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MORPHOLOGICAL AND PHARMACOGENETIC FEATURES OF STOMACH CANCER ON THE BACKGROUND OF UTERINE ENDOMETRIOSIS

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Relevance: Stomach cancer usually develops in cells that produce mucous secretions, these cells are located in the lining of the stomach. This type of cancer is called adenocarcinoma.

Over the past few decades, the incidence of stomach cancer has been declining worldwide. At the same time, cancer in the area where the upper stomach (cardia) meets the lower esophagus is becoming much more common.

What are the symptoms of stomach cancer?

Signs and symptoms of gastroesophageal cancer and stomach cancer:

- Feeling bloated after eating
- Feeling full after eating small amounts of food
- Severe, persistent heartburn
- Severe, frequent stomach upset
- Unexplained persistent nausea
- Abdominal pain
- Frequent vomiting, usually associated with food intake
- Unintentional weight loss
- Fatigue

Cancer occurs when the number of acquired mutations in the DNA of a certain population of cells, caused by various reasons, allows them to divide uncontrollably and "hide" from the immune system.

The accumulating cancer cells form a tumor that is able to invade nearby structures. Cancer cells can separate from the tumor and spread throughout the body. This is called metastasis.

Although the underlying cause of gastric cancer is still unclear, there is a clear understanding of the risk factors and predisposing factors.

In recent years, the evidence base for the association of stomach cancer with infection with the bacterium *Helicobacter pylori*, which often causes chronic gastritis and gastric ulcer.

There is a proven link between a diet high in salty and smoked foods and cancer located in the main body (body) of the stomach. As the use of refrigeration technology to preserve food has increased worldwide, the incidence of stomach cancer has declined.

It remains unclear exactly which key factor causes gastroesophageal cancer or cancer of the body of the stomach, so it cannot be prevented. But you can take steps to reduce your risk of developing this formidable disease.

To do this, you need to make small changes in your daily life:

- Monitor your weight. If you have signs of obesity, consult nutritionist on eating behavior change.
- Try to be physically active most of the days of the week. Regular exercise has been linked to a lower risk of stomach cancer.

- Eat more fruits and vegetables. Try to add more fruits and vegetables to your diet every day. Not only the quantity is important, but also the variety, it has been proven that the consumption of 5 or more types of vegetables and / or fruits during the day significantly reduces the risk of stomach cancer.
- Reduce your intake of salty and smoked foods.
- Stop smoking. If you smoke, quit. If you don't smoke, don't start. Smoking increases the risk of not only stomach cancer but many other cancers as well. Quitting smoking on your own can be very difficult, you can contact the doctors at the Rassvet Clinic, they will provide you with practical advice and information about existing medications to make it easier to quit smoking.

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.

According to summary statistics, the 5-year survival rate after treatment remains low - 9.6 - 11.7% (Y. Adachi, 1996), the 10-year survival rate does not exceed 12.8% (V.M. Merabishvili, 2001).

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 (Muto Terukazu, 1995). They primarily depend on the accepted organizational forms of examining the population, the introduction into widespread practice of the endoscopic diagnostic method, the possibility of a qualified morphological study of targeted material in combination with modern X-ray techniques and their pharmacogenetic characteristics. environment can provide the necessary complex of morphological prognostic signs to clarify the characteristics of the pathological process and their pharmacogenetic features

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 stomach cancer, which, in turn, will make it possible to more reasonably judge the nature of the local process, improve diagnostics, adjust the treatment tactics of patients and predict the course of the disease. and their pharmacogenetic features.

The aim of this study was to increase the efficiency of the use of pharmacogenetic and morphological signs in endoscopic examination for early diagnosis, clinical assessment and prognosis in patients with gastric cancer.

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. 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%, urban dwellers accounted for 43.7%. Among the patients, 66% (72 men) were men, 34% (37 women) were women. Anamnesis of the disease was studied in all patients, an endoscopic examination was performed - FGS, followed by a histological examination of the biopsy specimen. The indications for FGS were the following: prolonged epigastric pain (in the abdomen), heartburn, belching, nausea and vomiting, difficulty swallowing food, lack of appetite and sudden weight loss, hemoptysis and to establish the reasons: reflux disease, gastrointestinal bleeding, cancer and their pharmacogenetic features 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 organs and to monitor the effectiveness of conservative treatment. If an affected area is suspected, a biopsy sample was taken with subsequent histological examination of the material and their pharmacogenetic features

RESULTS AND ITS 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: gastritis (with low acidity), stomach ulcers and polyps; 7% of patients underwent

various operations on the stomach. 12% of patients had contact with carcinogenic substances such as 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. This method allows you to slightly examine all parts of the esophagus, stomach, duodenum 12, including with a strong increase to identify foci of altered mucous membranes and take material for biopsy and histological / cytological studies, and their pharmacogenetic features. 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-shaped raised and well-defined edges, which is visually indistinguishable from a stomach ulcer, was diagnosed.

Table 1 shows data on the degree of differentiation of tumors.

Table No. 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
5.	G-4	four	3.7
6.			

Diffuse-infiltrative cancer (skirr), which during endoscopy is characterized by endophytic growth, diffuse germination and infiltrating the submucosal 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. No. 2 shows the data on the nature of the tumors identified during endoscopic examination.

Table No. 2

The nature of the tumor on 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	one	0.91
5.	Cyrrhoidal cancer	one	0.91
6.	Cancer in situ	7	6.42

CONCLUSIONS

A new stage in the fight against cancer is aimed at creating a modern system for the prevention and early detection of cancer and their pharmacogenetic features. 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 cancer, focused primarily on covering the needs of the population in high-tech treatment methods, as well as creating modern system of prevention and early detection of oncological diseases and their pharmacogenetic features. 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, both initial and common, and their pharmacogenetic characteristics. This dictates the need for further searches for modern diagnostic markers and the continuation of scientific research in this direction.

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