



## Gastric Cancer Causes and its Diagnosis

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### INTRODUCTION

In the upper midsection, the stomach is a J-shaped organ. It is necessary for the stomach-related system, which processes nutrients in consumed foods and aids in the passage of waste material out of the body. The throat is an empty, solid cylinder that transports food from the throat to the stomach. Half-processed food goes via the small digestive tract and then into the internal organ after exiting the stomach. The stomach's mass is made up of five layers of tissue. Mucosa, submucosa, muscle, subserosa, and serosa are the layers of the stomach partition, from deepest to furthest layer. As it progresses, gastric malignant development begins in the mucosa and extends through the exterior layers.

### DESCRIPTION

The stomach is necessary for the stomach's structure and connects the throat to the small intestine. When food enters the stomach, the stomach muscles assist in blending and crushing the food through an action known as peristalsis. Stomach cancer can start in any part of the stomach and spread throughout the stomach, as well as to other organs such as the small intestine, lymph nodes, liver, pancreas, and colon. Indigestion and stomach discomfort, a swollen tendency after eating, moderate nausea, loss of appetite, and acid reflux are all possible side effects in the early stages of gastric malignant development. Blood in the stool, Vomiting, Weight loss for no apparent reason, Stomach pain, Jaundice, Ascites, and difficulty gulping are all possible side effects of advanced stomach malignant development.

There is no clear reason for why someone develops stomach sickness. Scientists have identified that there are certain risk factors associated with the progression of stomach cancer. Those above the age of 55 are more likely to develop stomach cancer. Men are affected twice as often as women, and African Americans are affected more frequently than Caucasians. In

other parts of the world, such as Japan, Korea, parts of Eastern Europe, and Latin America, stomach cancer is more common. A few studies have found that a type of bacteria known as *Helicobacter pylori*, which can cause stomach irritation and ulcers, can be a substantial risk factor for developing gastric disease. Studies have shown that those who have had stomach surgery or who have a condition such as malignant pallor or gastric rot have a higher risk of developing gastric disease. There is further evidence that smoking increases the risk of developing stomach cancer.

Specialists may perform at least one of the subsequent procedures, such as an Upper GI series, in which the patient is asked to drink a barium arrangement, in addition to gathering a complete history and performing a real test for Diagnosis. X-rays of the stomach are taken as a result. The barium frames in the stomach aid in the detection of any unusual locations that may be involved with malignant growth. This test is used less frequently than it once was, and patients are now more likely to undergo an endoscopy first.

Endoscopy is a procedure in which a lighted, adjustable cylinder with a camera is inserted through the mouth into the neck and then into the stomach. Prior to inserting the endoscope, sedation is administered. Biopsies can be obtained and studied under a microscope to look for malignant development cells if a peculiar location is discovered.

### CONCLUSION

If malignant development is discovered, the specialist may order additional organizing tests to determine whether the disease has spread. A CT scan can be used to see if the cancer has moved to the liver, pancreas, lungs, or other organs around the stomach. Endoscopic ultrasonography can also be used to diagnose and treat stomach illness. Endoscopic ultrasound can help determine the depth of the growth's spread into the stomach's mass and its interaction with neighboring structures, as well as assess for any expanded lymph hubs that may be targeted by

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disease cells.

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## CONFLICT OF INTEREST

Authors declare no conflict of interest.