

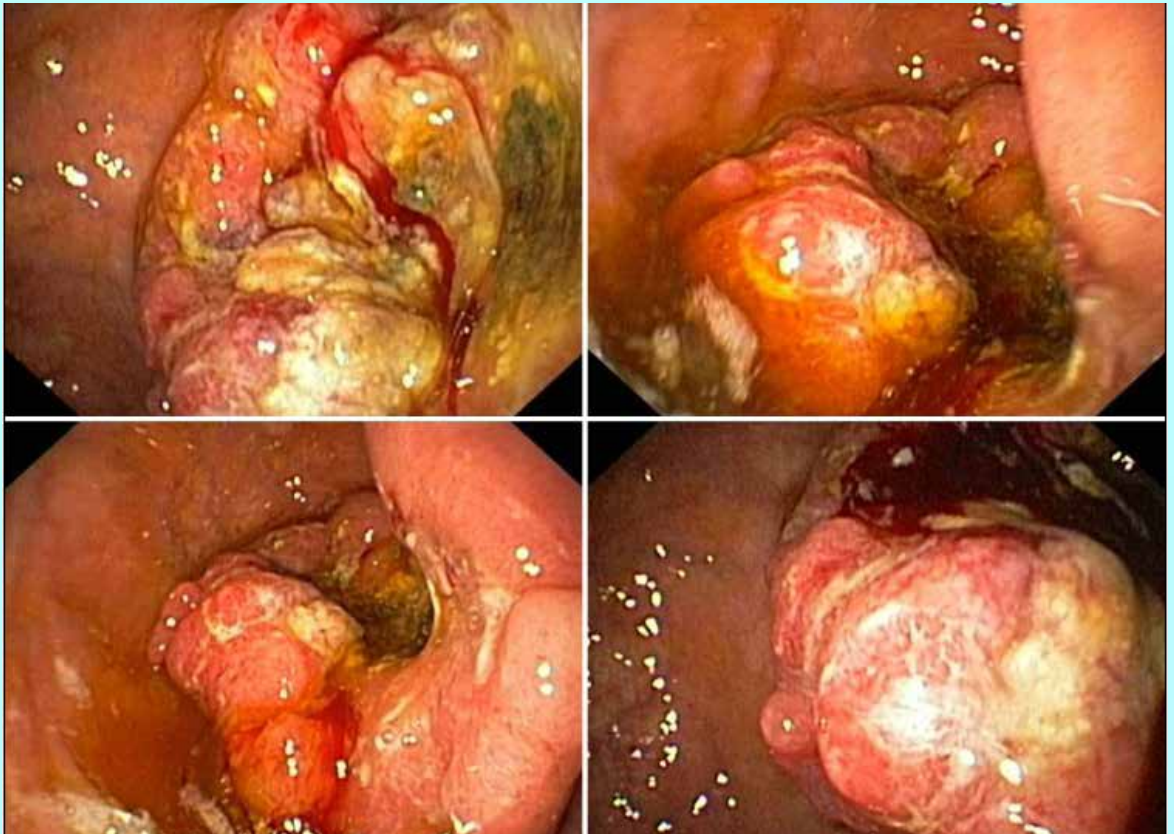
The

Gastrolab

Endoscopic Image

Journal

Nr 19 May 5, 2024



**Malignant tumours in the upper
GI tract**



The GASTROLAB Endoscopy Image JOURNAL: A Pinnacle in Medical Imaging Excellence

Since its inception in early 2024, The GASTROLAB Endoscopy Image Journal stands as a pioneering publication in the realm of medical imaging. Released every Tuesday, this weekly magazine, accessible at www.vpress.ovh/journal.htm, offers an unparalleled exploration of various themes, showcasing high-quality images focusing on specific aspects of the digestive tract or diseases.

A Global Beacon of Endoscopic Excellence

With an ambitious vision, we aspire for The GASTROLAB Endoscopy Image JOURNAL to be recognized as the preeminent publication in its field worldwide. We invite collaboration from the esteemed medical community to contribute their exceptional endoscopic images, thereby fostering a collective effort to make this journal the most comprehensive of its kind globally.

We encourage individuals possessing noteworthy endoscopic images to submit them to glabinfo@gmail.com. Please include a brief caption, a clear indication of permission for publication on our site, and specify whether a copyright sign and your email address should accompany the images. This ensures potential commercial publishers can seek permission directly from contributors for any intended use.

Partner with Excellence: Science Photo Library

For those seeking to publish images featured in our journal, we recommend reaching out to Science Photo Library ([\[cephoto.com/contributor/gas+h9b\]\(https://www.sciencephoto.com/contributor/gas+h9b\)\), the foremost provider of science images. Their expertise ensures proper dissemination and ethical usage of all images in this journal.](https://www.scienc-</p></div>
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Support Our Mission

If you wish to support The GASTROLAB Endoscopy Image Journal through advertisements or other means, kindly contact us at glabinfo@gmail.com. Your support not only facilitates the continuation of this vital resource but also contributes to the success of budding endoscopists worldwide.

A Noble Purpose

Under the editorial leadership of Hans Björknäs, our Editor-in-Chief, The GASTROLAB Endoscopy Image Journal seeks to be more than just a publication; it aims to be a catalyst for success. If this magazine aids even one young, aspiring endoscopist in their career journey, we consider our mission accomplished.

Join us in shaping the future of endoscopy imaging – together, let's create a benchmark of excellence in medical journalism.

