

24. DIAGNOSIS AND TREATMENT OF GASTRIC CANCER WITH PYLOROSTHENOSIS. RETROSPECTIVE STUDY.

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Introduction. It is well known that oncological pathology occupies a leading place in global mortality. In the Republic of Moldova, in 2020, according to the data of the National Agency for Public Health of the Ministry of Health, Labour and Social Protection, mortality due to malignant tumors are on the second place, representing 14.6%, preceded by cardiovascular diseases, which represent 56.3%. In the Republic of Moldova gastric cancer is also a major medical problem, but it can be seen that in the last five years it has a declining trend and ranks fourth in the oncological structure. The pyloroantral location represents 50-60% of gastric cancer location.

Aim of study. The main purpose of this study is to highlight the main methods of diagnosis and treatment of gastric cancer with pylorosthenosis.

Methods and materials. The retrospective study was performed on a group of 128 patients, who were hospitalized in the gastrology department of the Oncology Institute of the Republic of Moldova during March 2016- September 2021.

Results. This study found that gastric cancer with pylorosthenosis more often affects men (87 men-67.9%), about 2 times more than women (41 women-32 %). The age of the patients is variable, from the youngest patient at the age of 32, to the oldest at the age of 87, but still most are in the 50s and 70s. The main complaints of patients with gastric cancer with pylorosthenosis proved to be the following: pain in the epigastric region, weakness, loss of appetite, nausea accompanied by postprandial vomiting and weight loss. The main investigations that were used to confirm this diagnosis were: fibroesophagogastroduodenoscopy, stomach radiography, abdominal CT and, of course, the histological examination, which in most cases revealed Adenocarcinoma. Billroth 2 subtotal gastric resection was most often performed as a method of treatment, and in advanced cases anterior gastroenteroanastomosis was performed on the omega loop followed by Braun-type enteroenteroanastomosis.

Conclusion. It is worth mentioning that for an efficient and early diagnosis of gastric cancer with pylorosthenosis we need the accusations and the objective examination of the patients, plus the technical investigation to confirm this diagnosis. And as a method of treatment, the Billroth 2 subtotal gastrectomy is most often performed.