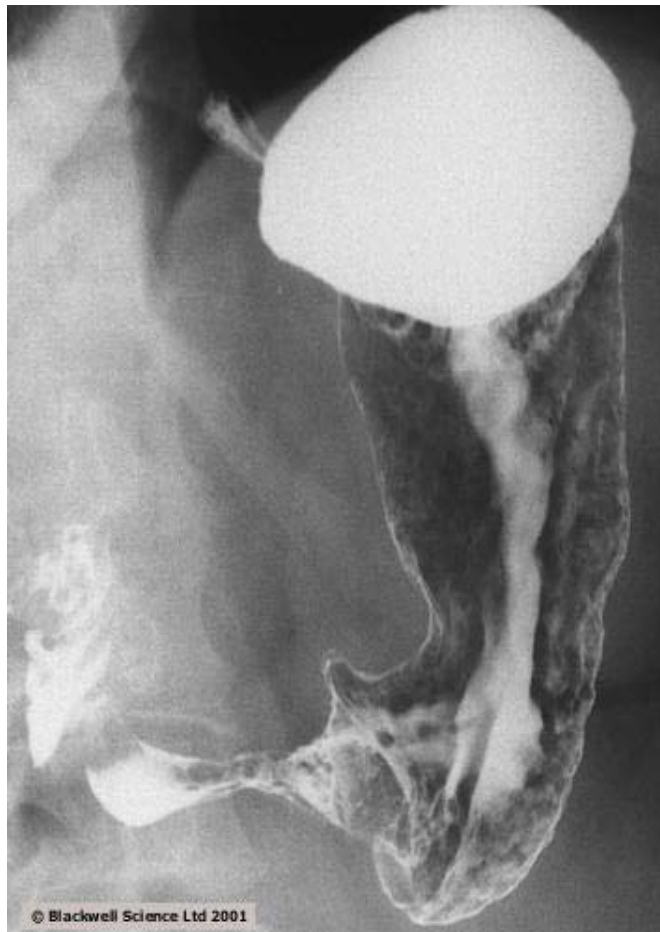


Radiologic diagnosis

- For reasons of cost and availability, radiography may sometimes be the first diagnostic procedure performed
- Classic radiography signs of malignant gastric ulcer
 - asymmetric/distorted ulcer crater
 - ulcer on the irregular mass
 - irregular/distorted mucosal folds
 - adjacent mucosa with obliterated /distorted area gastricae
 - nodularity, mass effect, or loss of distensibility