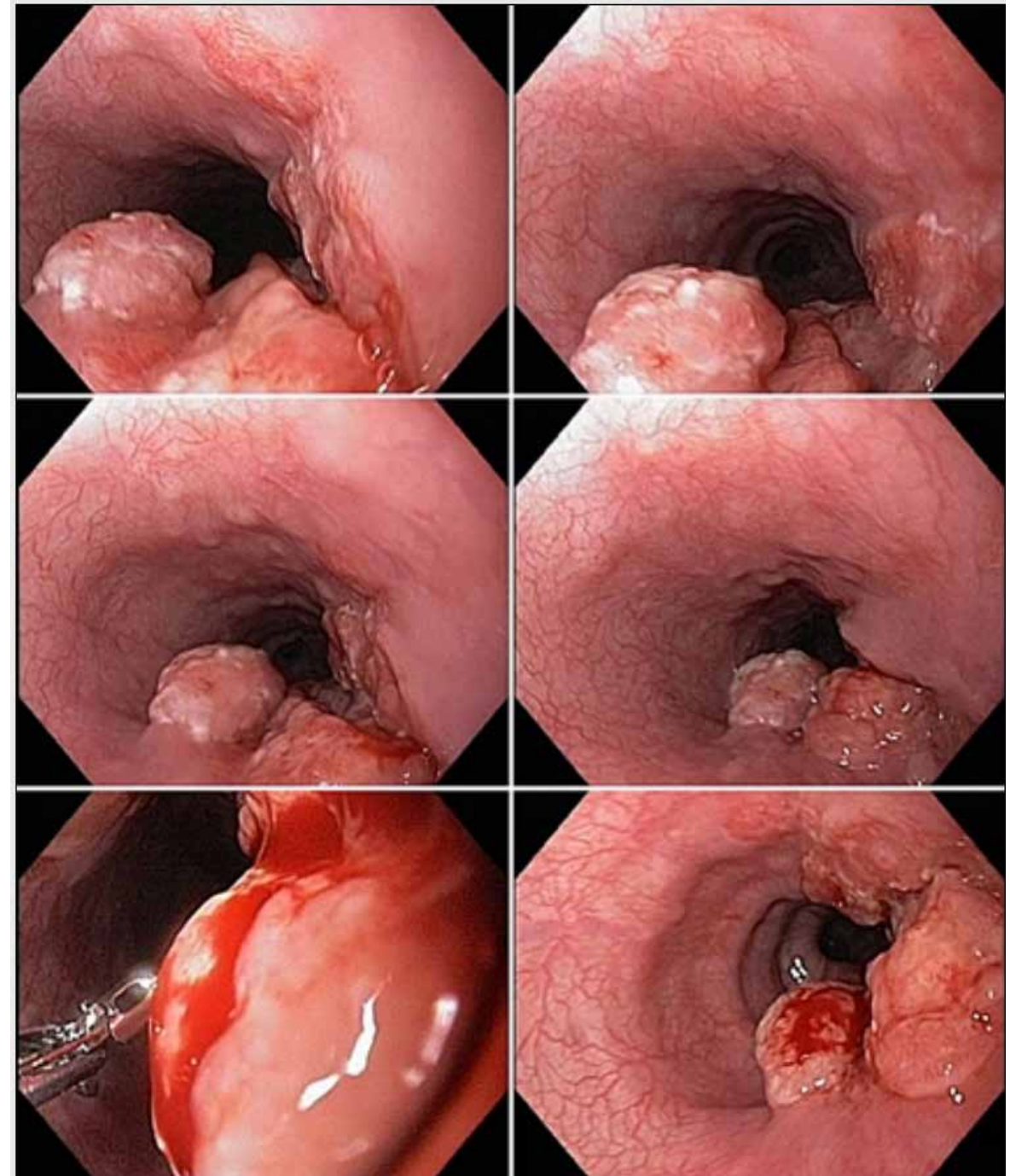
Sincerely,

Hans Bjorknas

Editor-in-Chief, The GASTROLAB Endoscopy Image Journal

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