© 2016 Sociedad de Gastroenterología del Perú

Gastric cancer: a reality to be changed

Cáncer gástrico: una realidad que va a cambiar

Vitorino Modesto dos Santos[1]

[1] Department of Internal Medicine, Armed Forces Hospital and Catholic University. Brasília-DF, Brazil.
Recibido: 21-01-2016 Aprobado: 4-2-2016

Sr. Editor:

In Peru and in Brazil, gastric cancer is one of the most aggressive and frequent causes of death by malignancy in adults, and poor prognosis, due to late diagnosis (1-5).

I read with special interest the article by Torres-Roman and Grados-Sanchez about "Gastric cancer in Peru, a reality that has to change" (1). They highlighted that up to 80% of cases are detected when the serosa and muscle layers of the stomach are affected; and cigarette smoking, diets rich in salt, smoked foods, sedentary lifestyle and obesity, and *Helicobacter pylori* infection as major associated risk factors in 90% of the cases (1). Moreover, they emphasized the lack of cancer specialists and endoscopy resources, which could explain the high rate of death from cancer gastric in poor regions of Peru (1). Worthy of note, was the absence of comments about the alcohol abuse in this setting. Chirinos *et al*. compared 96 Peruvian patients with confirmed diagnosis of gastric cancer and 96 control individuals with diagnosis either of gastritis or peptic ulcer (2). Cancer gastric patients had low socioeconomic level; were from the Andean zone and jungle; had low consumption of fruits, vegetables and milk; utilized firewood, charcoal, or kerosene to cook, and had not refrigerator; tubular adenocarcinoma predominated (2). No significant differences were found about ethnicity; tobacco and alcohol use; mineral, wood and metal dust exposures; red meat and salt consumption; and food temperature (2). Interestingly, neither tobacco smoking or alcohol abuse seemed to be main risk factors (2).

I would like to address some comments about gastric cancer in Brazilian patients (3-5). Santos *at al*. described cases of Budd-Chiari's syndrome (3), Trousseau's syndrome (4), and disseminated osteoblastic metastases (5), associated with gastric adenocarcinoma. The first two cases were diagnosed exclusively with base on necropsy findings in a 28-years-old man and in a 40 year-old woman, respectively (3-4). The third one was detected by upper digestive endoscopy in a 65-year-old man without use of tobacco or alcohol (5). The old man had advanced diffuse infiltrative tumor of gastric body - plastic linitis (5). The authors stressed the value of necropsy studies to make unsuspected diagnosis clear; however, this relevant tool for scientific research is not available in low income regions. Nonspecific manifestations and associated conditions increase the usual challenges; therefore, the commented articles from Peru and Brazil can enhance the suspicion index. After all, the current concerns about gastric cancer need to change, without more delay.

REFERENCES

1. Torres-Román JS, Grados-Sánchez O. Cáncer gástrico en el Perú: una realidad susceptibilidad de cambio [carta]. Rev Gastroenterol Peru. 2015;35(3):276.
2. Chirinos JL, Carbajal LA, Segura MD, Combe J, Akiba S. Cáncer gástrico: perfil Epidemiológico 2001-2007 en Lima, Perú. Rev Gastroenterol Peru. 2012;32(1):58-64.
3. Santos VM, Castro ECC, Araújo AC, Reis MA, Teixeira VPA. Budd-Chiari syndrome and unsuspected gastric adenocarcinoma. Medicina (Ribeirão Preto). 2005;38(2):156-60.
4. Santos VM, Rodrigues DBR, Castro ECC, Saldanha JC, Soares S, Teixeira VPA, et al. Widespread hematogenous metastases and Trousseau's syndrome in gastric adenocarcinoma. Rev Hosp Clin Fac Med Sao Paulo. 2001;56(3):91-6.
5. Santos VM, Vieira TA, Marinho CS, Loures TP, Brandao BBV, Botan RN. Infiltrating gastric adenocarcinoma with disseminated osteoblastic metastases. An Sist Sanit Navar. 2013;36 (1):153-7.

Correspondence: *Vitorino Modesto dos Santos. Armed Forces Hospital. Estrada do Contorno do Bosque s/n, Cruzeiro Novo. 70658-900, Brasília-DF, Brazil. E-mail: vitorinomodesto@gmail.com.*

Citar como: dos Santos VM. Gastric cancer: a reality to be changed [carta]. Rev Gastroenterol Peru. 2016;36(1):94