

# The Relevance Of Endoscopic Examination And Morphological Features Of Stomach Cancer With Concomitant Uterine Endometriosis

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**Abstract: Introduction:** *According to the Ministry of Health of the Republic of Uzbekistan, in terms of frequency of occurrence, stomach cancer is in second place after breast cancer. Result: Unfortunately, in more than 50% of cases, the primary detection of endometriosis of the uterus in these patients occurs in advanced stages, when their treatment is rather difficult and in most cases is palliative in nature, aimed at some increase in life expectancy and improvement of its quality.*

**Keywords:** *endometriosis, stomach cancer, palliative treatment, uterus.*

## 1. INTRODUCTION

Stomach cancer occurs in a wide age range - from 19 to 80 years with the highest incidence peak at 50-70 years with a predominance (2 or more times) of male patients. For initial cancer, the typical age is considered to be from 40 to 60 years. Very often, with stomach cancer, endometriosis of the uterus is concomitant; the characteristic age is considered to be from 40 to 50 years.

According to summary statistics, the 5-year survival rate after the treatment remains low - 9.6 - 11.7% ,<sup>1</sup> the 10-year survival rate does not exceed 12.8% (V.M. Merabishvili, 2001). An identical picture with uterine endometriosis.

More significant differences were found in the incidence of early forms of gastric cancer, about 50% in Japan, from 10 to 20% in Europe, 8 to 26% in the United States.<sup>2</sup> They primarily depend on the accepted organizational forms of examining the population, the introduction into widespread practice of the endoscopic method for diagnosing endometriosis of the uterus and stomach cancer, the possibility of a qualified morphological study of targeted material in combination with modern X-ray techniques.<sup>3,4</sup>

In connection with the above, the study of the proliferative activity of tumor cells and the characteristics of the stromal environment can provide the necessary complex of morphological prognostic signs to clarify the characteristics of the pathological process of the uterine cavity and stomach cavity.

Thus, the data presented indicate the need to study a wide range of interrelated issues, the solution of which will clarify the clinical significance of a number of morphological signs of gastric cancer and endometriosis of the uterus, which, in turn, will make it possible to more reasonably judge the nature of the local process, improve diagnostics, adjust the tactics of treating patients and predict the course of the disease.<sup>5,6</sup>

**The purpose** of the present study: there was an increase in the effectiveness of the use of morphological signs in endoscopic examination for early diagnosis, clinical assessment and prognosis in patients with stomach cancer and concomitant endometriosis of the uterus.<sup>10,11</sup>

## 2. MATERIALS AND RESEARCH METHODS

The study included 210 patients who applied for advice to the outpatient department of the Bukhara branch of the RSNPMC Oncology and Radiology and underwent Fibrogastroscopy (FGS) in 2018. Of these, 109 (51.9% of cases) patients were diagnosed with gastric cancer of different nature and degree of differentiation and concomitant endometriosis of the uterus. The age of the patients ranged from 23 to 62 years, the average age was 47.8 +/- 023 years. Of these, the rural population accounted for 57.3%, townspeople accounted for 43.7%. Among the patients, 66% (72 men) were men, 34% (37 women) were women. The history of the disease was studied in all patients, an endoscopic examination – FGS with subsequent histological examination of the biopsy specimen was performed. The indications for FGS were the following: prolonged epigastric pain (in the abdomen), heartburn, belching, nausea and vomiting, difficulty in swallowing food, menstrual-ovarian irregularities and menorrhagia in women, lack of appetite and sudden weight loss, hemoptysis and to establish the reasons: reflux disease, gastrointestinal bleeding, cancer. Same FGS was performed as directed by the attending physician in the postoperative period to monitor the patient's condition after surgery on the digestive system and to monitor the effectiveness of conservative treatment. If endometriosis of the uterus and stomach cancer are suspected, the affected area was taken from a biopsy sample followed by a histological examination of the material.<sup>7,8,9</sup>

## 3. RESULTS AND DISCUSSION

Studies have shown that 23% of patients had a hereditary predisposition, 42% of patients had nutritional errors - excessive enthusiasm for smoked, spicy, salty, fried (overcooked) and canned food, long-term stored foods. 57% of patients indicated a history of long-term stomach diseases, violation of the menstrual-ovarian cycle and menorrhagia in women: gastritis (low acidity), stomach ulcers and polyps; 7% of patients underwent various operations on the stomach. 12% of patients had contact with carcinogenic substances like asbestos, nickel, etc. Every fourth patient (25%) indicated frequent respiratory diseases, various types of anemia and immunodeficiency states. The presence of bad habits such as alcoholism and smoking was revealed in 31%. Esophagogastroduodenoscopy (EGDS) was performed with a special instrument, a flexible endoscope, which was a thin, flexible hose with illumination and a video camera at the end, which was inserted through the mouth into the lumen of the esophagus, stomach, and duodenum. A hysteroscope examines the uterine cavity. This method (EGDS) Esophagogastroduodenoscopy allows you to accurately examine all parts of the esophagus, stomach, duodenum, including with a strong increase to identify foci of altered mucous membrane and take material for biopsy and histological / cytological studies. The structure of the stomach tumors were very different. The structure of tumor cells was determined by its "histological type". Most often (in 63.3% of cases), ulcerated carcinoma with saucer-like raised and well-defined edges was diagnosed. Table 1 shows data on the degree of tumor differentiation.

Table 1 The degree of differentiation of tumors

N o.	Nosology	Number of patients	%
1.	Cancer in situ	7	6.4
2.	G -1	23	21.1
3.	G -2	48	44
4.	G-3	27	24.8
five.	G-4	4	3.7

Diffuse-infiltrative cancer (skirr), which during endoscopy is characterized by endophytic growth, diffuse germination and infiltrating the submucous layer, captures significant areas of the stomach wall. In our study, this type of cancer was diagnosed in 1 case (0.91%).

In the table 2 shows the data on the nature of the tumors identified during endoscopic examination.

Table 2 The nature of the tumor during endoscopic examination.

N o.	The nature of the tumor	Abs.	%
1.	Adenocarcinoma	69	63.3
2.	Squamous cell carcinoma	27	24.7
3.	Mucinous adenocarcinoma	2	1.83
4.	Persistent cell carcinoma	1	0.91
5.	Cyrrous cancer	1	0.91
6.	Cancer in situ	7	6.42

#### 4. CONCLUSIONS

A new stage in the fight against cancer is aimed at creating a modern system for the prevention and early detection of precancerous diseases, in particular, endometriosis of the uterus and stomach cancer. The adopted resolution "On measures to further develop the oncological service and improve oncological care for the population of the Republic of Uzbekistan for 2017-2021" by the President of the Republic opens a new stage in the fight against precancerous and cancerous diseases, focused primarily on covering the needs of the population in high-tech treatment methods, the creation of a modern system for the prevention and early detection of oncological diseases. The problems of morphogenesis and classification of gastric cancer are closely related to the search for clinical and morphological characteristics that could have prognostic value and, to a certain extent, influenced the choice of optimal treatment options for both initial and advanced forms. This dictates the need for further searches for modern diagnostic markers and the continuation of scientific research in this direction.

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