

PARTICULAR ASPECTS IN GASTRIC TUMOURS

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Abstract: Gastric neoplasm and nonepithelial tumours are commonly found at stomach level. The objective of the study is to evaluate comparatively certain aspects related to morbidity and mortality. **Material and method:** descriptive retrospective study over a period of almost 40 years, on a sample of 116 patients with the diagnosis of gastric cancer (38 cases), respectively of nonepithelial tumours (78 cases). The conclusions of the research show that the evolution and healing rate was favourable for the patients with nonepithelial tumours (83% versus 79%), while the percentage of deaths was lower in the cases of gastric neoplasms (5% versus 10%).

Cuvinte cheie: neoplasm gastric, tumori nonepitheliale

Rezumat: Neoplasmele gastrice și tumorile nonepitheliale sunt formațiuni frecvent întâlnite la nivelul stomacului. Scopul studiului este de a evalua comparativ aspecte legate de morbiditate și mortalitate în cazul celor două entități maligne. **Materail și metodă:** studiu descriptiv retrospectiv, pe o perioadă de aproximativ 40 ani, pe un lot format din 116 pacienți diagnosticați cu neoplazii gastrice (38 cazuri), respectiv tumori nonepitheliale (78 cazuri). Concluziile cercetării evidențiază faptul că evoluția și rata vindecărilor a fost superioară în cazul bolnavilor cu tumori nonepitheliale (83% versus 79%), în timp ce ponderea deceselor a fost mai scăzută în cazul neoplasmelor gastrice (5% versus 10%).

INTRODUCTION

Gastric neoplasm is a malignant disease in which the neoplastic cells occur in the gastric mucosa initially, being subsequently extended beyond the stomach wall to the surrounding tissues. The most common histological type is adenocarcinoma, representing approximately 95% of all gastric cancers. The nonepithelial neoplasms represent a more recent entity, including the gastrointestinal stromal tumours, the granular cell tumours or the schwannomas.

PURPOSE

This paper aims at presenting comparatively certain aspects related to morbidity and mortality in gastric neoplasms, respectively in the nonepithelial tumours.

METHODS

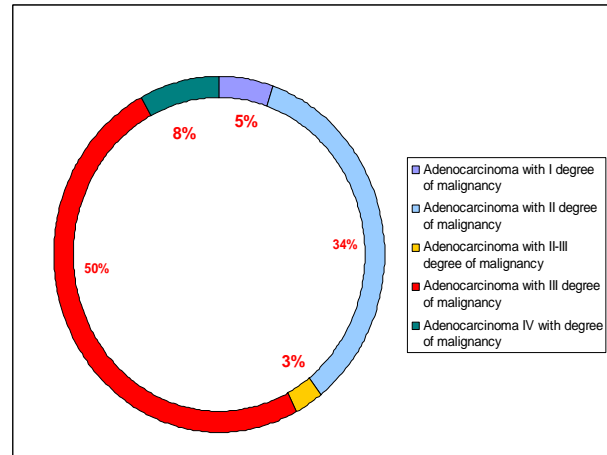
We conducted a retrospective study on 116 patients, divided as follows: 38 patients with gastric cancer and 78 patients with nonepithelial tumours. The two groups of patients were analyzed separately, because morbidity and mortality were distinct and the results could not be compared.

RESULTS AND DISCUSSION

For the histopathological diagnosis, we considered five degrees of adenocarcinoma. The major percentage was represented by adenocarcinoma in the IInd and IIIrd degree, representing about 84% of all cases. Adenocarcinomas located at the boundary between stage II and III occurred at a rate of 3%, while, “the extremes” (grade I and IV of malignancy) occurred in 13%.

The analysis of variance in nonepithelial tumours, demonstrate an increased frequency of lymphomas (21%), reticulosarcomas (19%), schwannomas (15%). The fourth category, which includes rhabdomyomas and leiomyomas, is also well represented (13%).

