



**THE ROLE OF PREVENTIVE EXAMINATIONS IN THE
EARLY DIAGNOSIS OF MALIGNANT TUMORS OF THE
GASTROINTESTINAL TRACT**

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ABSTRACT

One of the important factors influencing the development of tumors are dietary habits. It is believed that increased consumption of fatty and protein foods, alcoholic beverages, irregular meals contribute to the development of stomach cancer. On the contrary, the presence in the diet of a sufficient amount of plant foods: vegetables, herbs, fruits, milk, selenium can provide and enhance the body's defense response.

The most important tool in the hands of a primary health care worker should be an algorithm for tactical management of a patient in case of a suspected malignant neoplasm of one or another localization, and it is then that the desired social effect will be achieved even with the low information content of questionnaire screening.

The article analyzes the identification of patients with precancerous diseases of the gastrointestinal tract, as well as the results of preventive examinations for malignant neoplasms. The results of the analysis showed that after the timely detection of precancerous diseases and their treatment, as well as in-depth preventive examinations, the identification of patients in the early stages of the process improved significantly.

KEYWORDS: *secondary prevention, precancerous diseases, preventive examinations, early detection, malignant tumors of the gastrointestinal tract.*

INTRODUCTION

The issue of prevention of malignant neoplasms (MCNO), both primary, aimed at identifying and eliminating etiological factors, and secondary, aimed at early detection of malignant neoplasms, has been noted in the works of many specialists [1, 2].

The relevance of the issue is due to economic losses in malignant neoplasms, which, in turn, consist of the high cost of treatment, preventive and rehabilitation measures, long-term, often irreversible loss of working capacity, significant costs for social security and insurance [3].

In 2019, 24,648 cases of malignant neoplasms (MCNs) were detected in Uzbekistan, including 10,511 and 14,137 in male and female patients, respectively. The incidence rate of MN per 100,000 population was 74.1, which is 5.4% higher than in 2018 and 29.7% higher than in 2009 [4].

In the structure of the incidence of cancer in the Republic of Uzbekistan in recent years, cancer of the breast, stomach and cervix retains the leading position with incidence rates of 11.2, 5.7 and 5.6 per 100,000 population, respectively [5].

One of the important factors influencing the development of tumors are dietary habits. It is believed that increased consumption of fatty and protein foods, alcoholic beverages, irregular meals contribute to the development of stomach cancer. On the contrary, the presence in the diet of a sufficient amount of plant foods: vegetables, herbs, fruits, milk, selenium can provide and enhance the body's defense response [6, 7, 8, 9, 10].

According to M.N. Tillyashaykhov et al. (2022) in the Republic of Uzbekistan in 2021, 23.5% of cancer patients were detected during preventive examinations. In I - II stages of the disease during preventive examinations, 43.4% of tumors of visual localization were detected. This was 18.1% for esophageal cancer, 12.5% for stomach cancer, 5.7% for colon cancer, and 13.2% for rectal cancer. These are low rates compared to others, which requires a change in the organizational principles of work in preventive examinations of the population.

In countries with a developed healthcare system, great attention is paid to the secondary prevention of cancer. But it is interesting that screening as a program event has lost its significance there, but has become an integral part of citizens' insurance, and it is for this reason that the detection of early stages of malignant neoplasms in European countries in the ordinary case exceeds 60% [11, 12, 13].

One of the methods of prevention is the questioning of the population "in the field" by the method of door-to-door rounds with filling out questionnaires by paramedical workers. Further processing of the questionnaires is carried out by primary care physicians, with subsequent recommendations for further examination if a neoplasm is suspected [14, 15, 16]. The authors of another work recommend for implementation in rural areas, again at the primary level, the method of mass screening and the creation of a unified map based on the results of a mandatory annual oncological examination of the population over 30 years old with a survey of visual localizations [17, 18]. But the detection rate of malignant neoplasms by the questionnaire method remains not high, 0.08-0.17% according to different authors [19, 20].