Radiologic diagnosis

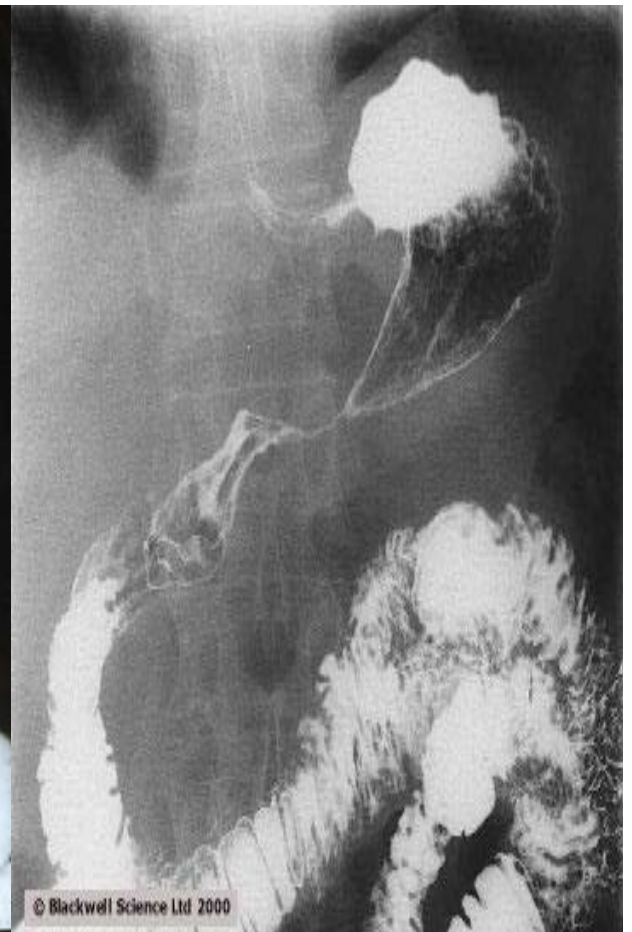
Distal GC



Proximal GC



Linitis plastica

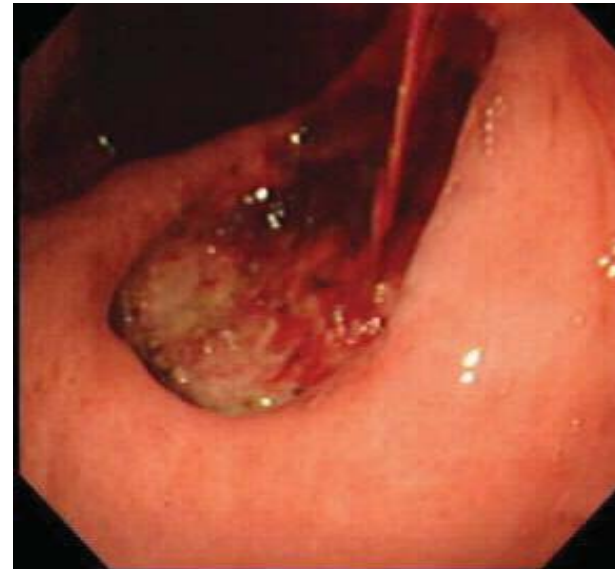


Detection of early gastric cancer

- Endoscopic screening
general population or high risk persons
- Careful observation
- Japan is the only country that had conducted large nationwide mass population screening of asymptomatic individuals for gastric malignancy