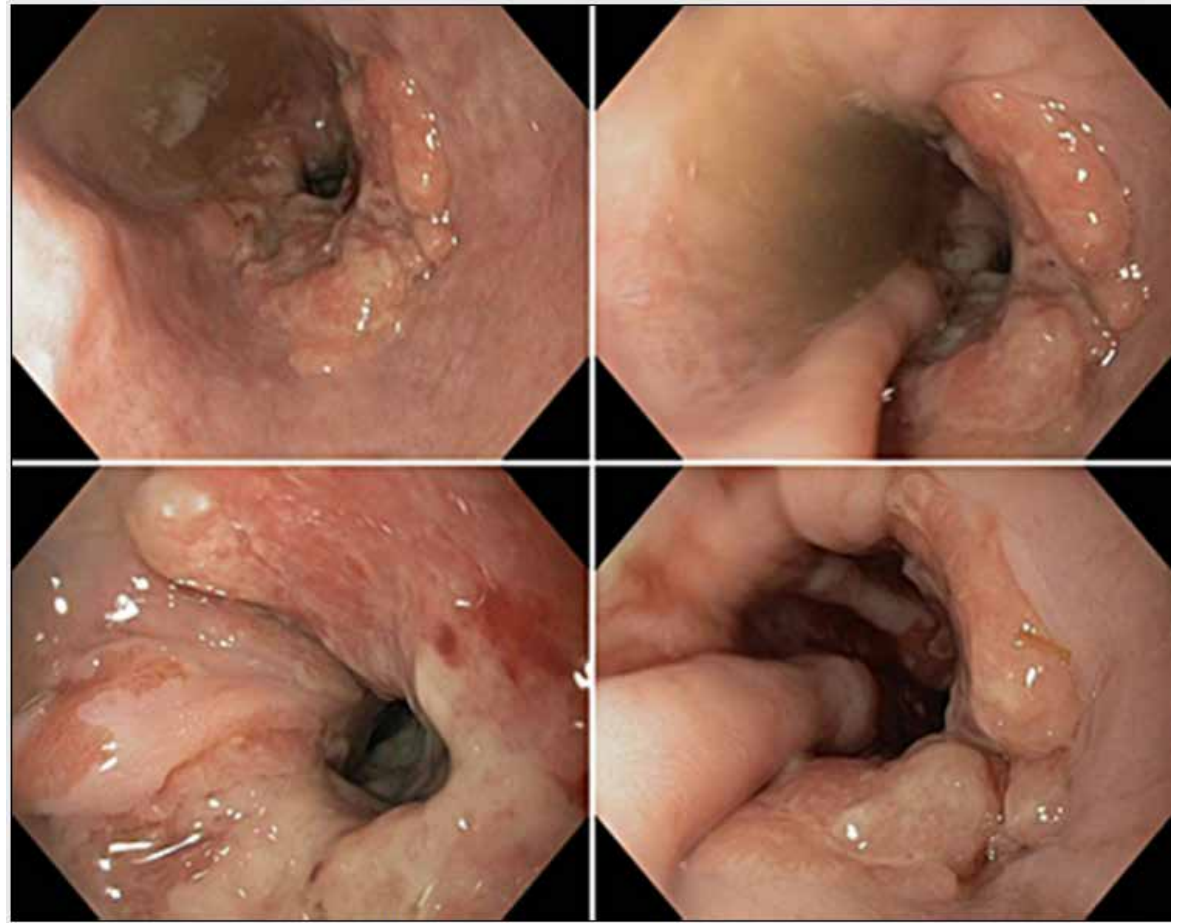
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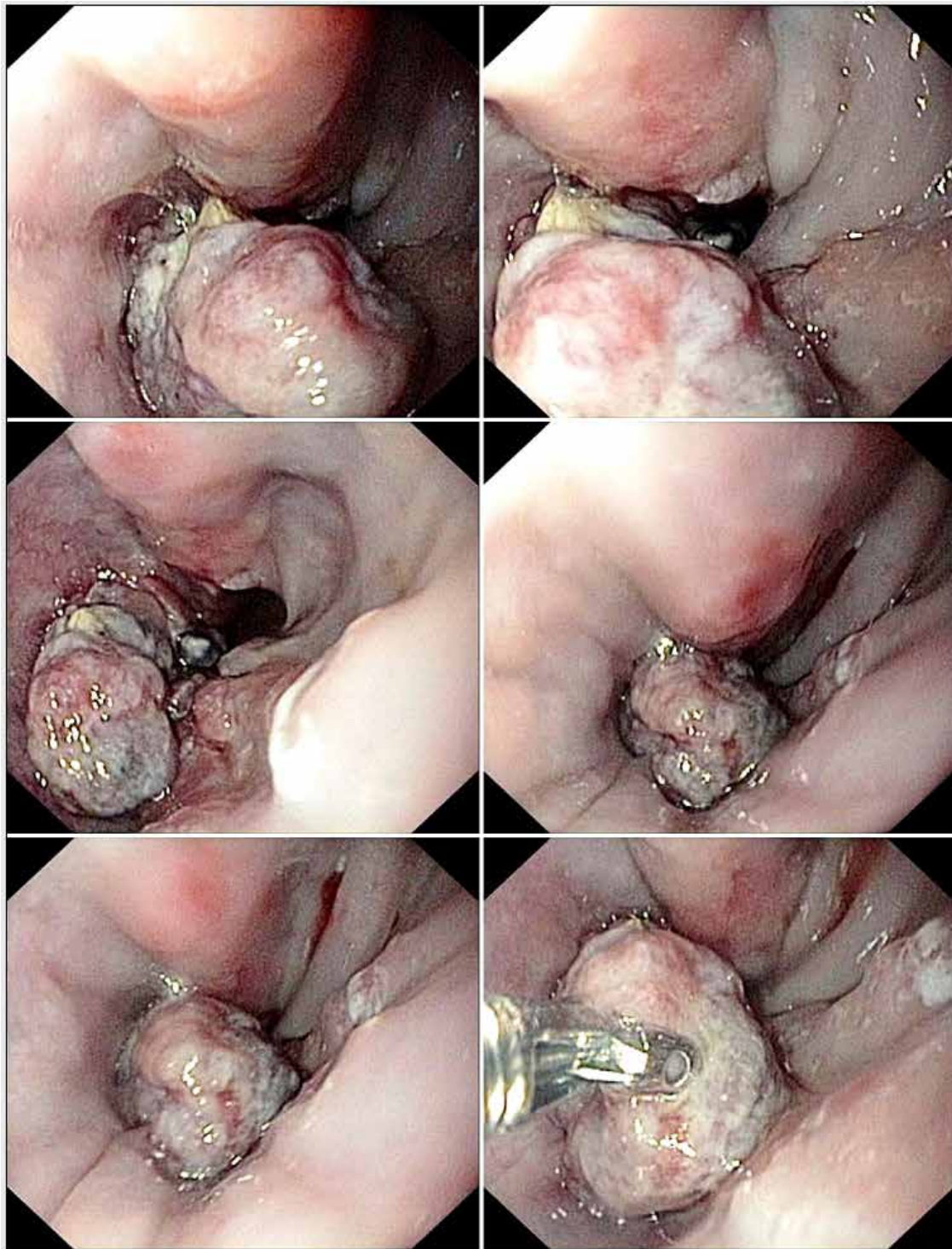
Collage: *Oesophageal squamocellular cancer*