The most important tool in the hands of a primary health care worker should be an algorithm for tactical management of a patient in case of a suspected malignant neoplasm of one or another

localization, and it is then that the desired social effect will be achieved even with the low information content of questionnaire screening [21, 22].

The task of secondary prevention of oncological diseases is the early diagnosis of tumors and their timely treatment. Ways of implementation - increasing medical literacy and responsibility of everyone for their own health. Secondary prevention is entirely the responsibility of primary health care facilities. When developing a prevention program, one must remember about the quality of oncological examinations of the population. Since the effectiveness of clinical examination depends on the quality of the medical examination, the solution of the problems of prevention and early diagnosis should be achieved by medical workers in primary health care. It is rightly considered that the experience and qualifications of the doctor are of the greatest importance in the diagnosis. But doctors of any specialty should be able to suspect a tumor [23, 24].

According to some authors, a tactic is considered rational, in which all patients with suspected cancer should be examined by an oncologist, however, the primary care physician remains the first contact doctor [25, 26, 27, 28].

The task of detecting cancer in the early stages can only be solved with the help of a systematic and integrated approach, including measures for primary and secondary prevention, organized screening methods of examination, information support programs for ongoing activities, educational programs for primary care physicians, monitoring the results of ongoing activities for early detection ZKNO [29, 30, 31, 32].

The scale of the problem, which has medical, social and economic aspects and is considered as an important state task, dictates the need to develop and put into practice new methods for managing the oncological situation.

MATERIALS AND METHODS

In recent years, in all regions of the republic, much attention has been paid to the prevention and early detection of malignant neoplasms. In 2021, large-scale in-depth preventive examinations were carried out in all districts and cities of the Khorezm region. At the same time, preventive examinations were carried out using modern medical devices with subsequent morphological examination (cytological, histological) to confirm the diagnosis. Particular attention was paid to the presence of precancerous diseases and the age of the examined. In addition, the indicators of the spread of tumors of the gastrointestinal tract in the districts and cities of the region were studied. To detect malignant neoplasms of the gastrointestinal tract during preventive examinations, an esophagogastroscope and a fibrocolonoscope from Pantex (Japan) were used.

A study of the gastrointestinal tract in various regions of the Khorezm region using an esophagogastroscope and a fibrocolonoscope was carried out in 1962 people. In this case, the study was carried out on the esophagus, stomach, various parts of the colon and rectum (Table 1).

Table 1. Distribution of the surveyed population groups depending on gender and age with malignant tumors of the gastrointestinal tract

Floor	Number of examined	Age, years					
		up to 20	21-30	31-40	41-50	51-60	> 60

Men	758	9	43	98	182	227	199
Women	1204	16	70	123	278	415	302
Total	1962	25	113	221	460	642	501

As can be seen from the presented data, out of 1962 surveyed, the majority were females - 1204 (61.3%). In most cases, preventive examinations were carried out in the age group of 41-50 years old (23.4%), 51-60 years old (32.7%) and among people over 60 years old (25.5%), less often up to 20 years old (1.2%) and 21-30 years old (5.7%). It should be noted that precancerous diseases in most cases were registered among females than among patients with malignant neoplasms.

RESULTS AND DISCUSSION

The analysis of the results of preventive examinations showed that 1543 (78.6%) out of 1962 examined were aged > 40 years. In this age group, in most cases, precancerous diseases of the gastrointestinal tract (erosive esophagitis, reflux esophagitis, esophageal ulcer, cicatricial structure, esophageal polyp, atrophic gastritis, hyperplastic gastritis, callous ulcer, gastric polyp, spastic colitis, ulcerative colitis, colon polyp, chronic colitis, rectal polyp, chronic proctitis) and in 123 (6.3%) malignant neoplasms. The performed statistical analysis showed that out of 1962 patients examined during esophagoscopy, 17 (0.9%) had esophageal cancer, 77 (3.9%) had gastric cancer, 13 (0.7%) had colon cancer and 16 (0.8%) - rectal cancer.

