Review Article Open Access

Pre Symptoms of Early Stage of Stomach Cancer

Shyam Chaturvedy*

Department of Oncology, Gujarat Cancer & Research Institute, India

Abstract

One cell at a time goes through a change to develop cancer. This transition may be brought on by inherited elements as well as exogenous stressors. Cancer was the leading cause of mortality worldwide in 2008 with 7.6 million deaths, or about 13% of all deaths. Lung, stomach, liver, colon, and breast cancer are the most common cancers that result in mortality each year. In this study, the onset of cancer, its types, prevention, and risk factors are all discussed in detail. Different symptoms will manifest based on the type of cell or organ that the cancer has affected. Since stomach cancer rarely shows warning signs in the early stages, one skin eruption that has been seen on the face has been related to the disease.

Keywords: Stomach cancer; Mortality; Risk factors; Early stages; Skin eruption

Introduction

Cancer is the leading cause of death worldwide, accounting for 7.9 million deaths in 2008. Along with an increase in average life expectancy, the risk of developing cancer is also increasing [1]. By the year 2030, it is predicted that 12 million people would have died from cancer worldwide. The burden of cancer is much greater than that of other diseases in nations with high life expectancies since the majority of adult malignancies manifest in elderly patients. The eight types of cancer with the greatest incidence rates also have the eight highest fatality rates in the globe. When combined, they account for around 60% of all cancer incidences and fatalities. Cancers of the mouth, liver, cervix, breast, stomach, colon, and rectum are among them.

The primary cause of stomach cancer, sometimes referred to as gastric cancer, is the unrestrained development of abnormal cells on the inner lining of the stomach. Depending on the type of cancer, the tissues or organs affected, and the manner in which it expresses itself. Rarely do early signs of stomach cancer appear, or if they do, they may be muddled or challenging to detect. Gastric cancer has been linked to one skin eruption, particularly on the face [2]. It typically occurs early on in the disease's progression. Early signs of gastric cancer typically include loss of appetite, weight loss, and discomfort in the belly, stomach pain, and feeling full after a small meal.

Gastric cancer can lead to the unusual skin disorder papuloerythroderma of Ofuji. Diffuse flushing papules, infiltrations, edoema, and desquamation (skin peeling), especially on the face, are some of its common signs. Along with your skin, it may also impact your lymph nodes, mucus, skin appendages, and skin. Itching occurs together with the skin condition [3]. PEO has been connected to a number of different cancers, according to study published in the National Library of Medicine. Stomach, colon, prostate, and lymphocytic Leukaemia are included in this. Since stomach cancer is the most common cancer in Japan, it is sense that it is the malignancy most frequently connected to PEO, according to the JAMA [4]. The skin condition is persistent and regularly itches. It can be identified by papules on the wall of the abdomen that resemble dense paving stones.

Stomach cancer steadily grows over time. Before the cancer manifests itself, precancerous alterations in the stomach's inner lining occur. Because they virtually every manifest as symptoms, these early changes frequently go unnoticed. Depending on the area of the stomach where the disease first appeared, distinct stomach cancer symptoms

and consequences may also happen.

Types of stomach cancer

Before the cancer manifests itself, the interior lining of the stomach undergoes precancerous changes. Due to their infrequent occurrence as symptoms, these early changes frequently go unnoticed. Additionally, the location of the stomach where the disease first showed its symptoms can affect the signs, symptoms, and prognosis of stomach cancer.

Factors leading stomach cancer

Typically, the majority of those with the diagnosis are over 60. One of the primary risk factors for stomach cancer is your diet. Limiting your intake of fruits and vegetables and eating a lot of salty, smoky, and pickled foods may increase your risk of developing stomach cancer [5]. Additional risk factors for the condition include previous stomach surgery, recurrent stomach irritation or inflammation, and family histories of the condition. The risk factors for gastric cancer include smoking, being overweight, and gastroesophageal reflux disease.

