

PREFACE

Cancer of the stomach remains a pressing problem in medicine. However, during recent years, scientific and medical interests in gastric cancer have decreased markedly. Some researchers explain this lack of interest by the reduced incidences of the disease. Another important factor that may explain this situation are the huge bulk of accumulated data. There is a prevailing opinion that all possible research in gastric cancer that might be important to practical medicine has already been accomplished.

Meanwhile, a somewhat different point of view becomes quite apparent today; however, because of the existing tradition in determining gastric cancer, the new approaches are not quite welcome. We have studied the diagnosis of gastric cancer for years, and, in our opinion, the reduced interest in the problem is not legitimate or justified. Moreover, being in close contact with gastric cancer patients, we do not think that its occurrence has decreased.

Mass-scale examination of the population for early diagnosis of gastric carcinoma is a permanent fixture in the literature. The discussion is probably encouraged by an unprecedented experience in Japan, where *early cancer* of the stomach is discovered by X-ray and endoscopic screening of the population on an unrivaled scale. For economic considerations, this approach has not become popular in countries where the incidence of this disease is lower. An alternative concept of examining risk groups was thus produced.

We do not deny the usefulness of the data obtained by examining such risk groups in order to improve early detection of gastric cancer, but during recent years we discovered another important aspect in the diagnosis of gastric cancer that in our opinion explains the difficulty in the diagnosis of this disease. While using double-contrast radiography in combination with the elements of classic X-ray examinations, we were convinced that the leading role among all anatomical forms of gastric cancer is that of endophytic tumors. Endophytic tumors, which are of long duration and become clinically manifest at late stages of the disease, are the most difficult to diagnose. Even recent diagnostic techniques and apparatuses often fail to give sufficient data for an unambiguous diagnosis of the neoplastic process.

We analyzed the results of our observations of more than 2000 patients with gastric tumors and believe that endophytic forms of tumors prevail (80%) among other new growths. This has led us to the conclusion that the existing concepts of the diagnosis of gastric cancer should be revised substantially. This is especially true for radiodiagnosis of gastric cancer due to underestimation of its endophytic growth in the past. Thus, we thought it necessary to revise the existing concepts of early gastric cancer. Being in constant contact with endoscopists, we are convinced that the existing X-ray and endoscopic semeiotics of early cancer in its traditional understanding narrows the framework of the diagnosis of endophytic forms of cancer in their early stages.

With this in mind, we returned to the *linitis plastica* problem, because, in our opinion, this is the source of our present-day difficulties in the diagnosis of gastric cancer in general. In the papers published earlier this century, *linitis plastica* was

regarded as the most common and lethal of diseases. We consider this problem from the perspective of the methodology that is currently used to diagnose the disease in its early stage. Moreover, based on the understanding of the pathogenetic mechanisms of propagation in blastomatous infiltration in *linitis plastica*, we decided that its main mechanisms are active in most cases of gastric cancer as well. This, in turn, helped us to arrive at the main concept of this monograph, that is, underestimation of the fact that gastric cancer may develop according to *linitis plastica* type is among the main causes of its unsatisfactory diagnosis.

We established a specific symptom complex that characterizes the initial manifestations of endophytic gastric tumors, which we called *intramural blastomatous infiltration*. The new concept is not juxtaposed to the classic semeiotics of the *early gastric cancer*, but, in our opinion, is only a substantial supplement to the concept of the so-called *small cancer* of the stomach.

X-ray computed tomography and ultrasonographic examinations of the stomach are described in two chapters of the monograph in which the role of these methods in verification of separate aspects of the infiltrative growth of tumor (submucous spread, specific localization, etc.) is estimated.

The book also describes some organizational factors that suggest efficient methods of X-ray and endoscopic examinations of the population on a mass scale.

We think that endophytic cancer is one of the factors responsible for the disadvantageous situation in gastric oncology and respective social developments. Therefore, we also think it necessary to present our own concept of the economic aspect of the problem as applied to gastric cancer in general.

We express our deep gratitude to Prof. V. Odinokova (deceased), V. Banina, and A. Roslov, Cand. Sci. (Med.), for their fruitful assistance in preparing the material for the chapters: *Pathogenetic and Morphologic Principles of Radiodiagnosis of Endophytic Gastric Cancer* and *Ultrasonographic Examination*.