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Impact of Gastric Cancer and Its Diagnosis in Humans

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Description

Stomach cancer, also known as gastric cancer, is a disease characterized by abnormal cell growth in the stomach. In countries where refrigeration has replaced other methods of food preservation such as salting, smoking, and pickling, the incidence of stomach cancer has decreased dramatically since the early twentieth century. In the early stages, Gastric Cancer (GC) may present with typical symptoms such as indigestion and stomach discomfort. Affected patients may also experience bloating after eating, mild nausea, loss of appetite, and heartburn. Patients with advanced gastric cancer frequently experience blood in the stool, stomach pain, unexplained weight loss, ascites, and vomiting. Aside from physical symptoms, GC causes psychiatric symptoms or disorders. As a result, the mental health of affected patients should be considered early on and throughout the course of treatment. Furthermore, there appears to be a link between a cancer diagnosis and an increased risk of several mental disorders in GC patients. Surgery, radiation, and chemotherapy are among the treatments available to cure, prolong life, and relieve symptoms in patients. Patients with GC are at high risk of developing mental comorbidities due to the severity of these treatments and the generally poor prognosis. More specifically, these treatments have frequently demonstrated short- and long-term effects that have a negative impact on health-related Quality of Life (QOL). For example, surgery, the standard curative treatment, has a significant impact on QOL and may cause distress. Patients who have had a gastrectomy are required to follow a strict diet. Even after successful treatment of GC, patients frequently report loss of stomach storage capacity and pyloric sphincter functions, reflux, vitamin B12 deficiency, and weight loss. Staging refers to the process of determining whether cancer has spread within the stomach or to other parts of the body. The stage of the disease is determined by the staging process. Stomach cancer staging levels range from 0 (zero) to IV (four) stage 0 cancer has not spread beyond the lining of the stomach. It has spread to other organs at this stage.

Diagnosis

The most common method for detecting stomach cancer is upper endoscopy. An endoscope (a thin tube with a tiny camera at its tip) is inserted into the patient's mouth until it reaches the stomach. The endoscope can allow small surgical tools, enabling the doctor to remove a tissue sample (biopsy). Cancer cells in the sample can be examined in a laboratory. Endoscopic ultrasound is a type of endoscopy that can aid in cancer staging. An ultrasound probe attached to the tip of the endoscope can take pictures of the stomach. It can determine whether the cancer has spread from the stomach lining to the stomach wall. Radiologic tests, including a Computerised Tomography (CT) scan and Magnetic Resonance Imaging (MRI), can help identify tumors and other abnormalities that may be cancer-related. The Positron Emission Tomography (PET) scan can show if cancer has spread throughout the body.

Surgery is the only method available for curing stomach cancer, although radiation or chemotherapy may be used in conjunction with surgery or to relieve symptoms. If the cancer is localized, the cancerous portions of the stomach are removed in a procedure called a partial gastrectomy. In some cases, the entire stomach must be removed, along with the spleen and nearby lymph nodes. Repair of the stomach generally requires permanent changes in dietary habits and may demand intravenous administration of vitamin supplements.

Conclusion

Untreated ulcers, gastritis, and other stomach conditions, particularly those caused by the *H. pylori* bacteria, increase the risk of stomach cancer. People can reduce their risk of disease by eating a diet high in fruits and vegetables and low in salted, smoked, and pickled foods. Eliminating tobacco use and reducing alcohol consumption also help to reduce risk.