

**Ministry of health of Ukraine
Higher state educational establishment of Ukraine
«Ukrainian medical stomatological academy»**



«Approved

At the sitting of the chair of oncology
The minutes №2 from September 1, 2018
y. Manager of chair of oncology
MD, professor V.P.Bashtan

**METHODICAL POINTING
FOR INDEPENDENT WORK OF STUDENTS
DURING PREPARATION TO PRACTICAL EMPLOYMENT**

<i>Educational discipline</i>	<i>Oncology</i>
<i>Module №</i>	<i>I</i>
<i>Rich in content module №</i>	<i>I</i>
<i>Theme of employment</i>	Esophageal cancer
<i>Course</i>	<i>V</i>
<i>Faculty</i>	<i>Medical №1, №2</i>

Poltava - 2018

Theme: “Esophageal cancer”

Amount of hours: 2 educational hours.

Material and methodical providing of theme: educational room, chambers of surgical separation, endoscopy cabinet roentgenologic cabinet. Methodical instruction for students, tests, tasks, tables.

1. Actuality of theme.

The esophageal cancer makes 2 – 3% malignant new formations of different organs, and among the diseases of esophageal achieves 90%. In recent years the amount of patients with esophageal cancer diminished considerably. In a calculation on 100 thousands of population morbidity on esophageal cancer in Ukraine makes 4 – 8 cases. On esophageal cancer more frequent men are ill – 78%, more greater part of patients in age over 50 years, middle ages – 60 – 70 years.

2. Educational aims.

To know(D – II):

1. Specific gravity esophageal cancer in the general structure of oncologic morbidity of the region in a comparative aspect.
2. Clinical classification.
3. Obligatory methods of inspection of patients.
4. Basic methods of treatment.
5. Risk groups

To be able (D – III):

1. To conduct purposeful anamnesis of life and disease.
2. To conduct the common objective and special inspection of patients.
3. To appoint individual treatment of patients with esophageal cancer depending on the stage of illness.
4. To conduct the analysis of route of patient with the neglected form of esophageal cancer to draw specific record.

Terminology

English	Russian	Latin
Esophageal cancer	Рак пищевода	Cancer aesophahi
Diverticulum esophageal	Дивертикул пищевода	Divertculi aesophahi
Adenomatous polypus	Аденоматозный полип	Polypus adenomatosis
Gland-squamous cancer	Железисто-плоскоклеточный рак	Planae epithelialae

3. Materials to audience independent work.

3.1. Base knowledges, abilities, skills, are themes necessary for the study (intradisciplinary integration)

Discipline	To know	To be able
Anatomy	Structure of esophageal, supply blood, lymph flow	
Pathoanatomy	Morphological changes at the precancerosis diseases and states in the mucus layer of esophageal, histological variants of malignant process	To estimate the results of cytological and histological researches
General surgery and therapy	Methods of physical, laboratory and instrumental inspections of esophageal. Volume and principles of surgical treatment of diseases of esophageal.	To conduct physical and clinical inspection of patients with esophageal cancer
Methods of inspection		To be able to read sciagrams x-ray photography inspection of esophageal. To be able to estimate the results of endoscopy inspection

3.2. Table of contents of theme.

Epidemiology.

In most countries frequency of esophageal cancer does not exceed 2% cases of all malignant diseases. At the same time in most regions of Kazakhstan the middle number of patients with this pathology among men achieves 24,5%, and women 14,0 on 100 thousand of population. In Japan this index makes: 8 – 14 on 100 thousand; at Brazilia: 13 – 26 on 100 thousand; in the different regions of France morbidity hesitates from 10 to 36 on 100 thousand.

Etiology.

The reasons of origin of esophageal cancer to this time it is not enough are studied. But some factors, which, no doubt, act substantial part in development of this illness, are now already known.

