

Risk Factors of Abdominal Pain Associated with Gastrointestinal Cancer

Kelvin Kane*

Department of Surgery, Leiden University Medical Center, Leiden, The Netherlands

DESCRIPTION

The Gastro Intestinal (GI) tract is 25 feet long and extends from the mouth to the anus. Everything that a person consumes passes through the esophagus before being digested and its nutrients extracted in the stomach and small intestine. The colon and rectum are ultimately in charge of removing waste from the body. When a mutation in the DNA prompts the growth of aberrant cells, a tumor may occasionally arise in one of these organs. The cause could be anything, including underlying illnesses, lifestyle choices, or heredity. Gastro Intestinal (GI) cancers are all forms of cancer of the digestive tract, including those of the stomach, large and small intestines, pancreas, colon, liver, rectum, anus, and biliary system.

Cancer of the Gastro Intestinal (GI) tract and its auxiliary organs of digestion, such as the esophagus, stomach, biliary system, pancreas, small intestine, large intestine, rectum, and anus, are together referred to as gastrointestinal cancer. Blockage (which makes it difficult to swallow or urinate), abnormal bleeding, or other related problems may be the symptoms of the injured organ. The diagnosis generally requires endoscopy, followed by a biopsy of any suspect tissue. The location of the tumor, the type of cancer cell, and whether it has spread to other tissues or not, all these affect the course of treatment. These factors have an impact on the prognosis as well.

The esophagus and small intestine are joined by the stomach, which is a component of the digestive system. When food enters the stomach, the muscles inside use a motion known as peristalsis to help mix and mash the food. Any portion of the stomach can develop stomach cancer, which can then spread to other organs such as the colon, lymph nodes, liver, pancreas, and small intestines. More people develop stomach cancer. According to several research, *Helicobacter pylori*, a type of bacteria that can inflame the stomach and lead to ulcers, may also be a significant

risk factor for developing gastric cancer. Tumors are created when the cells lining one or more of the digestive tract organs begin to change and expand on occasion, the tumors may spread to the lymph nodes and other organs. Medical experts are still unsure of the precise cause of GI cancer.

However, cell damage, which can result from infections, obesity, smoking, and some environmental risk factors, increases the likelihood that abnormalities will manifest. Early detection is the most efficient strategy for preventing major GI cancer.

With gastrointestinal cancer screening tests, colon and rectal cancer can be found in its early, highly treatable stages. Prior to the development of symptoms, these tests frequently find malignancy. The colonoscopy is just one of many cancer screening techniques. With the doctor, go over the options and whether that they should start screening or not.

Living a healthy lifestyle is the first step in preventing GI malignancies because some risk factors for the disease affect the overall health and wellbeing. Reduced risk factors for GI cancer include a balanced diet, regular exercise, quitting smoking, and moderate alcohol intake.

Common signs of malignancies of the digestive system do not always mean a person has cancer. It's crucial that the patient receives an appropriate diagnosis and course of treatment, particularly if they were exhibiting stomach pain, fullness in the upper abdomen following a little meal, heartburn or indigestion, nausea, poor appetite, vomiting, or unexplained weight loss.

Chemotherapy, radiation therapy, surgery, and immunotherapy, which stimulates or enhances the immune system's capacity to fight cancer, are some of the common therapies for stomach cancer. The type and stage of the cancer will determine the precise treatment strategy. Age and general health can also be important factors.

Correspondence to: Kelvin Kane, Department of Surgery, Leiden University Medical Center, Leiden, The Netherlands, E-mail: kelvin64@kane.nl

Received: 05-Sep-2023, Manuscript No. IME-23-27571; **Editor assigned:** 08-Sep-2023, PreQC No. IME-23-27571 (PQ); **Reviewed:** 22-Sep-2023, QC No. IME-23-27571; **Revised:** 29-Sep-2023, Manuscript No. IME-23-27571 (R); **Published:** 06-Oct-2023, DOI: 10.35248/2165-8048.23.13.430

Citation: Kane K (2023) Risk Factors of Abdominal Pain Associated with Gastrointestinal Cancer. Intern Med. 13:430.

Copyright: © 2023 Kane K. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.