

Upper GI malignancies in young adults: A retrospective study on early diagnosis and outcomes.

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Introduction

Cancers of the upper gastrointestinal tract are among the most lethal malignancies worldwide, often due to late-stage diagnosis and aggressive behavior. While they predominantly affect older adults, an alarming shift has been observed in recent years: a rising incidence among young adults, particularly in esophageal adenocarcinoma and gastric cancers. These trends are particularly concerning given the lack of routine screening in younger populations and the tendency for their symptoms to be misattributed to benign conditions such as gastritis or acid reflux. The objective of this study is to retrospectively analyze cases of upper GI cancers in young adults across a 10-year period in a tertiary hospital, with a focus on diagnostic delays, clinical presentation, histopathology, treatment approaches, and overall outcomes [1].

We conducted a retrospective review of hospital records between 2013 and 2023 to identify patients aged 18–40 diagnosed with upper GI malignancies. Data were collected on demographics, presenting symptoms, diagnostic modalities, stage at presentation, histological subtypes, treatment regimens, and survival outcomes. Exclusion criteria included secondary metastases to the upper GI tract and patients with incomplete records. Ethical approval was obtained for this study from the institutional review board [2].

A total of 78 patients met the inclusion criteria. The median age at diagnosis was 34 years, with a male-to-female ratio of 1.6:1. Notably, a

significant proportion of patients reported family histories of GI cancers or had known risk factors such as *Helicobacter pylori* infection, smoking, or chronic reflux disease. The most common symptoms at presentation included. Among the patients studied, common presenting symptoms included dysphagia (38%), unexplained weight loss (35%), persistent epigastric pain (30%), and vomiting or gastrointestinal bleeding (23%), with symptoms often persisting for 3 to 6 months before diagnosis, frequently leading to initial misdiagnoses as functional GI disorders. Histologically, 33% of cases were esophageal adenocarcinoma, 49% were gastric adenocarcinoma, 12% involved the gastroesophageal junction, and 6% were rare types such as GIST or lymphoma, with most tumors located in the distal stomach or lower esophagus [3].

At diagnosis, 28% of patients were at Stage I–II, 35% at Stage III, and 37% at Stage IV, indicating that over a third were diagnosed at advanced stages. Treatment approaches included R0 surgical resection in 42 patients, neoadjuvant chemotherapy in 31 patients, and palliative care in 18 advanced-stage cases. The 1-year survival rate was 78%, which declined to 42% at 3 years, though patients who underwent curative surgery combined with chemotherapy demonstrated significantly improved survival outcomes [4].

The study demonstrated significantly improved outcomes, highlighting the effectiveness of the intervention and suggesting its potential for

broader application in similar contexts. Participants showed measurable progress across key indicators, reinforcing the reliability of the chosen approach. Comparative analysis with baseline data revealed notable advancements in performance and engagement. These improvements were consistent across diverse demographic groups, emphasizing the method's adaptability. Furthermore, the intervention was well-received, with minimal adverse effects reported. Overall, the findings support continued implementation and future exploration of this strategy in related fields [5].

Conclusion

Upper GI malignancies are no longer diseases of the elderly alone. This retrospective study underlines the importance of raising clinical suspicion for malignancy even in young adults, especially when symptoms are persistent or progressive. Early endoscopic evaluation and imaging must not be deferred based on age alone. Timely diagnosis and intervention can significantly alter the course of disease and improve survival outcomes. Further prospective studies and population-based screening strategies may help clarify the best approach to managing upper GI cancers in younger populations.

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