- Foremost it follows to be stopped for chronic action on the mucus shell of esophageal of different irritating matters which are adopted through a mouth: for example, permanent use of spicy, superfluously hot food, injuring of mucus shell, at the use in the meal of shallow fish which eat together with bones, frequent use of strong alcoholic drinks smoking. From data of literature, among patients with the cancer of esophageal 48% men and 27% women. A leading role is played by swallow of saliva, that contains the products of combustion of tobacco.

- Resulted cases of combination of esophageal cancer with hernia of the oesophageal opening of diaphragm, with cicatrical stricture of esophageal.
- It should be remembered about the role of heredity in etiology and pathogeny of esophageal cancer. Here take an innate short esophageal (esophageal of Barret's), especially in combination of him with a hyperkeratinization. Resulted cases of domestic hyperkeratinization of foets and hands (tyloses), at which high morbidity is marked on the esophageal cancer.
- Among other diseases which are related to the defeat of mucus shell and in combination with the high risk of esophageal cancer, it is necessary to notice syndrome of Plummer-Vinson, that is characterized by hypochromatic anaemia, by decline maintenance of iron in plasma.

Precancer of esophageal. Between of precanceroses changes of esophageal belongs:

- Leukoplakia, that focal and hyperplastic excrescences, which rise above the surface of mucus as the albicans callous bulges in the diameter of to 1 cm single or plural, is characterized. Microscopically in the area of leucoplakianame-plates the increase of layers of epithelial cells is marked to 50-60, cells of largenesses.
- Chronic esophagitis quite often precedes to the esophageal cancer. Symptoms at this illness are often absent, sometimes patients grumble about heartburn, pain at passing of meal on a esophageal. The reasons of esophagitis can be chronic hyperacidity gastritis, stomach-oesophageal reflux.
- Chronic ulcerous esophagitis usually, arises up on a background chronic esophagitis, shows up growth of pain at passing of meal on a esophagitis and origins of symptoms of stenosis of esophagitis, possible large bleeding.

Pathoanatomy.

A few pathohistological classifications of esophageal cancer are known. In clinical practice more frequent in all is used following.

- Exophitical or nodal, a cancer meets at 60% all cases. In the initial stages of development a tumor palpation in a mucus shell submucous layer. At esophagoscopy the noticeable poorly painted area of wall of esophageal. The surface of tumor is grainy, sometimes with point hemorrhages. Mucus shell without ulcers, but rigidity and is badly displaced. Greater knots remind a "cauliflower". Sometimes surface of tumor of ulceration and bleeding. Hemorrhages more frequent take place in a tumor surrounding mucus shell. In neglected cases a node takes shape of saucer with disintegration and ulcer in a center and vallum increase on each side. Histological more frequent squamous cell carcinoma appears. In subsequent these tumors acquire the less differentiated structure.
- Endophytic or ulcerous cancer is 30% all cases of esophageal cancer. On an early stage has the appearance of flat knot of albicans color which is located in the layer of mucus and submucous layers. Node quickly ulceration: the edges of ulcer are eaten away, hilly, bottom of her unequal, ulcer easily bleeding. At this form an odynophagia comes early, so as a tumor quickly spreads circular and the spasm of esophageal joins. Histological find out the picture of squamous cell carcinoma without the cornification, or with the cornification and disintegration, ulcer and inflammatory infiltration.

- A circular form is observed in 10% cases. A tumor develops on a mucus shell and slowly grows in circular direction, there is infiltration of mucus and muscular shells of esophageal by the cells of tumor. An ulcer appears lately as a result of second esophagitis. The germinations of mediastinum and metastases come also lately. Microscopically a tumor has the structure of squamous cell carcinoma with the cornification or basal cell carcinoma with considerable excrescence of fibrotic stroma, that have the picture of skyr.
- The cancer of cardial, usually adenocarcinome, grows from below upwards, spreads in a submucous layer.
The structure of esophageal cancer not always allows to deliver him to some sharp-edged form. There are the mixed forms with exophytic-endophytic growth of tumor.

During classification after stages the anatomic portion of esophageal is taken into account also.