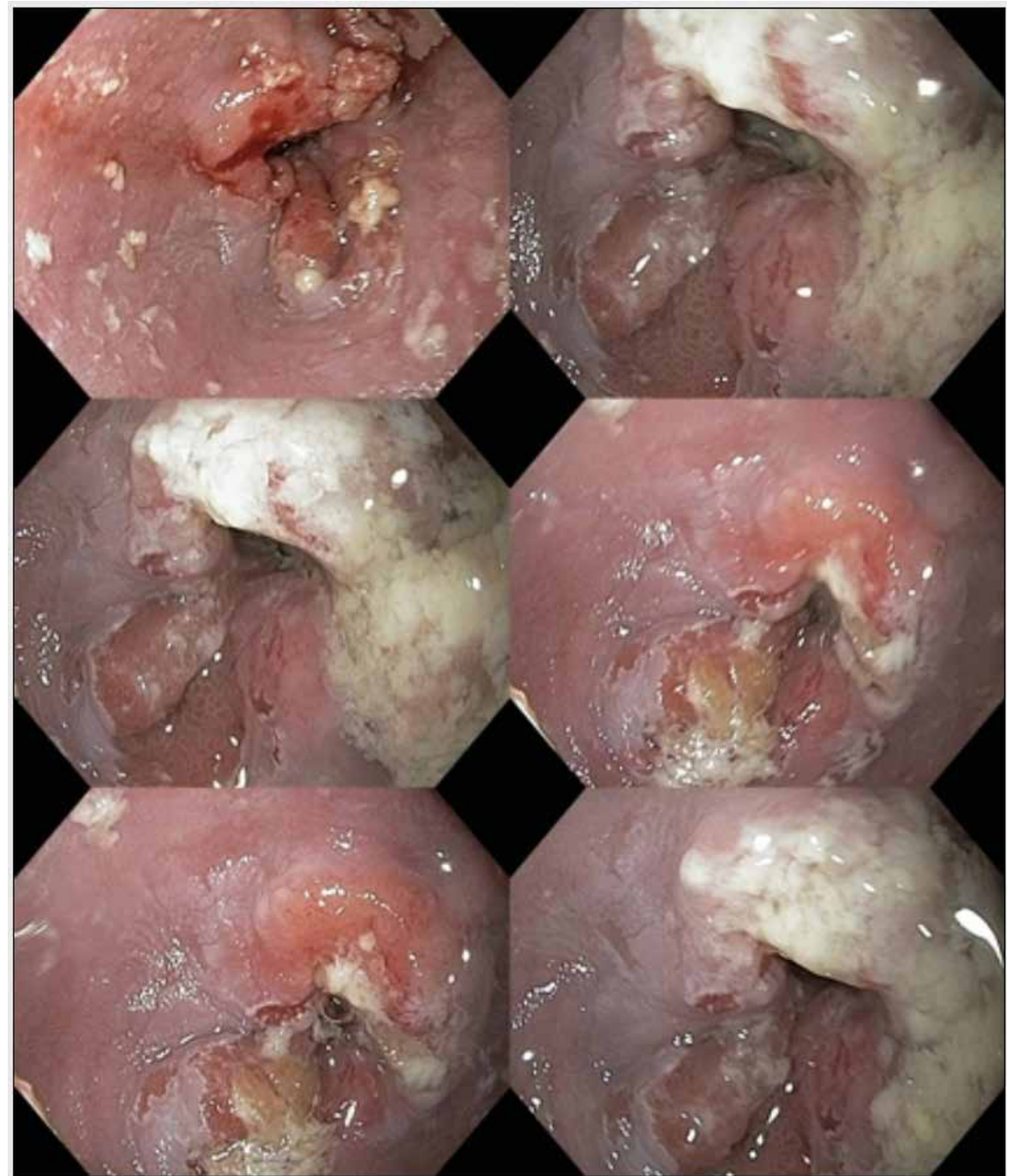
Oesophageal squamocellular cancer



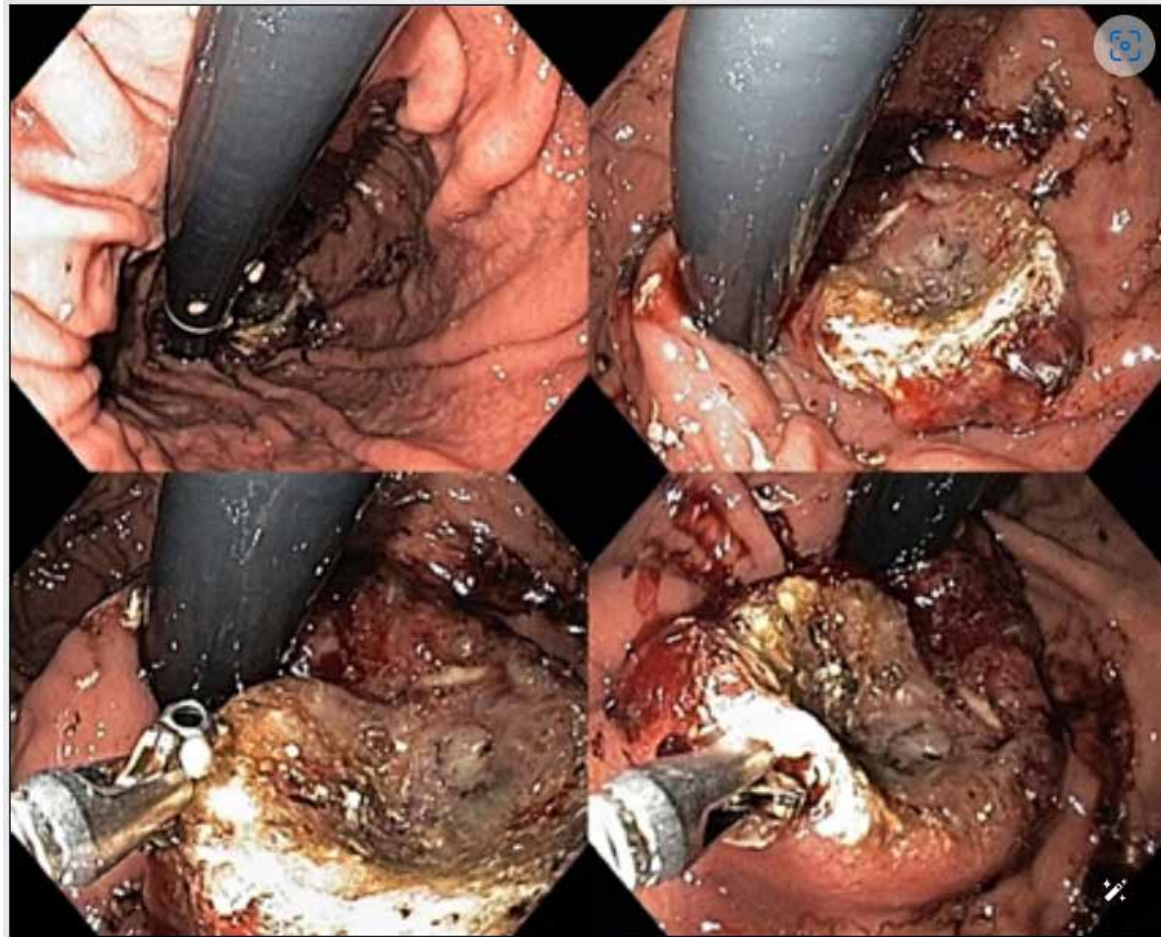