In non-Caucasian groups, stomach cancer is more common. The highest incidence rates in the US are among Asian and Native American communities. Both race and sex have an impact on the likelihood of getting sick and the consequent mortality rate. Comparing all racial/ethnic groupings, male African-Americans had the greatest death rate [6]. All racial groupings, however, had comparable 5-year survival rates overall. Additionally, the incidence of stomach cancer is significantly influenced by geographic location [7]. According to data from the 2001 cancer registry, the societal burden of the disease is far higher in Japan than it is in the American population, where stomach cancer is the most common tumour type and represents about 19% of new tumour diagnoses. For Japanese men, the incidence rate is 116 per 100,000.

A considerable number of gastric cancers have been linked to certain genes, including the tumour suppressor genes MCC, APC, and p53. In

*Corresponding author: Shyam Chaturvedy, Department of Oncology, Gujarat Cancer & Research Institute, India, E-mail: s.chaturvedy.23@gmail.com

Received: 31-Dec-2022, Manuscript No: JCD-23-86472, Editor assigned: 02-Jan-2023, PreQC No: JCD-23-86472(PQ), Reviewed: 16-Jan-2023, QC No: JCD-23-86472, Revised: 20-Jan-2023, Manuscript No: JCD-23-86472(R), Published: 27-Jan-2023, DOI: 10.4172/2476-2253.1000166

Citation: Chaturvedy S (2023) Pre Symptoms of Early Stage of Stomach Cancer. J Cancer Diagn 7: 166.

Copyright: © 2023 Chaturvedy S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

Specific genes that elevate the risk of stomach cancer, a large number of genes are identified. Studies have shown that the calcium-dependent adhesion molecule E-cadherin, which is responsible for cellular attachment to nearby cells, is a component of the gastric carcinogenesis cascade. Genetic susceptibility occurs from the hereditary transmission of a single mutant CDH1 allele [8]. If the second allele of the E-cadherin gene has an acquired mutation, loss of intracellular adhesion results in an increase in intracellular permeability. A wide variety of mutations in this domain were seen in families with stomach cancer. The majority of the disorders associated with gastric carcinoma raise the risk of acquiring gastrointestinal polyps and other malignancies [9]. These include familial adenomatous polyposis and Cowden disease (FAP). The FAP genetic defect is located in the Wnt tumor-signaling pathways APC gene, which is implicated. This gene, which can be found on chromosome 5q, has a role in the development of several tumour types, such as colon and stomach cancers.

Numerous environmental and Behavioural factors have an impact on the development of stomach cancer [10]. Smoking is now acknowledged as a significant contributor. A 1997 meta-analysis discovered a 44% increase in the incidence of stomach cancer among both current and previous smokers [11]. The results of a second, more extensive meta-analysis showed that in 2007, this risk rose by 20% for women and by 60% for men. According to a population-based case control study, smoking at any time during a patient's life increased their risk of acquiring non-cardiac and cardiac stomach carcinomas by 18% and 45%, respectively.

Symptoms

Before their lesions have spread and formed close or distant metastases, the majority of stomach cancer patients don't exhibit any symptoms. The most common presenting signs of epigastria are pain, bloating, or a palpable epigastria mass [12]. Other people may develop dysphagia as a result of cardiac involvement, early satiety from linitis plastica, early satiety from a gastric outlet obstruction, upper gastrointestinal bleeding signs and symptoms from tumour ulceration, or any combination of these [13]. Another group of patients with advanced stomach cancer may have clinical symptoms of the condition, such as anorexia, weight loss, jaundice, ascites, and hepatic enlargement.

Prevention

Consuming a lot of fruit and leafy greens can lower your risk of stomach cancer. Increase your intake of whole grain foods such whole grain cereals, pasta, bread, and rice [14]. Researchers have also discovered that restricting alcohol consumption and staying away from tomato-based goods may help prevent cancer. Avoiding salted fish, meats, and pickled meals can also assist to safeguard your stomach. Increased consumption of plant-based foods lowers the risk of stomach cancer death in males but not in women, according to numerous studies.

A lower risk of certain malignancies has also been associated with regular physical activity. If you are overweight or obese, it is imperative that you keep your weight steady. Reduced risk of stomach cancer is another advantage of quitting smoking. If you don't already smoke, refrain from starting. The best strategy for treating stomach cancer frequently entails combining two or more therapy techniques [15].