In the detection of malignant neoplasms of the gastrointestinal tract, dynamic dispensary monitoring of precancerous diseases was important, which makes it possible to detect malignant neoplasms in the early stages. These figures may vary depending on the location of the tumor.

If 50 (2.5%) out of 1962 examined people with esophageal cancer had precancerous diseases, then among this group of patients 17 (0.9%) had esophageal cancer. This indicator is considered significant when conducting in-depth preventive examinations.

During preventive examinations using gastrofibroscopy, 141 (7.2%) patients were diagnosed with precancerous diseases of the stomach. Further examination of 141 patients revealed gastric cancer in 77 (34.3%) patients (table 2).

Table 2. Distribution of patients with precancerous diseases and malignant tumors of the gastrointestinal tract identified during preventive examinations.

Localization of the examined organ	Number of examined	The number of precancerous diseases	Number of patients with malignant tumors
Esophagus	1962	50 (2.5%)	17 (0.9%)
Stomach	1962	141 (7.2%)	77 (3.9%)
Colon	1962	122 (6.2%)	13 (0.7%)
Rectum	1962	95 (4.8%)	16 (0.8%)
Total	1962	408 (20.8%)	123 (6.3%)

Compared with esophageal cancer, the rates of gastric cancer and colon cancer were low, and precancerous diseases of the colon were detected in 122 patients, and colon cancer in 13 (0.7%)

patients. Relatively high rates were registered among patients with rectal cancer. Of 95 patients with precancerous diseases, 16 (0.8%) had rectal cancer. As the results of the analysis showed, high rates were registered with in-depth preventive examinations of the stomach (3.9%) and esophagus (0.9%) compared with cancer of the colon and rectum (0.7% and 0.8%, respectively). The indicators of in-depth preventive examination with the use of esophagogastrosocopy turned out to be significantly better than the indicators for the republic. This must be taken into account when conducting an in-depth preventive examination of the population with the mandatory inclusion of an endoscopic component. In addition, the use of the endoscopic component during preventive examinations made it possible to increase not only the detection of gastrointestinal cancer, but also its detection at an early stage.

In our observations, among the identified patients with malignant tumors in esophageal cancer, stage I was 5.9%, and stage II - 82.3%. In stomach cancer, this corresponded to 12.9% and 62.3%. In colon cancer, 92.3% of patients were detected in stage II and not a single patient was detected in stage I. In rectal cancer, 25% of patients were detected in stage I and 68.7% in stage II of the tumor process, only 6.3% of cases the tumor was detected in stage III - IV (table 3).

Table 3. Distribution of patients with malignant tumors of the gastrointestinal tract depending on early detection.

Tumor localization	Number of patients	I stage	II stage
Esophageal carcinoma	17	1 (5.9%)	14 (82.3%)
Stomach cancer	77	10 (12.9%)	48 (62.3%)
colon cancer	13	0	12 (92.3%)
Rectal cancer	16	4 (25%)	11 (68.7%)
Total	123	15 (12.2%)	85 (69.1%)

The statistical analysis performed showed that in-depth preventive examinations using modern diagnostic methods make it possible to detect malignant neoplasms in a large number of cases, especially in the early stages.

CONCLUSION

Thus, the results of the study showed that with an in-depth preventive examination, it is not only possible to detect malignant neoplasms, but also precancerous diseases, which are risk factors in the development of malignant tumors.

With purposeful preventive examinations using endoscopic methods (esophagogastrosocopy, fibrocolonoscopy), out of 1962 cases, 123 (6.3%) patients were diagnosed with malignant neoplasms.

Among the identified patients with malignant neoplasms of the gastrointestinal tract, 12.2% were diagnosed with stage I and 69.1% with stage II of the tumor process, only 18.7% were detected in stages III - IV of the tumor process (table 3).

The data obtained indicate that targeted preventive examinations make it possible to identify patients in most cases in the early stages of malignant tumors of the gastrointestinal tract.

The obtained indicator is considered high and it needs to be implemented in other regions of the Republic.

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