Collage: Oesophageal adenocarcinoma



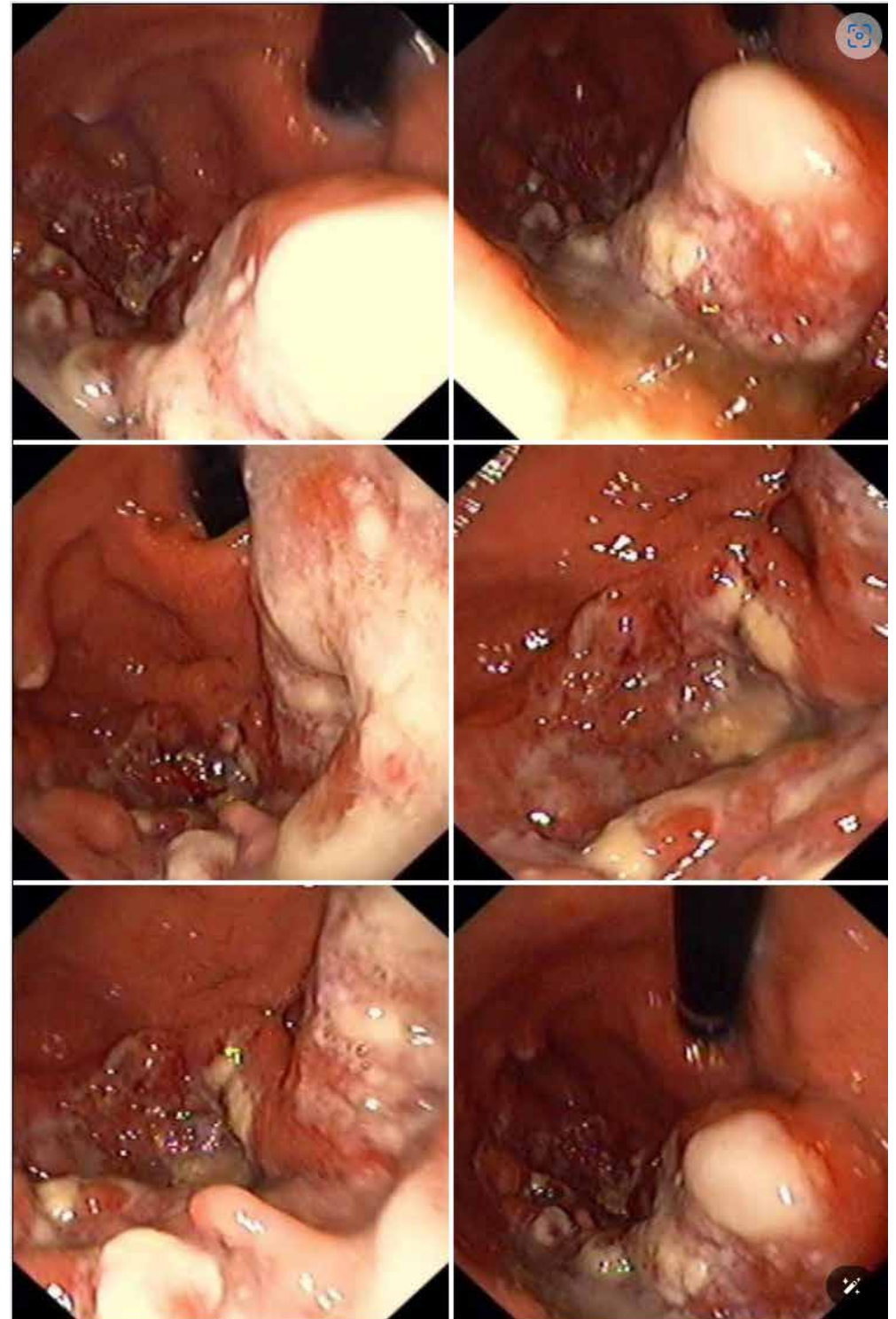
Collage: Cardia cancer (adenocarcinoma)



