



CANCER OF THE ESOPHAGUS

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Annotation: *Esophageal cancer is the most common disease in the world and ranks 10th in the world. This is a dangerous tumor of the mucous membrane of the esophagus. It makes up 2% of all malignant tumors, and 7% of those located in digestive organs. It is 3-5 times more common in men than in women. Tumors from esophageal cancer may not cause noticeable symptoms until the cancer has spread.*

Key words: *cancer, dysphagia, stomach, therapy, surgery, metastasis, chest cavity*

Etiology: Harmful habits such as heavy alcohol consumption and smoking are risk factors for esophageal cancer. Lack of vitamin A and riboflavin in consumed products is also of certain importance in its development. Also, nitrosamines and alphatoxins in food can create conditions for tumor formation. Esophageal cancer is divided into small cell tumor and adenocarcinoma, and the latter makes up 1/3 of them. Esophageal cancer is one of the diseases that lead to death when it is detected more often in areas with intestinal dysplasia (Barrett's esophagus).

Pathogenesis: Regardless of the histological type and differential level of the tumor, only 3-5% of patients with it will survive in 5 years. Because the clinical symptoms of the tumor appear in the last stages, small tumors quickly metastasize from the lymphatic vessels entering the mucous membrane of the esophagus, and unlike other organs in the esophagus, the tumor does not have a serous layer. Failure to properly grow into the ks space and surrounding tissue are the main reasons for poor outcomes.

The following symptoms are observed in esophageal cancer: Difficulty swallowing is the first symptom that people may notice. Other symptoms: pain in the throat or back, behind the sternum, vomiting or coughing up blood, heartburn, chronic cough, weight loss.

Dysphagia is one of the main clinical symptoms of esophageal cancer. It first appears when eating solid, then liquid food, and gradually increases in intensity. In the early stages of the disease, dysphagia occurs when eating products such as meat, bread, and apples. Many patients eat soft and liquid foods due to this unpleasant feeling, and due to this, their body weight decreases. If dysphagia is observed in people over the age of 40, it should be evaluated as esophageal cancer and the disease should be ruled out using all possible additional examination methods. Because dysphagia is not only a sign of esophageal cancer, it can also appear due to its peptic structure. Dysphagia, which is usually observed in the peptic structure of the esophagus, gradually increases, and the patient's anamnesis reveals the presence of frequent heartburn. Also, dysphagia is sometimes observed in esophagitis and esophageal achalasia. A rational anamnesis is important in differentiating them from cancer. Dumping syndrome: This occurs when the stomach displaces the esophagus. The stomach may not be able to hold the food for digestion, so the food passes through the



intestines too quickly. Symptoms may include nausea, vomiting, diarrhea, stomach cramps, sweating, or flushing.

Diagnosis: It is appropriate to determine special tumor markers in the diagnosis of esophageal cancer. Normochromic and normocytic, microcytic or macrocytic anemia is noted in the blood. Malnutrition leads to hypoalbuminemia, liver metastases - increased enzymes. Esophagogastroduodenoscopy is the main examination method in the diagnosis of the disease. With its help, it is possible not only to directly examine the suspicious area of the esophagus, but also to take a biopsy and morphological examination. Endoscopic examination is a highly sensitive and accurate method that allows to detect esophageal tumors in the early stages. At this point, gastrofibroscopy and X-ray examination methods should be considered complementary rather than mutually exclusive.

With the help of X-ray and computer tomography of the chest, it is possible to determine the extent to which the lungs and chest cavity are involved in the pathological process, the size of the abdominal lymph nodes, and the presence of metastases in the liver. Barium injection to the patient and examination of the esophagus complements the above examination in the diagnosis of cancer. Nodular swelling, uneven or asymmetric narrowing, wounding, bending of the wall of the esophagus on X-ray examination indicate the presence of cancer.

When healthcare providers diagnose esophageal cancer, they look at the location and depth of the cancer, whether it has spread to nearby lymph nodes, and whether the cancer has spread to other distant tissues or organs. They also establish tumor grades. Tumor grades tell your provider whether tumor cells look and act like healthy cells. Low-grade tumors are slow-growing tumors and may be less aggressive. High-grade tumors have cells that divide very quickly and can be more aggressive.

Treatment: There are no radical treatments for esophageal cancer. If the tumor metastases to the thoracic region and distant organs, i.e. TNM-4 stage, the patient is treated symptomatically to improve his general condition. They include palliative tumor resection, radiation therapy, permanent esophageal stent placement, photodynamic destruction, endoscopic laser therapy, and others. According to some reports, chemotherapy using cisplatin and fluorouracil is an effective method.

Esophageal cancer treatment depends on the stage and extent of the cancer. Treatment options include:

- **Surgery:** The most common treatment for early stages of esophageal cancer is to remove the esophagus. This involves removing part or most of the esophagus and the surrounding tissue. Surgeons pull part of your stomach into your chest and neck to create a new esophagus.
- **Radiation therapy:** Radiation kills or damages cancer cells by directing a beam of radiation at the tumor. Health care providers may use radiation as an adjuvant therapy before or after surgery
- **Chemotherapy:** Chemotherapy kills cancer cells or stops them from growing.



- Endoscopic submucosal dissection (ESD): Surgeons can use ESD to treat very early stage esophageal cancer.
- Endoscopic mucosal resection (EMR): Surgeons use this procedure to remove tumors from the lining of the esophagus. Endoscopic laser therapy: This treatment relieves symptoms when tumors can block the esophagus and make swallowing difficult.
- Photodynamic therapy (PDT): Photodynamic therapy destroys tumors using drugs called photosensitizers. The light activates these drugs and creates a chemical reaction that kills the cancer.
- Targeted therapy: Some esophageal cancer cells have high levels of the HER2 protein. This protein promotes the growth of cancer cells. In targeted therapy, doctors treat esophageal cancer with drugs that target HER2 proteins.
- Immunotherapy: This treatment includes immune checkpoint inhibitors. These drugs help restore your immune system's response to esophageal cancer cells.

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