

Cancer of the GI tract is one of the commonest fears

Written by PHILIP S. CHUA, M.D., FACS, FPCS
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ENDOSCOPY is a medical procedure where the gastroenterologist (specialist in diseases of the food pipe, stomach and intestines) inserts through the mouth a thin, flexible, lighted, fiberoptic tube with a mini TV camera (for direct viewing by the physician performing the test, or displaying the color video image on a TV screen) into the esophagus (foodpipe), stomach and (usually the duodenum, the first part of the) small intestines to do what is known as UGI (Upper Gastrointestinal) endoscopy.

The same examination done through the rectum to view the rectum and the colon (large intestine) is called LGI (Lower Gastrointestinal) endoscopy.

Besides being an outpatient diagnostic procedure, endoscopy could also be therapeutic (a treatment), like excision of polyps or removal of a foreign body, cauterizing to stop a small bleeder, etc.

Historical records show that it was Aranzi, in 1585, who first used a light source for an endoscopic procedure but, technically, it was Hippocrates, the Father of Medicine, who lived 400 years before the birth of Christ (born in 460 B.C.; died in 377 B.C.), who first performed an endoscopic procedure where he inserted a speculum to examine the rectum.

That was the exact principle and concept of endoscopy, which advances in technology today have impressively refined to its current state of awesome sophistication.

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Endoscopy is done to examine and view the inner lining of the entire upper and lower gastrointestinal (digestive) tract for possible cancer, polyps, ulcers, bleeding, diverticulum (outpouching), hiatal hernia, varices, etc.

The UGI endoscopy also frequently detects signs of GERD (Gastroesophageal Reflux Disease), a very common condition where the acid from the stomach “regurgitates” upward to the lower end of the esophagus, causing esophagitis (inflammation of the foodpipe) and symptoms of heartburns.

This test also checks for Barrett’s esophagus, a condition that increases the risk of the development of esophageal cancer.

Cancer of the GI tract is one of the commonest fears why these two procedures are very popular and frequently performed.

This prevalence of stomach cancer varies among countries and by sex.

Per 100,000 Japanese population, for example, it is about 80 men and 30 women, white American men, 11, white American women, 7, British men, 18 and British women, 10.

There has been a impressive decline in incidence in North America, New Zealand and Australia since 1930 but the reduction has been slower in Europe.

The incidence also seems higher among those with Type A blood.

In the USA, cancer of the stomach is relatively more common among Japanese American and Hispanic groups.

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The death rate in the USA for gastric cancer is between 14,000 to 15,000 a year.

Sixty to 70 cases of these are men.

Colorectal cancer is the third-most common cancer in humans, topped only by cancer of the lungs and female breasts.

More than 150,000 people in the United States each year discover they have cancer of the colon or rectum, and approximately 46,000 will die from it this year alone.

The incidence starts to rise at the age 40 and the peak is between ages 60 to 75.

Colon cancer is more common among women and cancer of the rectum among men.

About 5 percent of the patients have both (synchronous cancer).

Everyone 50 years old and older should have an annual fecal occult blood test and a prophylactic colonoscopy every three to five years.

Since blood in the feces is one of the earliest sign of colorectal cancer, testing for blood in the stools yearly among those 50 and older is essential, and could be lifesaving.

And so with prophylactic colonoscopy, especially for those with FAP (Familial Adenomatous Polyposis) of the colon.

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Upper GI Endoscopy, also called, esophagogastropscopy, is recommended for those with UGI symptoms, unexplained anemia, a history of UGI disease, or even for individuals with a history of FAP of the colon.

I had my routine UGI and LGI endoscopies done more than five years ago, so, to start the new year fresh, I had both examinations repeated about two weeks ago, before I flew out of Chicago for Cebu.

The peace of mind and security I felt following a “clean bill of health” from the endoscopies was well worth the time and all the discomfort and inconvenience of the induced frequent diarrheas I had (from taking Phosphor-Soda) as a standard preparation for the procedure which, by the way, also cleansed my GI tract.

Prevention is the best treatment for almost all diseases that afflict man today.

And we are luckier in this era of advanced and sophisticated medical science compared to the generations before us.

All we have to do is to take advantage of these state-of-the-art and cutting edge healthcare technology that modern medicine offers.

To all our readers, here's wishing you and your loved ones a new year filled with love, good health, happiness, prosperity and inner peace.

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