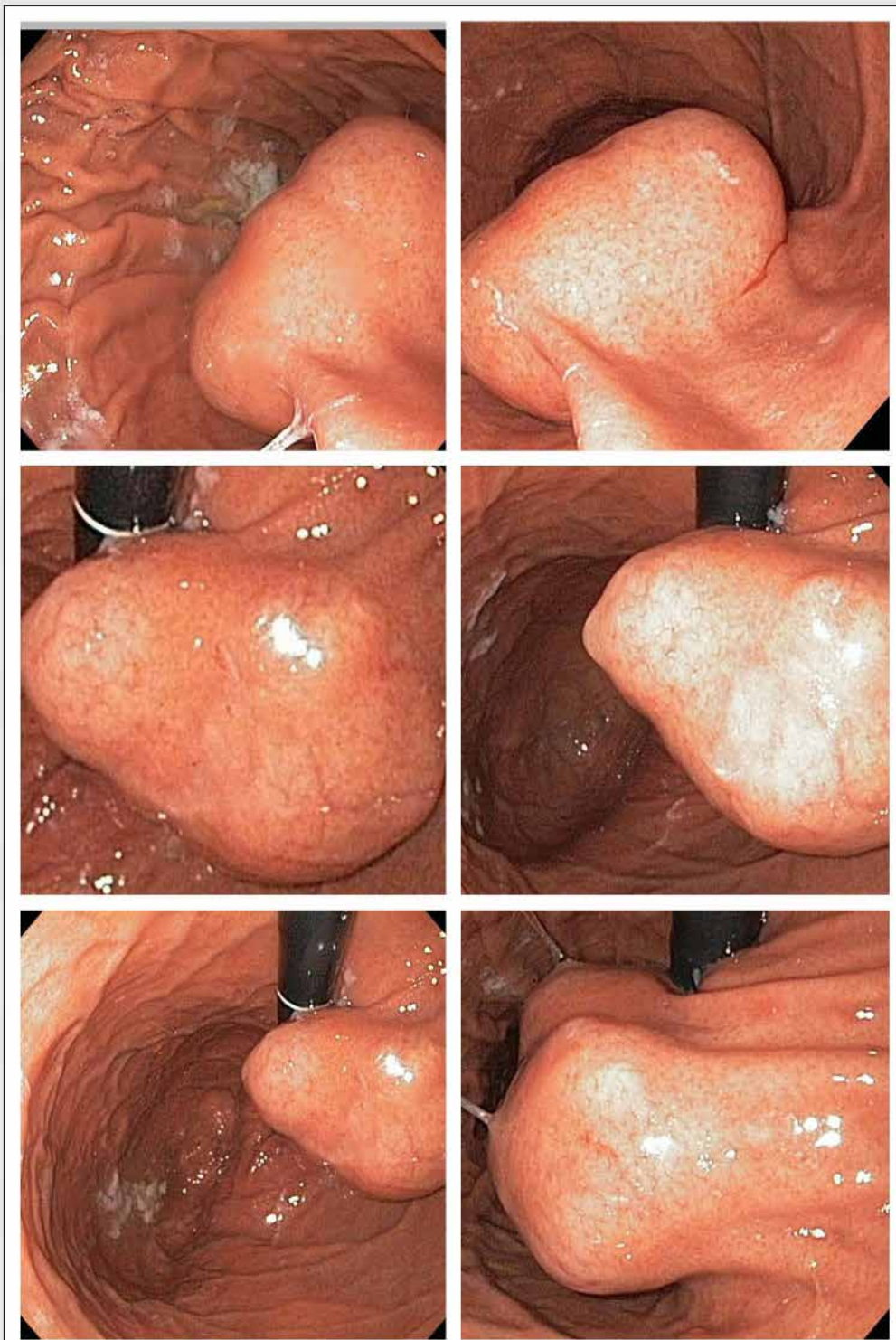
Collage: Cardia cancer (adenocarcinoma)



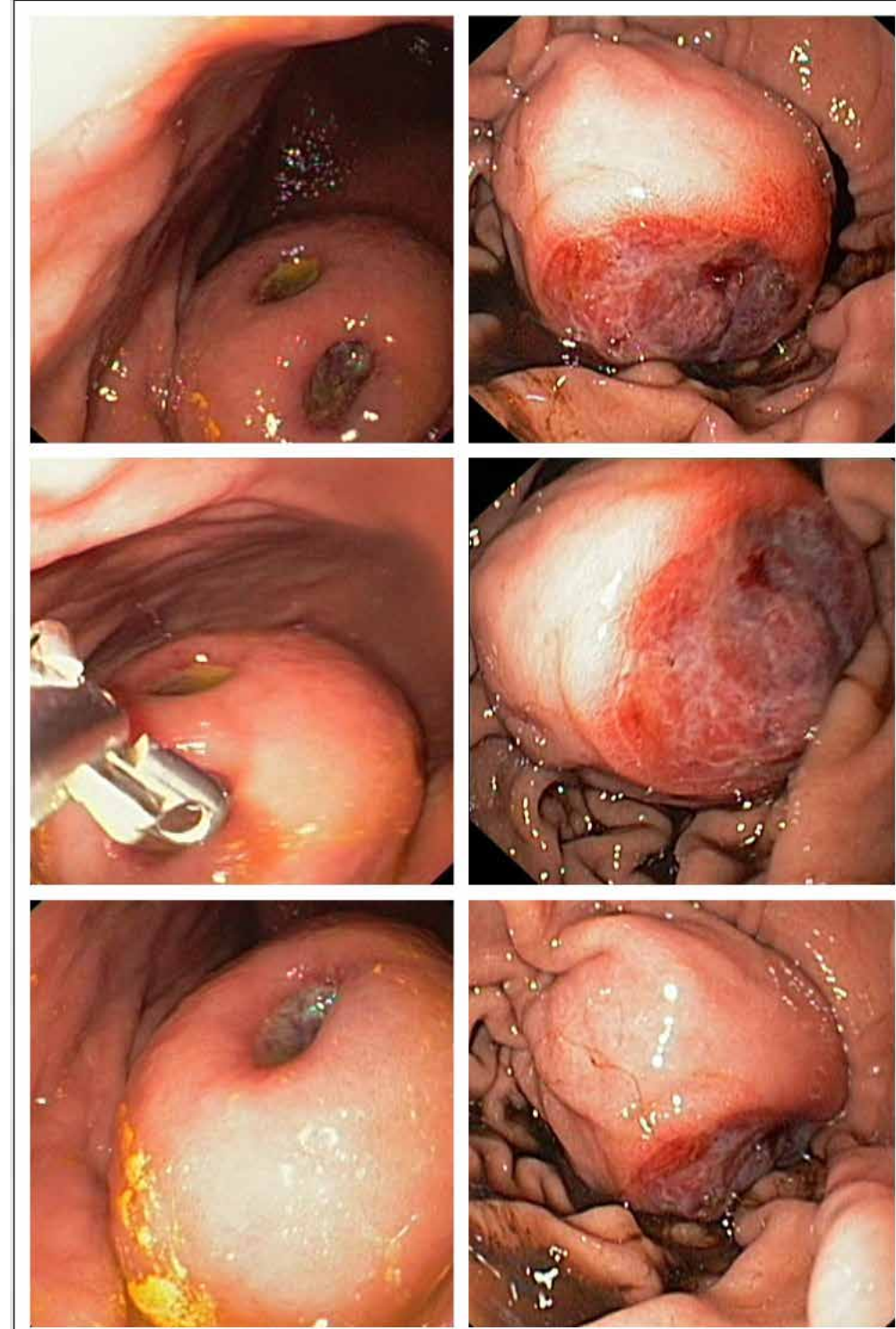
Collage: A malignant tumour in an hiatal hernia, adenocarcinoma