Figure no. 1. Histopathological diagnosis in gastric neoplasms (dispersion rate)



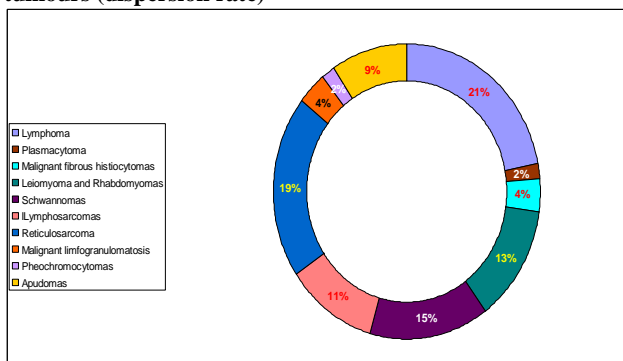
Dispersion rate in the case of gastric neoplasms show a favourable postoperative evolution and an increased rate of surgical cure (79%) or improvement (11%). The third category of aggravated discharges was of 5%, while the remaining 5% of the patients died from postoperative complications.

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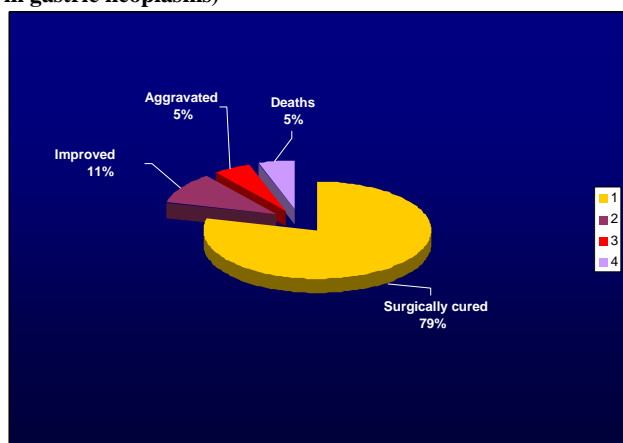
CLINICAL ASPECTS

Figure no. 2. Histopathological diagnosis in nonepithelial tumours (dispersion rate)



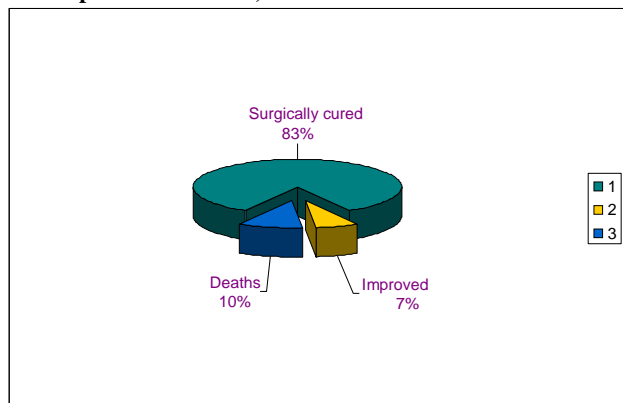
As in the case of gastric neoplasms, a significant percentage of the patients taken into account in this study showed a favourable postoperative evolution, being surgically cured (83%) or improved (7%), others dying from postoperative complications (10%).

Figure no. 3. Health status upon discharge (dispersion rate in gastric neoplasms)



Age categories we are referring to are those between 50-59 years old in gastric neoplasm and 50-59 years old in nonepithelial tumours.

Figure no. 4. Health status upon discharge (dispersion rate in nonepithelial tumours).



BIBLIOGRAPHY

1. Alberts RS, Goldberg RM. Gastrointestinal tract cancers. In: Casciato DA, editor. Manual of clinical oncology. 5th ed. Philadelphia: Lippincott, Williams & Wilkins; 2004. p. 185-195.
2. Gunderson LL, Donohue JH, Alberts SR. Cancer of the stomach. In: Abeloff MD, editor. Clinical oncology. 3rd ed. New York: Elsevier Churchill Livingstone; 2004. p. 1819-1862.
3. Bonin SR, Roderich E, Schwartz RE. Gastric cancer. In: Pazdur R, editor. Cancer management: a multidisciplinary approach. 7th ed. New York: CMP; 2004. p. 259-271.
4. Pister PWT, Kelsen DP, Powell SM et al. Cancer of the stomach. In: DeVita VT Jr., Hellman S, Rosenberg SA, editors. Cancer - principles & practice of oncology. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2005. p. 909-944.
5. Andrei S, Andrei A, Tonea A, Andronesi D, Becheanu G, Dumbrava M, et al. Factori de risc în evoluția malignă a tumorilor gastrointestinale stromale. Chirurgia. 2007;102(6):641-650.

CONCLUSIONS

Our analysis confirms the importance of knowing and identifying the two large categories of neoplasms in early stages.