

The loose of weight in H.pylori associated gastric cancer patients

Zurab Khetsuriani, Alexander Tsalugelashvili, Shorena Khetsuriani, Makvala Chitaladze

National Cancer Center, Tbilisi, Georgia;
Institute of Experimental and Clinical Medicine, Tbilisi State Medical University, Georgia

ABSTRACT

It is known, that H.pylori is I class carcinogen for gastric cancer. The loose of weight, with H.pylori-associated gastric cancer patients (I group) were compared with H.pylori - non-associated gastric cancer patients (II group), according to stage of disease. Appeared, that in I group were hard loss of weight, than in II group, that may leads to clinical complications.

KEYWORDS: gastric cancer, *Helicobacter pylori*, weight loose

Despite a reduction incidence morbidity and mortality, gastric cancer is still one of the most common malignant disease world wide. Recent date from the international Agency for Research on cancer show, that it remains the second most common cancer and in every years mortality rate is 800000 people [5,7].

Gastric cancer often meets in developing countries, than in developed countries. Among many precancerous factors, H.pylori is I class carcinogen [6].

It is established, that spread of H.pylori-infection in developed countries is 40-50% and in developing countries - 90% [8]. It is known, that in H.pylori infected people gastric cancer meets 6-8 times often, than in non-infected [4,9].

AIM OF STUDY

Because of no studies have shown the loose of weight in H.pylori-associated gastric cancer patients, according stage of disease, we studied this problem on example of Georgian National Cancer Center.

MATERIALS AND METHODS

We have examined 84 patients with gastric cancer (II, III and IV stage).

The biopsy specimens and resection materials were taken during the operations or endoscopy procedures. Transportation and cultivation, with microbiological and identification with cytological or ureasa rapid test were performed by recently applied methods [1,2,3]. The data were processed by student's variation system.

RESULTS

There were 53 patients, with H.pylori infection (I group), 31 non-infected (II group). Between of these group, were compared the loose of weight, according of stage of disease.

In I group, on II stage, the loose of weight still 10 kg were in 58,33±14,19% and above 10 kg - in 41,66±14,19%. In II group - consecutively - 70,00±14,99% and 30,00±14,49%.

On III stage, difference are more clear. In group, the loose of weight still 10 kg were in 40,10±9,78% cases, above 10 kg - 10,10±9,79%. In II group - the picture is unlike again - 69,29±12,60% and 30,76±12,6%.

On IV stage of disease, difference are less clear. The loose of weight still - 10 kg in I group is in 31,25±11,66%, above 10 kg - in 68,75±11,66%. In II group - consecutively - in 37,50±17,11% and in 62,50±17,11%.

All, in I group, the loose of weight still 10 kg are in 31,25±11,66%, above 10 kg - in 68,75±11,66%. In II group - in 61,29±8,74% and 38,70±8,74%.

DISCUSSION

The above-stated date, which has been obtained by us, we may conclude, that according stage of disease, in H.pylori-associated gastric cancer patients are two times hard loos of weight, than in H.pylori non-associated patients, that leads to clinical complications of disease.

Stage of disease	I group					II group				
	n	Still 10 kg		Above 10 kg		n	Still 10 kg		Above 10 kg	
		abs.	%	abs.	%		abs.	%	abs.	%
II	12	7	58,33±14,19	5	41,66±14,19	10	7	70,00±14,49	3	30,00±14,49
III	25	10	40,00±9,79	15	60,00±9,79	13	9	69,24±12,60	4	30,76±12,60
IV	16	5	31,25±11,66	11	68,75±11,66	8	3	37,50±17,11	5	62,50±17,11
Sum	53	22	41,50±6,76	31	58,49±6,76	31	19	61,29±8,74	12	38,70±8,74

Tab.1 The loose of weight in I and II group.

REFERENCES:

1. Киселева С., Голубева И. В кн. "Диагностические препараты и методы лабораторной диагностики, вызываемых энтеробактериями". М. 19997, т.1, с. 30-49.
2. Микробиологическая диагностика забоелований, вызванных микроаэрофильными изогнутыми бактериями. М., 2001, с. 3-42.
3. Поспишев Ю.А., Бувалцева И.. - Роль цитологического метода в патоморфологических исследованиях. Врачебное дело, 1998, №9. с. 87-88.
4. Brawn L.M. - H.pylori-epidemiology and routs of transmission - Epidemiology reviews, 22(2), 283-97, 2000.
5. De Coster E., Buster M., Nyst J.F. - Gastric screening prospects. // Cancergram series, с. 19, Oct. Eur. cancer prev. 2(3). 263. 1993.
6. Faivre I., Benhaminche D.M. - Epidemiology and etiology of malignant gastric tumors // Revue du praticien, 47(8); 833-6, 1997 Apr. 15.
7. Hezel S.L., Lee A. - Campylobacter pyloridis, urease, hydrogen ion, bac. diffuse and gastric ulcers / Lancet, 1986, 2, N8497. 15-17.
8. Suggiama T., Mizushima T. - Virulence gene of HP // Nippon-rinso. Japanese J. of clinical medicine. 59(2); 227-33, 2001 Feb.
9. Young C.P. - The genetics, epidemiology early detection of gastrointestinal cancer-series Eur. cancer prevention, 4(4) 728-35, 1992.

Потеря веса у пациентов с раком желудка, инфицированных *H.pylori*

Зураб Хецуриани, Александр Цалугелашвили, Шорена Хецуриан, Маквала Читаладзе

Национальный онкологический центр, Тбилиси, Грузия;

НИИ экспериментальной и клинической медицины, Тбилисский государственный медицинский университет, Грузия

Р Е З Ю М Е

Цель работы - изучение характера потери веса инфицированных *H.pylori* (I группа) и неинфицированных (II группа) больных с раком желудка с учетом стадии заболевания. Установлено, что у пациентов I группы, особенно в II и III стадиях ракового заболевания, тенденция потери веса была выражена в два раза большей степени, чем у пациентов II группы. Полученные результаты свидетельствуют об отягчающей роли *H.pylori* в динамике рака желудка.

Ключевые слова: рак желудка, *helicobacter pylori*, потеря веса

□ **International committee of medical journal editors. Uniform requirements for manuscripts submitted to biomedical journals.** Ann Intern Med 1997;126:36-47.

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