

CHARACTERISTICS OF PATIENTS WITH EARLY GASTRIC CANCER WHO HAD UNDERGONE SURGERY IN TWO INSTITUTES

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Introduction: The incidence of early gastric cancer (EGC) has been increasing worldwide owing to advances with diagnostic techniques and screening programs. The present study was designed to investigate the characteristics of EGC patients who had undergone surgery.

Methods: EGC is defined according to the Japanese classification of gastric carcinoma. We reviewed 529 patients with gastric cancer who had undergone gastrectomy at Ulsan University Hospital, Ulsan, Korea, from December 2002 to December 2005.

Results: Two hundred sixty-one patients (49%) were diagnosed as EGC (155 intramucosal EGC (mEGC), 106 intrasubmucosal EGC (smEGC), 123 differentiated EGC, and 138 undifferentiated EGC). The mean diameter of tumor was 2.49 ± 1.55 cm (2.18 ± 1.45 cm in mEGC and 2.94 ± 1.60 cm in smEGC, $p=0.000$). The incidence of lymph node metastasis was 11.5% (30 out of 261 patients). Univariate analysis revealed that a tumor larger than 2 cm (17.6% vs. 6.3%), submucosal invasion (20.8% vs. 5.2%), and the presence of lymphovascular invasion (LVI) (33.3% vs. 6.6%) were significantly associated with a higher lymph node metastasis rate. In multivariate analysis, LVI was independent predictive factor for lymph node metastasis ($p=0.005$), while submucosal invasion was marginally predictive ($p=0.069$) and tumor size was not ($p=0.208$). At a median follow-up of 1023 days, only 2 patients relapsed and 1 patient died due to disease progression.

Conclusions: LVI was independent predictive factor for lymph node metastasis. In cases that LVI was present after endoscopic resection, radical gastrectomy should be recommended. Endoscopic resection data will be analyzed and compared with surgery data.