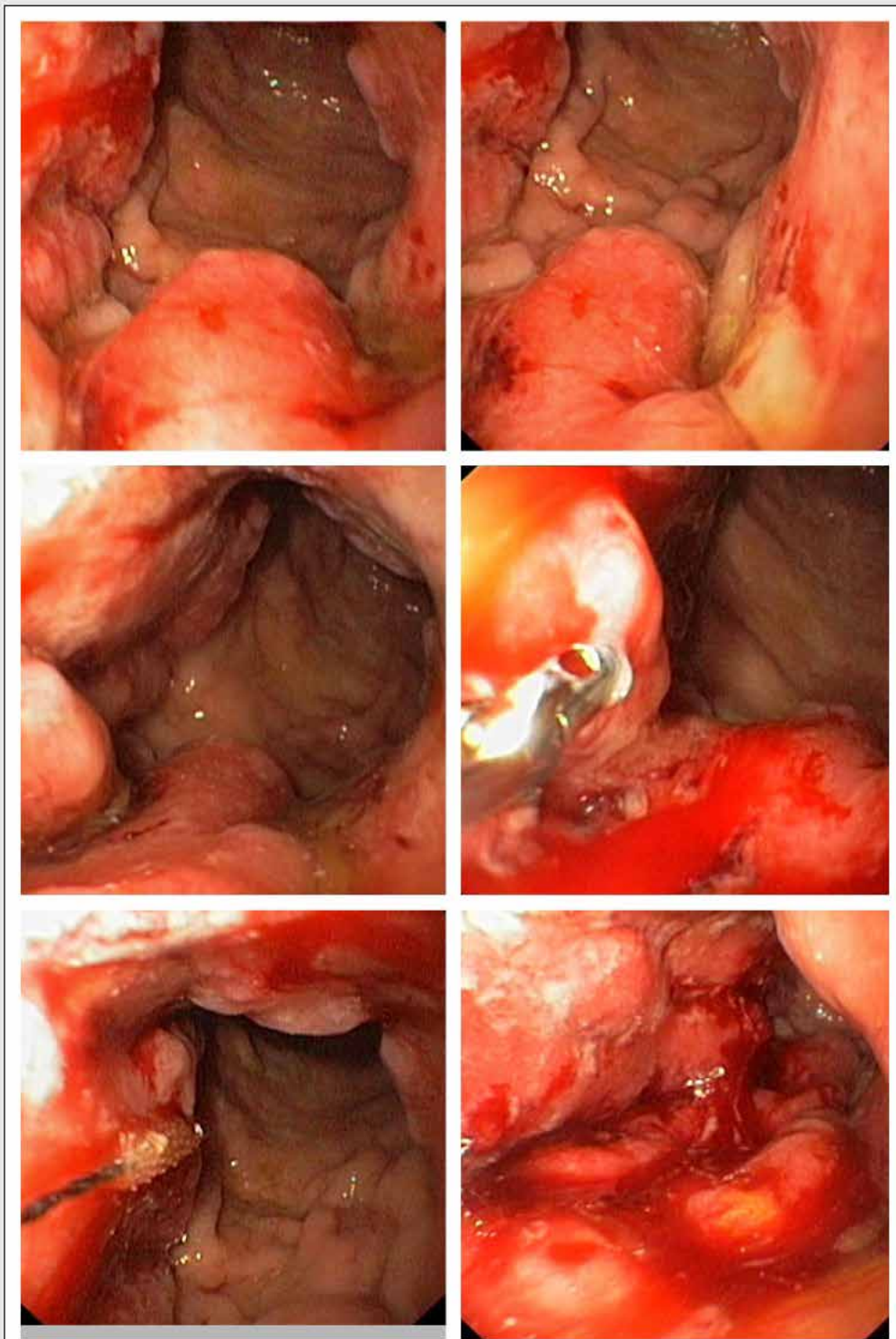
Collage: Large B-Cell Lymphoma in the Gastric Fundus



