

SENSITIVITY OF DIAGNOSTIC METHODS AND TNM CLASSIFICATION IN STAGING OF GASTRIC CARCINOMA

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Preoperative staging in patients with malign gastric disease is of crucial importance for its multimodal treatment. The research included a group of 65 patients with gastric carcinoma. Targeted preoperative diagnostic procedures were performed as a basis for determining the preoperative and postoperative (TNM) degree. The diagnostic techniques used for the clinical and statistical examinations included ultrasonography (US), multi-slice computerized tomography (MSCT) and endoscopic ultrasound (EUS). The sensitivity of MSCT used for preoperative T status, compared to the postoperative findings, amounted to 39%, while the EUS sensitivity used for an assessment of the depth of tumour infiltration for T status amounted to 83%. The ultrasound examination could not detect enlarged lymph nodes in 58 out of 65 subjects with gastric carcinoma who had intra-operatively detected enlarged nodes, while a realistic positive finding of spreading malign process was detected in lymph nodes N1 in three patients and N2 in four patients. Ultrasound examination proved to be the least sensitive, with the detection rate of the affected lymph nodes in gastric carcinoma patients of only 11%. The MSCT proved as a reliable diagnostic technique in 43% of the preoperative assessments of malign process spreading into lymph nodes. Preoperatively, M0 status was found in 67.21% of the patients, while it was intraoperatively confirmed in 62.29%. The M0 status was preoperatively underestimated in 8.1% (M0 into M1) of patients.

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