



Alimov N

Student of Andijan State Medical Institute, Uzbekistan

Abstract

Stomach cancer, a disease characterized by abnormal growth of cells in the stomach. The incidence of stomach cancer has decreased dramatically since the early 20th century in countries where refrigeration has replaced other methods of food preservation such as salting, smoking, and pickling. Stomach cancer rates remain high in countries where these processes are still used extensively. Worldwide it was the fifth most-common cancer in the 21st century.

Keywords: stomach, tissue, cancer, helicobacter pylori.

Introduction

Ninety-five percent of malignant stomach cancers develop from epithelial cells lining the stomach. These tumours are called adenocarcinomas. Other stomach cancers can develop from the surrounding immune cells, hormone-producing cells, or connective tissue.

Multiple risk factors have been identified that increase a person's probability of developing stomach cancer. These include a diet high in salted, smoked, or pickled foods, tobacco and alcohol use, obesity, or a family history of stomach cancer. Infection by the bacterium *Helicobacter pylori*, which can cause significant damage to gastric tissues and is a cause of peptic ulcers, can also lead to stomach cancer. Other factors that may increase the risk of stomach cancer to varying degrees are previous stomach surgery, blood type A, advanced age (60–70 years), or chronic stomach inflammation. Males develop stomach cancer at approximately twice the rate of females. Rare disorders such as pernicious anemia, Menetrier disease, or common variable immunodeficiency and congenital disorders that lead to increased risk for colorectal cancer may also increase stomach cancer risk.

The symptoms of stomach cancer are prevalent in many other illnesses and may include abdominal pain or discomfort, unexplained weight loss, vomiting, poor digestion, or visible swelling in the abdomen.

Diagnosis, staging, and survival

No specific laboratory test for stomach cancer exists, and the disease is therefore usually diagnosed through a combination of visual means. A physician can inspect the lining of the stomach with a flexible, lens-containing tube called an endoscope. The endoscope can also be used to take samples from potentially cancerous tissues for biopsy. These samples are examined under a microscope for signs of cancer. An endoscope may also be modified with a special probe that emits sound waves in the stomach, which allows the physician to create



an image of the stomach wall. X-rays are also employed, usually after the patient has swallowed a barium compound that coats the stomach and provides better image contrast. Other imaging techniques such as computed tomography (CT) scans and magnetic resonance imaging (MRI) are also used, especially when the cancer is believed to have spread. A breath test to detect specific chemicals present only in the breath of persons with stomach cancer has shown promise in trials in human patients. If implemented clinically, it could aid early disease detection and streamline the effectiveness of diagnostic imaging for stomach cancer.

Once stomach cancer has been diagnosed, its stage is determined. The stage is an indicator of how far the cancer has progressed. Staging for stomach cancer is complicated and is based on a combination of how far the cancer has grown through the stomach wall and on the number of lymph nodes affected, if any. Stage 0 stomach cancer is also called carcinoma in situ and is confined to the epithelial cells that line the stomach. Stage I and II stomach cancers are characterized by the spread of cancer through the innermost layer (mucosa) of the stomach wall, with involvement of as many as 6 lymph nodes in stage IB and 7 to 15 lymph nodes in stage II, or spread to the muscular layer (muscularis), with involvement of up to 6 lymph nodes in stage II. Other stage II stomach cancers may be characterized by spread to the outermost layer (serosa) of the stomach wall. Stage III and IV cancers are more advanced and may have metastasized to distant tissues.

A very high percentage of individuals survive stomach cancer for at least five years if the cancer is diagnosed very early, and many of them go on to live long, healthy lives. Unfortunately, only a small percentage of stomach cancers are identified and treated at such an early stage; the overall five-year survival rate for stomach cancer is about 20 to 28 percent. The survival rate for cancers of the lower stomach is higher than that for cancers of the upper stomach; if the cancer has spread to distant tissues in the body, the survival rate is extremely low.

Treatment

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. If a cancer cannot be cured, surgery may still be used to relieve symptoms or digestive discomfort. Radiation therapy is sometimes used in conjunction with surgery to destroy any remaining cancer cells. When stomach cancer has spread to distant organs, chemotherapy may be required so that as many cancer cells as possible can be sought out and destroyed. Both radiation therapy and chemotherapy may produce several side effects such as vomiting and diarrhea.



Prevention

Because the causes of stomach cancer are not fully understood, and because some risk factors (e.g., genetic predisposition) cannot be controlled, the disease cannot be completely prevented. However, people can decrease their risk of disease by adopting a diet that is low in salted, smoked, and pickled foods and high in fruits and vegetables. Elimination of tobacco use and reduction in alcohol consumption also help lower risk. Research has indicated that prompt treatment of *H. pylori* infection can reverse gastric tissue damage, thereby reducing stomach cancer risk.

References:

1. Maksimovna, M. M., Daliyevich, A. Y., Zuxritdinovna, M. M., Mamadjanovna, B. A., & Nozimjon O'g'li, S. S. (2021). Allergy to the Production Dust at Workers of Integrated Cotton Mill. *JournalNX*, 7(07), 52-54.
2. Nozimjon o'g'li, S. S. (2022). INFORMATION ABOUT THE STRUCTURE OF THE MEMBRANE OF EPITHELIAL TISSUE AND GLANDS. *British Journal of Global Ecology and Sustainable Development*, 10, 65-69.'
3. Maxmudovich, A. X., Raximberdiyevich, R. R., & Nozimjon o'g'li, S. S. (2021). Oshqozon Ichak Traktidagi Immunitet Tizimi. *TA'LIM VA RIVOJLANISH TAHLILI ONLAYN ILMIY JURNALI*, 1(5), 83-92.
4. Shoxabbos, S., & Mahramovich, K. S. M. K. S. (2023). CAUSES OF THE ORIGIN OF CARDIOVASCULAR DISEASES AND THEIR PROTECTION. *IQRO JURNALI*, 1-6.
5. CHULIEVA, V. E. (2021). THE PRINCIPLES OF COMMONALITY AND SPECIFICITY IN THE PHILOSOPHICAL TEACHINGS OF BAHA UD-DIN WALAD AND JALAL AD-DIN RUMI. *THEORETICAL & APPLIED SCIENCE Учредители: Теоретическая и прикладная наука*, (9), 566-573.
6. Sayfiyev, H., & Saidova, M. (2023). EFFECTS OF GYMNASTICS ON FUNDAMENTAL MOTOR SKILLS (FMS), POSTURAL (BALANCE) CONTROL, AND SELF-PERCEPTION DURING GYMNASTICS TRAINING. *Modern Science and Research*, 2(9), 204-210.
7. Saidova, M., & Sayfiyev, H. (2023). CONTENT-IMPORTANCE AND PRINCIPLES OF PHYSICAL EDUCATION CLASSES. *Modern Science and Research*, 2(9), 192-199.