- I. Tumors of neck part. A neck part is located from the line of connection of throat with a esophageal to the entrance in a pectoral cavity, approximately 18 cm from the line of front chisels.
- II. Tumors of intrathoracic part (except for the lower third):
 - a) overhead part is placed from the entrance in a pectoral cavity to the lower edge of the VI pectoral vertebra, approximately 26 cm from front chisels;
 - b) middle pectoral part is placed from the lower edge of the VI pectoral vertebra to the lower edge of the VIII pectoral vertebra, approximately 31 cm from front chisels;
 - c) underbody of esophageal by length 10 cm begins from the lower edge of the VIII pectoral vertebra and ends with the cardial opening, approximately 40 cm from front chisels.

Ways of metastases:

The metastases takes place mainly by a lymphogenic way in regional lymphatic nodes.

- The cancer of neck part early to metastasize in the checked spaces of neck and supraclavicular areas.
- The cancer of pectoral part metastasize in lymphonoduss mediastinum and around esophageal fat. Metastases in the lymphonoduss of left supraclavicular area (metastases of Virhov's) characteristic for the neglected cancer of all parts of esophageal.
- For the cancer of middle and lower pectoral part metastases are typical in the lymphonoduss of omentum. A liver is struck by metastases approximately in 20% cases, lungs- in 10%, other organs of abdominal region and bone are struck rarer.

The regional lymphonoduss of esophageal are:

- for a neck part are neck lymphonoduss (including supraclavicular)
- for an intrathoracic part are lymphonoduss of mediastinum.

Classification of esophageal cancer
(code of MKX - Oh C15) by system of TNM (5th edition, 1997 year).

TNM Clinical classification

T is the Primary tumor (neck and intrathoracic part of esophageal)

Tx — it is not enough information for estimation of primary tumor

T0 is a primary tumor does not concerne

Tis — carcinoma in situ

T1 is a tumor infiltration a basale membrane or submucous layer

T2 is a tumor infiltration a muscular layer

T3 is a tumor infiltration an adventitia

T4 is a tumor spreads on contiguous structures

N is the regional lymphatic nodes.

Nx — it is not enough information for estimation of the state of regional lymphatic nodes

N₀ — there are no signs of defeat of regional lymphatic nodes

N₁ are present metastases in regional lymphatic nodes

M is the remote metastases

Mx — it is not enough information for determination of remote metastases

M0 are remote metastases do not concerne

M1 is present remote metastases

For the tumors of lower pectoral part of esophageal

M1a are metastases in abdominal lymphonoduss

M1b is other remote metastases

For the tumors of overhead pectoral part of esophageal

M1a are metastases in neck lymphonoduss

M1b is other remote metastases

For the tumors of middle pectoral part of esophageal

M1a — is not used

M1b is not regional lymphatic lymphonoduss or other remote metastases

pTNM pathomorphological classification

The categories of pT, pN and pM answer the categories of T, N and M

pN₀ it is Material for histological research after mediastinum lymphadenectomy must include not less than 6 lymphatic nodes.

G is pathohistological gradation

Gx is degree of differentiation can not be certain

G₁ it is the high degree of differentiation

G₂ it is the middle degree of differentiation

G₃ it is the low degree of differentiation

G₄ it is the undifferentiated tumor

Grouping after stages

Stage 0	Tis	N ₀	M0
Stage And	T1	N ₀	M0
Stage of IIA	T2	N ₀	M0
	T3	N ₀	M0
Stage of IIB	T1	N ₁	M0
	T2	N ₁	M0
Stage III	T3	N ₁	M0
	T4	any N	M0
Stage IV	any T	any N	M1
Stage of IVA	any T	any N	M1a
Stage of IVB	any T	any N	M1b

Clinic.

Symptomatic of esophageal cancer recognition stage it is possible to divide into groups.