Differential diagnosis

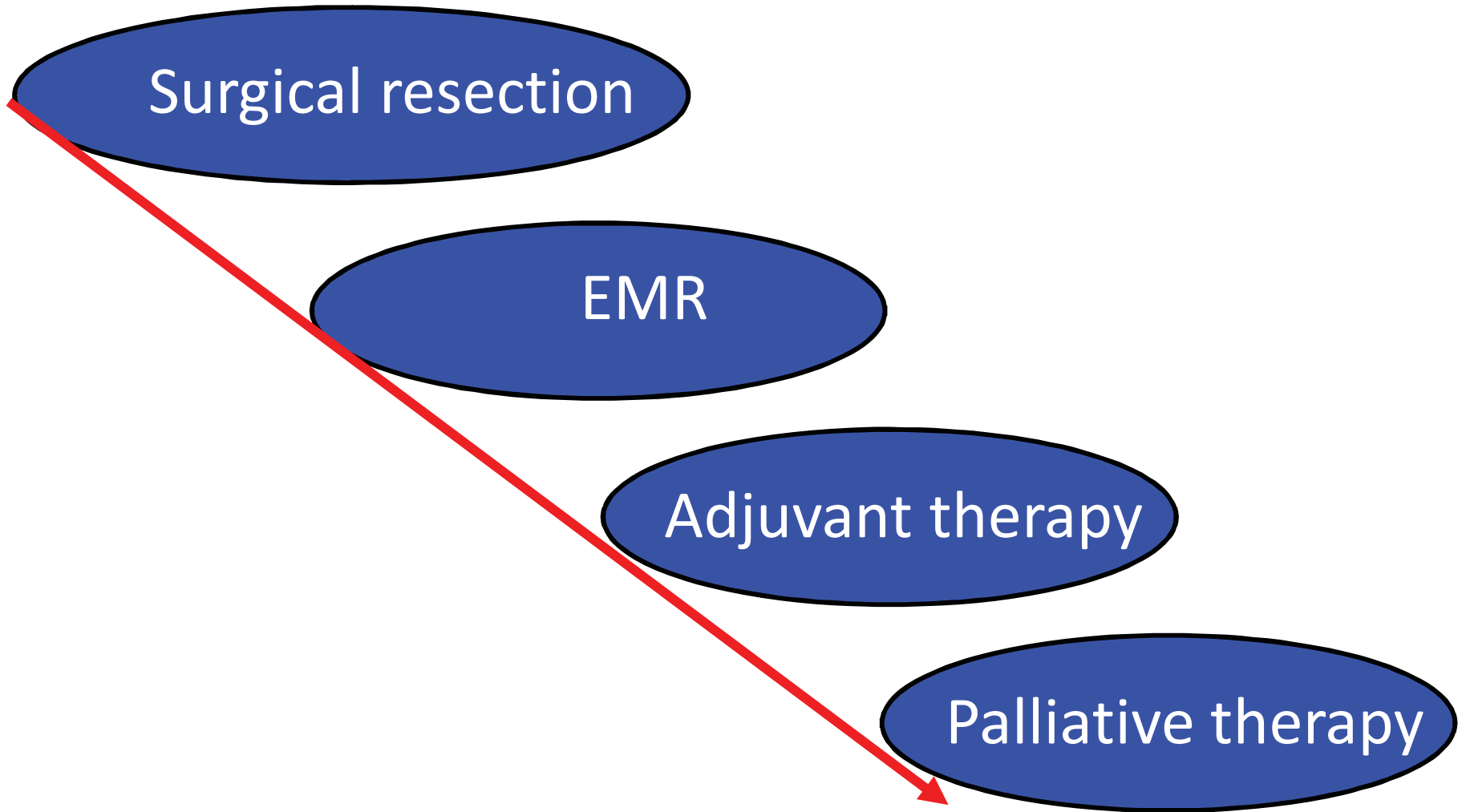
Gastric Cancer



Gastric Ulcer

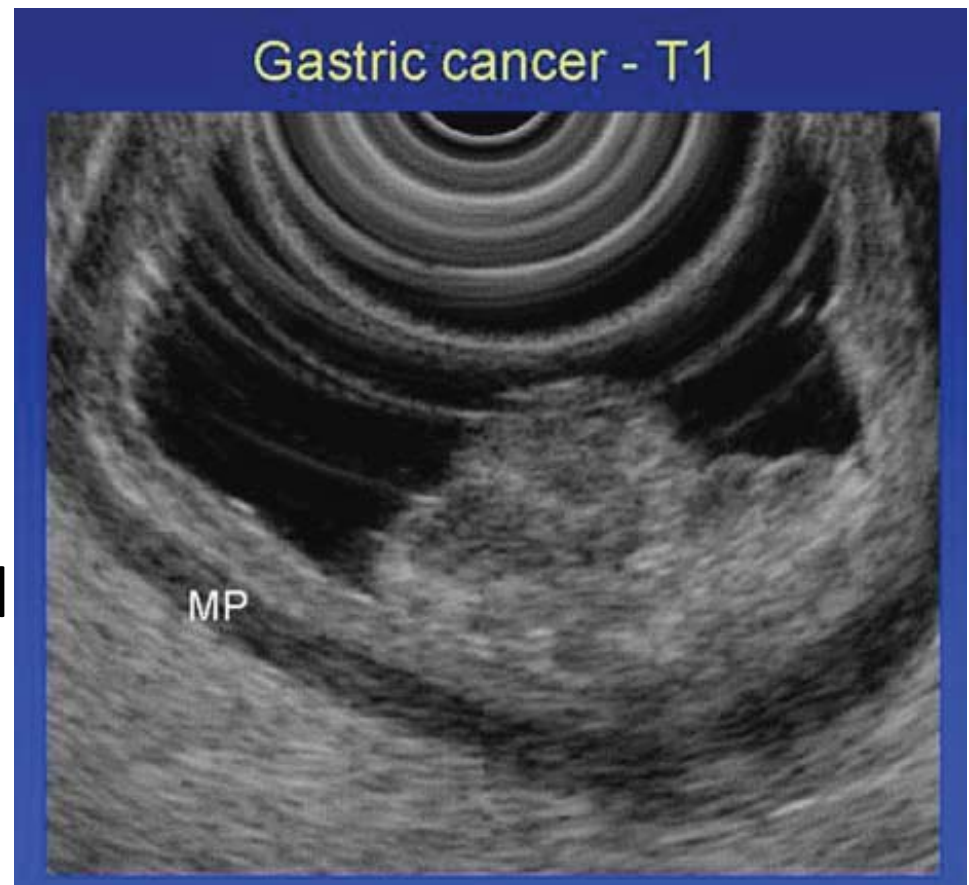
Treatment

Treatment

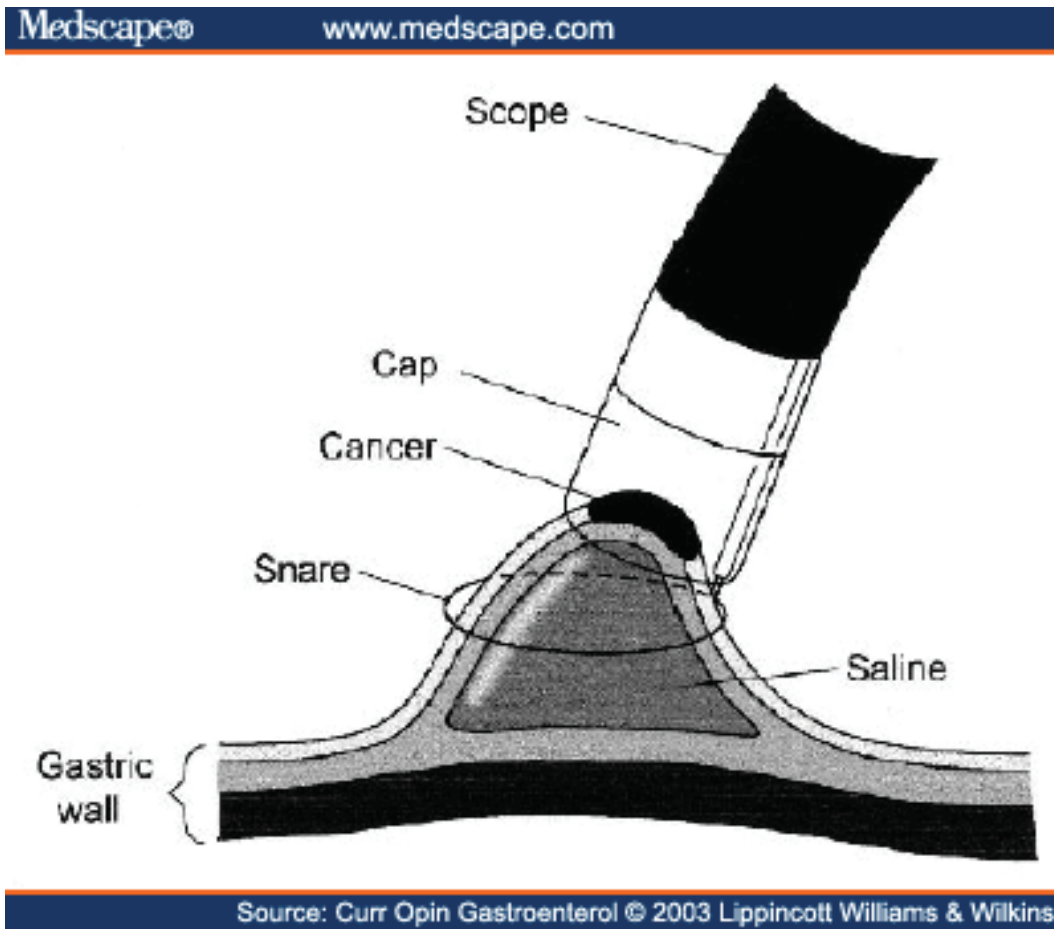


Endoscopic mucosal resection

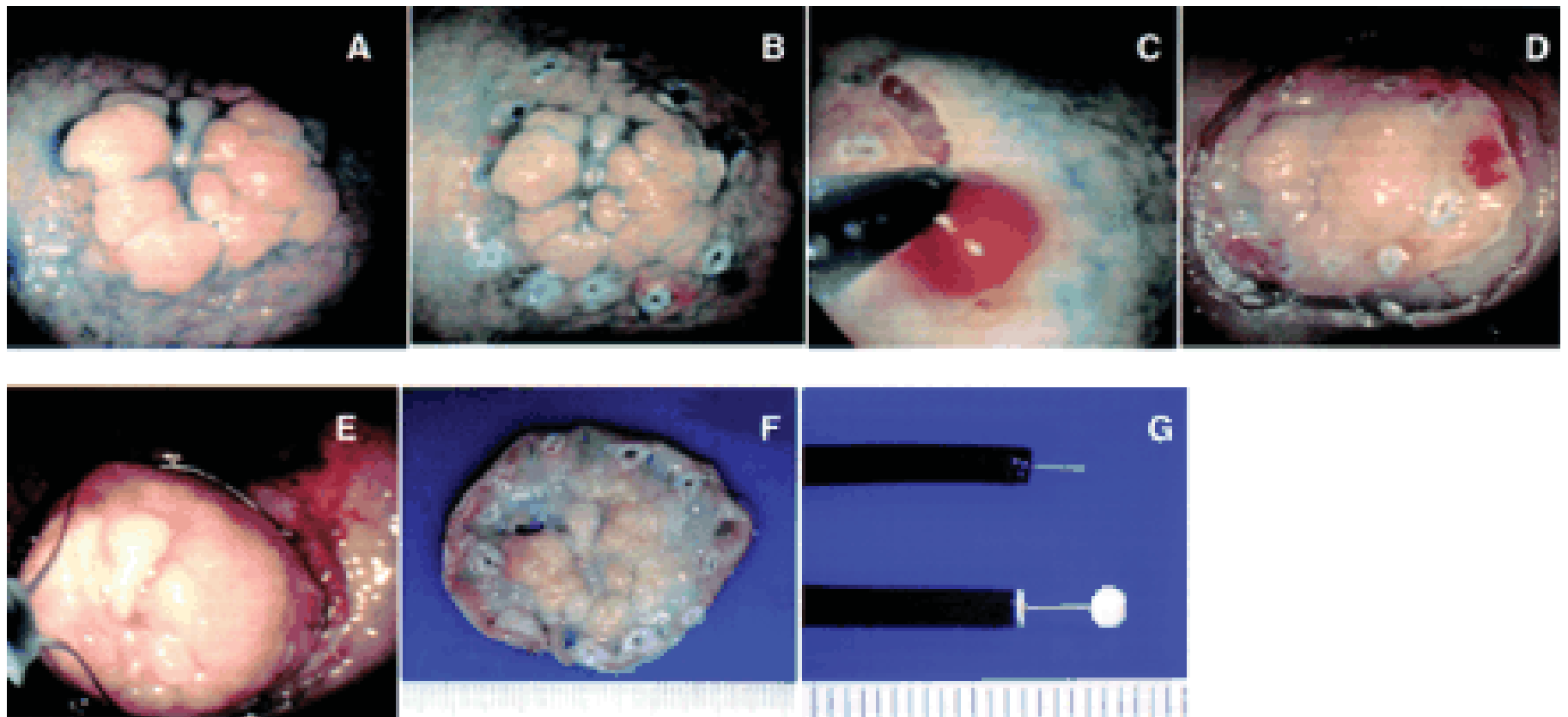
- Gastric cancer lesion confined to mucosa layer
- Endoscopic ultrasound (EUS) is helpful in staging GC



Endoscopic mucosal resection



Endoscopic mucosal resection



Chemotherapy

- Adjuvant chemotherapy may increase 5 years survival rates and decrease the relapse rates
- Combination chemotherapy are recommended

Complications

- GI bleeding 5%
- Pylorus/cardia obstruction
- Perforation ulcer type

Prognosis

- The TNM classification/staging of gastric cancer is the best prognostic indicator
- The 5 years survival rate depends on the depth of gastric cancer invasion
- Patients in whom tumors are resectable for cure also have good prognosis

GASTRIC BEZOAR

- Concretions in the stomach
 - Tricho-bezoar (hair)
 - Young girls who pick and swallow their hair
 - Phyto-bezoar (vegetable fibre)
- Can cause erosions and bleeding
 - Seldom perforate but if mortality 20%
- Endoscopic breakage

Thank You