Conclusion

Cancer is a quiet killer, as is well knowledge. It rarely shows

symptoms until it has advanced to a later stage. However, some symptoms, even when they're minor, could be a big warning of cancer. Researchers have discovered a link between facial symptoms and stomach cancer. The most crucial aspect is how early you spot the symptoms so that the illness can be treated before wreaking havoc on your body. The key to maintaining good health is visiting your doctor often and keeping an eye out for any abnormalities you notice in your body.

Acknowledgement

None

Conflict of Interest

None

References

- Mukaisho K, Nakayama T, Hagiwara T, Hattori T, Sugihara H, et al. (2015) Two distinct etiologies of gastric cardia adenocarcinoma: interactions among pH, Helicobacter pylori, and bile acids. Front Microbiol 6: 412.
- Balakrishnan M, George R, Sharma A, Graham DY (2017) Changing trends in stomach cancer throughout the world. Curr Gastroenterol Rep 19:36.
- Chon HJ, Hyung WJ, Kim C, Park S, Kim JH, et al. (2017) Differential prognostic implications of gastric signet ring cell carcinoma: stage adjusted analysis from a single high-volume center in Asia. Ann Surg 265:946–953.
- Li J, Woods SL, Healey S, Beesley J, Chen X, et al. (2016) Point mutations in exon 1B of APC reveal gastric adenocarcinoma and proximal polyposis of the stomach as a familial adenomatous polyposis variant. Am J Hum Genet 98:830–842.
- Derakhshan MH, Yazdanbod A, Sadjadi AR, Shokoohi B, McColl KEL, et al. (2004) High incidence of adenocarcinoma arising from the right side of the gastric cardia in NW Iran. Gut 53:1262–1266.
- Hansson LE, Nyren O, Hsing AW, Bergstrom R, Josefsson S, et al. (1996) The risk of stomach cancer in patients with gastric or duodenal ulcer disease. N Engl J Med 335:242.
- Lai JF, Kim S, Li C, Oh SJ, Hyung WJ, et al. (2008) Clinicopathologic characteristics and prognosis for young gastric adenocarcinoma patients after curative resection. Ann Surg Oncol 15:1464–1469.
- Maeda H, Okabayashi T, Nishimori I, Sugimoto T, Namikawa T, et al. (2008) Clinicopathologic features of adenocarcinoma at the gastric cardia: is it different from distal cancer of the stomach. J Am Coll Surg 206:306–310.
- Ming SC (1977) Gastric carcinoma: a pathobiological classification. Cancer 2475–2485.
- Demicco EG, 3rd ABF, Baba Y, Agbor-Etang B, Bergethon K, et al. (2011) The dichotomy in carcinogenesis of the distal esophagus and esophagogastric junction: intestinal-type vs. cardiac-type mucosa-associated adenocarcinoma. Mod Pathol 24:1177–1190.
- Cogliatti SB, Schmid U, Schumacher U, Eckert F, Hansmann ML, et al. (1991) Primary B-cell gastric lymphoma: a clinicopathological study of 145 patients. Gastroenterology 101:1159–1170.
- Helicobacter and Cancer Collaborative Group (2001) Gastric cancer and Helicobacter pylori: a combined analysis of 12 case control studies nested within prospective cohorts. Gut 49:347–353.
- Chang CJ, Tu YK, Chen PC, Yang HY (2018) Talc exposure and risk of stomach cancer: systematic review and meta-analysis of occupational cohort studies. J Formos Med Assoc 119: 781-792.
- El-Omar EM, Carrington M, Chow WH, McColl KE, Bream JH, et al. (2000) Interleukin-1 polymorphisms associated with increased risk of gastric cancer. Nature 404:398–402.
- Komatsu S, Ichikawa D, Okamoto K, Ikoma D, Tsujiura M, et al. (2012) Progression of remnant gastric cancer is associated with duration of follow-up following distal gastrectomy. World J Gastroenterol 18:2832–2836.