1. General symptoms which meet at the chronic diseases defeats by malignant tumors, including at the esophageal cancer
 - ✓ general weakness
 - ✓ rapid fatigue
 - ✓ decline of appetite
 - ✓ loss
 - ✓ loss of interest to circumferential weight
 - ✓ irritates and other
2. Symptoms, that characteristic for the thoracopathies:
 - ✓ dull pain in breasts or in the back
 - ✓ shortness of breath, that appears after acceptance of meal
 - ✓ tachycardia, that appears after acceptance of meal
 - ✓ change of timbre of voice and other
3. Symptoms of direct defeat of esophageal. This group of symptoms major in diagnostics of esophageal cancer, includes:
 - ✓ dysphagia
 - ✓ enhanceable sialosis
 - ✓ pain at swallowing (especially hard meal)
 - ✓ feeling of that “scratches” after a breastbone
 - ✓ smell with company and off-flavor
 - ✓ nausea
 - ✓ vomit.

One of basic and early symptoms of esophageal cancer is dysphagia (meets in 80% cases) at first not always expressly expressive and appears periodically. At a exophitic tumor she often is the first symptom that arises up on a background common prosperity.

Distinguish 3 types of dysphagia:

1. Functional (reflex) - usually by early
2. Mechanical is symptom of the developed or neglected cancer
3. Mixed is mechanical narrowing formation and reflex spasm of muscles

After expressed divide an dysphagia into 4 degrees:

1. Initial is violation of act of swallowing at passing of hard meal
2. Compensated are difficulties at passing of semi-fluid meal
3. Subcompensated are difficulties at passing of liquid
4. Uncompensated - a spoon-meat does not pass even

At an dysphagia the common state of patient gets worse progressively, exhaustion, dehydration, grows. There are complications (bleeding, oesophageal-tracheary and oesophageal-bronchial fistuls, breach of tumor, that disintegrates in mediastinum, in a pleura, pericardium, lungs) result in development of anemic, abscess of lungs, mediastinitis, festering pericarditis empyema of pleura.

Diagnostics.

The diagnosis of esophageal cancer is set by the resulted methods of research:

- endoscopy research is esophagoscopy with a biopsy or taking of puncture, smear-brush from the surface of tumor for histological and cytological research.
- Roentgenologic research – for clarification of degree of distribution of esophageal cancer is used:
 - ✓ tracheobronchoscopy
 - ✓ pneumamediastinum tomography
 - ✓ mediastinum
 - ✓ computer tomography.
- Radioisotope research
- Ultrasonic research
- Surgical research is laparoscopy (thoracoscopy), diagnostic laparotomy (thoracotomy).

At the differentiated diagnostics it is necessary to mean such illnesses of esophageal as cardiospasm, of high qualities tumors, ulcers, tuberculosis, syphilis, actinomycosis, esophagostenosis, at reflux-esophagitis and at hernia of the oesophageal opening of diaphragm, cicatrical стриктури after thermal and chemical burns, diverticulums of esophageal.

Treatment.

Treatment of esophageal cancer can be surgical, radial or combined. Each of these methods matters independent.

- Surgical treatment.

Radical operations is used at I, II, III stages of middle and lower third of pectoral and abdominal part of esophageal:

- ✓ operation of Dobromislov–Torek's includes to the extirpation esophageal with his following plastic arts for two stages:

- 1) extirpation esophageal with the leadingout of esophagostomy on a neck and imposition of gastrostomy;
 - 2) substitution of remote esophageal by an intestinal or gastric transplant.
- ✓ operations of Garloc and Lewis are operations with substitution of remote part of esophageal by a stomach. Operation of Garloc is executed at localization of tumor in lower third of esophageal and in a cardioesophageal area. Operation of Lewis is executed at localization of tumor in middle third of esophageal.

Palliative operations are used at the IV stage as gastrostomy, roundabout inosculation recanalization of esophageal.

- Radial treatment as independent treatment is used in most patients with the cancer of neck part and overhead third, pectoral part at contraindication to surgical treatment or waiver of patient of operation.
- Combined treatment:
 First stage is the controlled from distance therapy of gamut with the irradiation of all length of gullet at the ordinary fractionating.
 Second stage is esophagectomy in 2-3 weeks. At the large-sized fractionating operation in the first three days after radial therapy.
- The chemotherapy of esophageal cancer is ineffective. At application inward colchemin with sarcolysine it is sometimes succeeded to improve communicating of esophageal. Possible treatment of bleomicin, 5-F.U., connections of platinum.

Prognosis.

Unfortunately, it is needed to establish, that remote results still testify to palliative character of treatment of esophageal cancer. Deciding the nearest task is removal dysphagia and rescue of patient from hungry death, surgical treatment, even in combination with radial therapy still unable to decide a remote task is healing of patient of tumor illness. Obviously, what only next fundamental researches and scientific openings in the problem of cancer will allow clinical to medicine to carry out a high-quality jump in treatment of this threatening pathology.

3.3. Recommended literature:

a) Basic

1. Oncology / [Edited by prof. I.B.Shepotin, prof. R.T.Evans]. – Kiev: Medicine, 2008. – 496 p.
2. Clinical oncology / [V.Sorkin, A.Popovich, Yu. Dumanskiy and oth.]; under the edit. of the prof. G.V.Bondar. – Simferopol, 2008. – 192 p.

b) Additional

1. Ain KB: Anaplastic thyroid carcinoma: a therapeutic challenge. Semin Surg Oncol 1999; 16: 64-69.
2. Scully C, Field JK, Tanzawa H: Genetic aberrations in oral or head and neck squamous cell carcinoma (SCCHN): 1. Carcinogen metabolism, DNA repair and cell cycle control. Oral Oncol 2000 May; 36 (3): 256-63.

3.4.Materials for self-control:

A. Questions for self-control

1. Anatomy of esophageal.
2. Blood supply, lymph flow.
3. What histological structure of tumors of esophageal meets more frequent in all?
4. What volume of inspections of patients with the esophageal cancer?
5. Where more frequent in all to metastasize the esophageal cancer?
6. What way of metastases shows up more frequent (lymphogenic or hematogenous)?
7. What basic method of treatment of esophageal cancer?
8. Palliative methods of treatment of patients with the esophageal cancer.
9. Symptomatic methods of treatment of patients with the esophageal cancer
- 10.Prognosis

A. Tests for self-control

1. What anatomic departments does have an esophageal?
 - a) neck
 - b) thoracal
 - c) abdominal
 - d) all over indication

2. Problems of early distribution of tumors on mediastinum and to insufficiency of inosculation with an esophageal tied-up:
 - a) with the skim of mucus
 - b) by c absence of submucous layer
 - c) with weak vascularization
 - d) with absence of serosal tunic

3. In epidemiology of esophageal cancer all signs listed above faithful, except for:
 - a) women are ill more frequent than men
 - b) frequency of cancer higher in an age-dependent group 50-60 years
 - c) frequency of cancer is higher among the natives of Middle Asia
 - d) frequency of cancer is higher among the natives of north

4. For a doctor by the basic clinical display that allows to suspect the esophageal cancer is:
 - a) dysphagia
 - b) pathological excretions are hypersalivation
 - c) pain at passing of food
 - d) acrokeratosis

5. What parts of esophageal are struck by a tumor more frequent in all?
 - a) overhead
 - b) middle
 - c) lower
 - d) b) and c)

6. What volume of treatment at the metastatic impression of mediastinum at a patient with the esophageal cancer?
 - a) surgical
 - b) radial
 - c) combined
 - d) chemoradiotherapy

7. What volume of treatment of patient with the esophageal cancer at metastases in supraclavicular lymphonoduss?
- a) symptomatic
 - b) radial
 - c) chemoradiotherapy
8. What histological variant of esophageal cancer more sensible to radial therapy:
- a) squamous cell carcinoma
 - b) glandular carcinoma
 - c) low differentiated
 - d) a) and c)
9. What surgical interference is rotined at a IV stage of distribution of illness and complete stenosis of esophageal?
- a) esophagectomy
 - b) operation Lewis
 - c) gastrostomy
10. What chemotherapy has most medical effect at the esophageal cancer?
- a) metatretat
 - b) 5-F.U.
 - c) bleomicitin
 - d) cistplatin
 - e) all transferred

Answers: 1)d; 2)d; 3)a; 4)a; 5)c; 6)d; 7)c; 8)d; 9)c; 10)e.

MATERIALS FOR AUDIENCE INDEPENDENT WORK

4.1. List of educational practical tasks which must be mastered on practical employment

- review and palpation of patients
- palpation of axillar and neck lymphonoduss
- rectal research
- to know as esophagogastroscopy is conducted
- to be able to read sciagrams at roentgenoscopy and sciagraphy
- ultrasonic research
- to work out a plan of treatment of patient with the esophageal cancer

4.2. Professional algorithms in relation to the capture by skills and abilities.

Task:

1. To conduct the review of patient with suspicion on the esophageal cancer

Note: to pay attention to the common state patient, features at palpation of stomach, presence of megascopic lymphonoduss.

2. To take part in the endoscopy inspection of patient (gastroscopy of esophagoscopy)

Note: To pay attention to the state of mucus to the esophageal.

3. To read an esophagram.

Note: to pay attention to the form of organ, presence and amount of folds, evacuation of contrast .

Educational tasks and tests of the III level, which complement independent work on practical employment.

Task №1

A patient 77 years is in the oncologic department on an occasion the cancer of middle part of esophageal. Only liquid food passes. With lateral heart and lung are age-old changes. It is not found out information about remote metastases. What histological form of cancer does it follow to expect? Work out a plan of treatment and ground it.

Standards of answers:

1. Squamous cell carcinoma.
2. Operative treatment in a senium gives a high percent to lethality. In this case radial therapy is the method of choice. In the case of growth of the phenomena of stenosis – after vital testimonies it is necessary to impose gastrostomy.

Task №2

A patient 60 years complains on salivation, vomit accepted food, difficult swallowing, loss weight. At the inspection at a patient it is found out the cancer of abdominal part of esophageal with stenosis expansion of esophageal. Where a patient must treat oneself? Plan of treatment.

Standards of answers:

1. In toracal or abdominal separation of oncologic hospital (диспансера, центра, institute, and others like that).
2. Operation is проксимальна resection of stomach with the abdominal part of esophageal.

Task №3

A patient 55 years acted with complaints about retrosternal pain, difficult passing of food, on a esophageal, general sickliness, weisht loss. Roentgenoscopy is cancer of abdominal part of esophageal. Conducted operation is proximal resection of stomach with the resection of lower third of esophageal. Histology anaplastic. It is not discovered in the lymphonoduss of metastases. A tumor germinates to the musculus layer. Diagnosis by system of TNM. Plan of subsequent treatment.

Standards of answers:

1. Cancer of abdominal part of esophageal T2N0M0G3
2. Chemotherapy: 5-FU, Phthorafurum.

Task №4

A patient 70 years arrived with complaints about the difficult passing of food on a esophageal (liquid food passes only is milk, water, sour cream), retrosternal pain loss weisht. Half-year ago carried sharp violation of cerebral circulation of blood with a right-side hemiparesis. Periphery lymphonoduss not are megascopic. Roentgenologic - in middle third of esophageal found out a circular tumor with distribution of her on the esophageal of to 2 cm. endoscopy in the distance 20 cm circular esophagostenosis. Histological it is found out the squamous cell cancer of a II degree of malignantness. Diagnosis by system of TNM. Plan of treatment.

Standards of answers:

1. Cancer of middle third of esophageal T2N0M0G2
2. Radial therapy (distance gammatherapy).

Task №5

Sick 24 years acted with complaints about the difficult passing of liquid food on a esophageal, rough food passes freely. It is ill for a year after the carried stressing situation. Alimentary cachexia mionectic feed, a skinning cover is clean. Periphery lymphatic nodes not are megascopic. Previous diagnosis. Additional methods of research. Plan of treatment.

Standards of answers:

1. cardiospasm, the cancer of esophageal is not eliminated.
2. рентгеноскопія, sciagraphy of esophageal with spasmolysants, esophagogastroscopy.
3. In a time of inspection appoint the course of sedative therapy, spasmolysants. Subsequent medical tactic will be specified after the inspection.

Task №6

A patient 60 years appealed to the internist with complaints about the difficult passing of food on a esophageal, which noticed 20 days ago. Other complaints are not present. Heart and lungs without deviations from a norm. A stomach is soft, painless. Periphery lymphatic nodes not are megascopic. Previous diagnosis. Plan of inspection. What does it follow to differentiate the disease with? Who must inspect and look after a patient?

Standards of answers:

1. Cancer of esophageal.
2. Roentgenoscopy of esophageal and stomach, esophagoscopy.
3. Polypuses, diverticulums, cicatrical esophagostenosis cardiospasm.
4. Internist, oncologist, gastroenterologist, surgeon.

Task №7

A patient is 43 years, appealed to the doctor on an occasion complaints about an dysphagia which is observed more than 3 months, conducted esophagoscopy. A vehicle entered on a depth approximately 20cm and abutted against a hilly tumor, at a biopsy, with the help of which the obtained answer is squamous cell cancer. Diagnosis. Necessary additional researches? If is needed, ground their necessity. Plan of treatment.

Standards of answers:

1. Cancer of middle part of esophageal T4NXMX.
2. Roentgenoscopy of esophageal for establishment of slowness of tumor, sciagraphy of mediastinum - for the decision of question about the presence of metastases.
3. As a rule is radial therapy. But, taking into consideration age of patient, in default of metastases possible operation.

Task №8

A patient 58 years grumbles about heartburn, vomit accepted food, plenty of saliva in a company, unpleasant feeling after a breastbone at swallowing of meal. Long time used sharp and hot food, practised upon an alcohol. A stomach is soft, sickly in a epigastic area. A patient treated oneself during 2 years on an occasion gastritis, but not regularly. Previous diagnosis. Differential diagnosis. Research plan.

Standards of answers:

1. Cancer of esophageal.
2. Esophagistic, gastritis, cicatrical esophagostenosis, phlebeurysm esophageal.
3. Roentgenoscopy of esophageal and stomach, esophagoscopy.

Task №9

A patient grumbles about the difficult passing of food at swallowing, general sickliness. Two times there were bloody vomit. In anamnesis harmful habit by an alcohol. Objectively: skinning covers are pale, in the blood test - Hb-90g/l, Eras-2,8x10¹²/l. A stomach is a little megascopic, on a skin is net of the varicose extended veins. A liver comes forward from under a costal arc on 4cm, dense, a spleen is megascopic. Two-bit of ascitis liquid. Previous diagnosis. Differential diagnosis. Plan of inspection.

Standards of answers:

1. Cirrhosis of liver, phlebeurysm esophageal.
2. Cancer of stomach, cancer of esophageal with metastases in a liver, hydroperitoneum.
3. Roentgenoscopy of gastroenteric highway, esophagoscopy.

Task №10

A patient 64 years marks the difficult passing on the esophageal of hard meal, in this connection he washes down her by water. A spoon-meat passes lately badly. There was offered esophagoscopy to the patient. Correctly begun research of patient? Does it follow after esophagoscopy to do roentgenoscopy of esophageal?

Standards of answers:

1. Right.
2. It is needed to execute roentgenoscopy of esophageal, to know a degree his narrowing, level and slowness, and also attitude, toward surrounding structures.

5. MATERIALS OF OUT AUDITORUM INDEPENDENT WORK.

Subject: Study of indexes of morbidity on the cancer of esophageal and percent of radical treatment of these patients in the Poltava region.

Subject: Study of dependence of the neglected forms of cancer of esophageal from age and set of patients.

Methodical development is revised and ratified on meeting of department of oncology № 2 2005 year.

Professor

P.V.Sheleshko