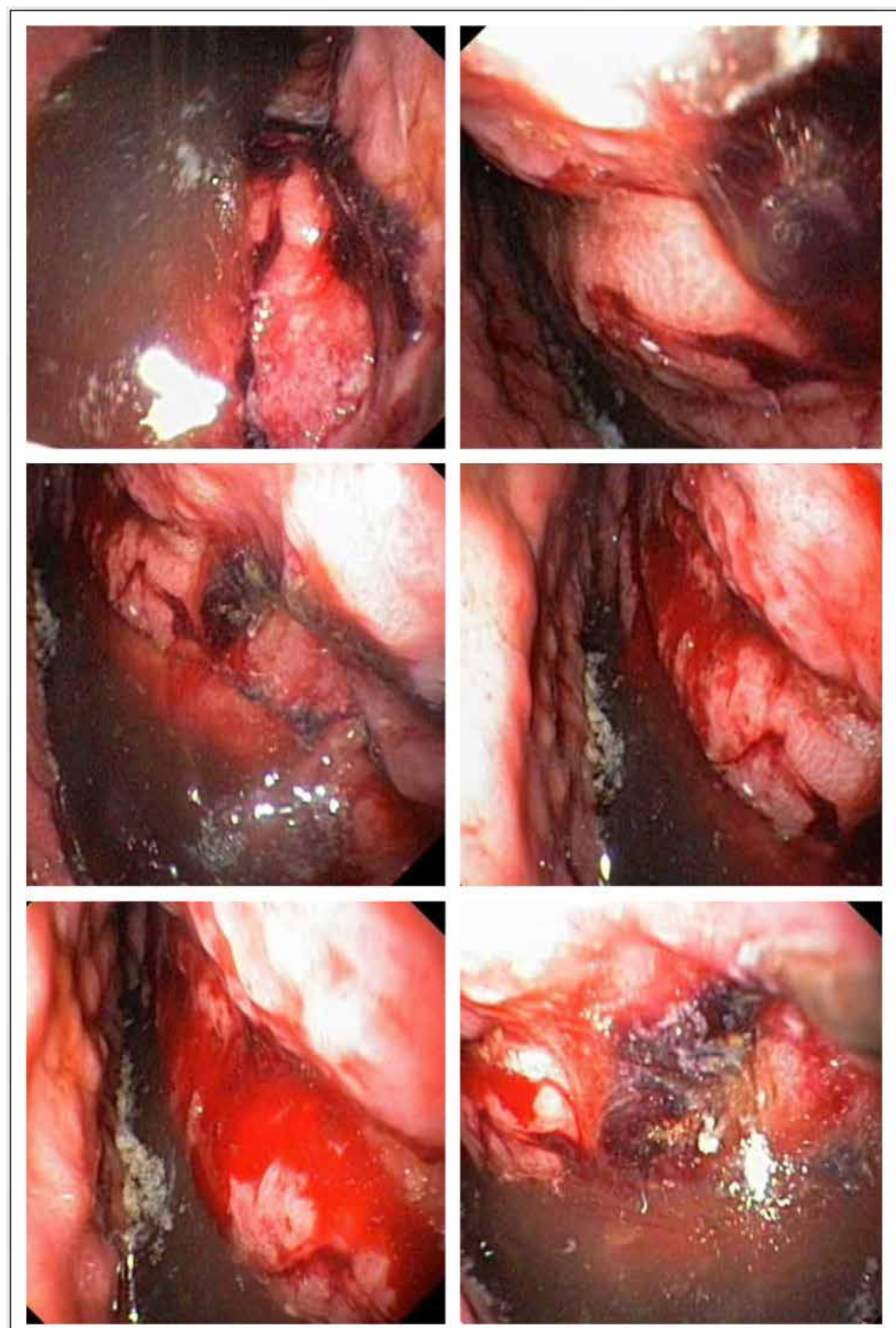
Collage: *Submucosal gastric GISTs*



Collage: *Ulcerated gastric GISTs*



Collage: Advanced gastric adenocarcinoma (Diffuse type)



Collage: Advanced gastric adenocarcinoma (Diffuse type)

Diffuse and Intestinal Gastric Adenocarcinoma: Histological Underpinnings and Clinical Implications

Gastric adenocarcinoma remains a significant global health burden, and understanding its diverse histological subtypes is crucial for optimal patient management. The Lauren classification system, established in 1965 by Lauren [1], serves as the cornerstone for differentiating two major histological types of gastric adenocarcinoma: intestinal and diffuse. This distinction carries significant implications for prognosis, disease behavior, and potential underlying etiologies.

Intestinal Gastric Adenocarcinoma:

Intestinal-type gastric adenocarcinoma exhibits well-defined glandular or intestinal architectural patterns, often with recognizable tubular structures [1]. This subtype demonstrates a predilection for older male patients and is frequently associated with established risk factors like chronic *Helicobacter pylori* infection [1]. Additionally, recent advancements in molecular analysis reveal a propensity for chromosomal instability within the intestinal tumor genome [2].

Diffuse Gastric Adenocarcinoma:

Diffuse-type gastric adenocarcinoma presents with a distinct

histological picture characterized by poorly cohesive or single infiltrating tumor cells within the gastric wall [1]. This type is more prevalent in younger individuals and females, with a higher association with familial clustering compared to the intestinal subtype [1]. Interestingly, diffuse gastric adenocarcinoma often exhibits a genomically stable profile, contrasting with the chromosomal instability observed in intestinal tumors [2]. Notably, diffuse-type disease can progress to a stage known as linitis plastica, characterized by a thickened and rigid gastric wall resembling a leather bottle [1].

Clinical Implications:

The Lauren classification system holds significant clinical relevance. Diffuse gastric adenocarcinoma is generally associated with a more aggressive biological behavior and poorer prognosis compared to the intestinal subtype [3]. The underlying mechanisms for this disparity remain under investigation; however, the distinct molecular profiles likely play a role. Additionally, the younger age of onset for diffuse-type tumors necessitates a heightened awareness for familial risk factors and potential opportunities for genetic testing.

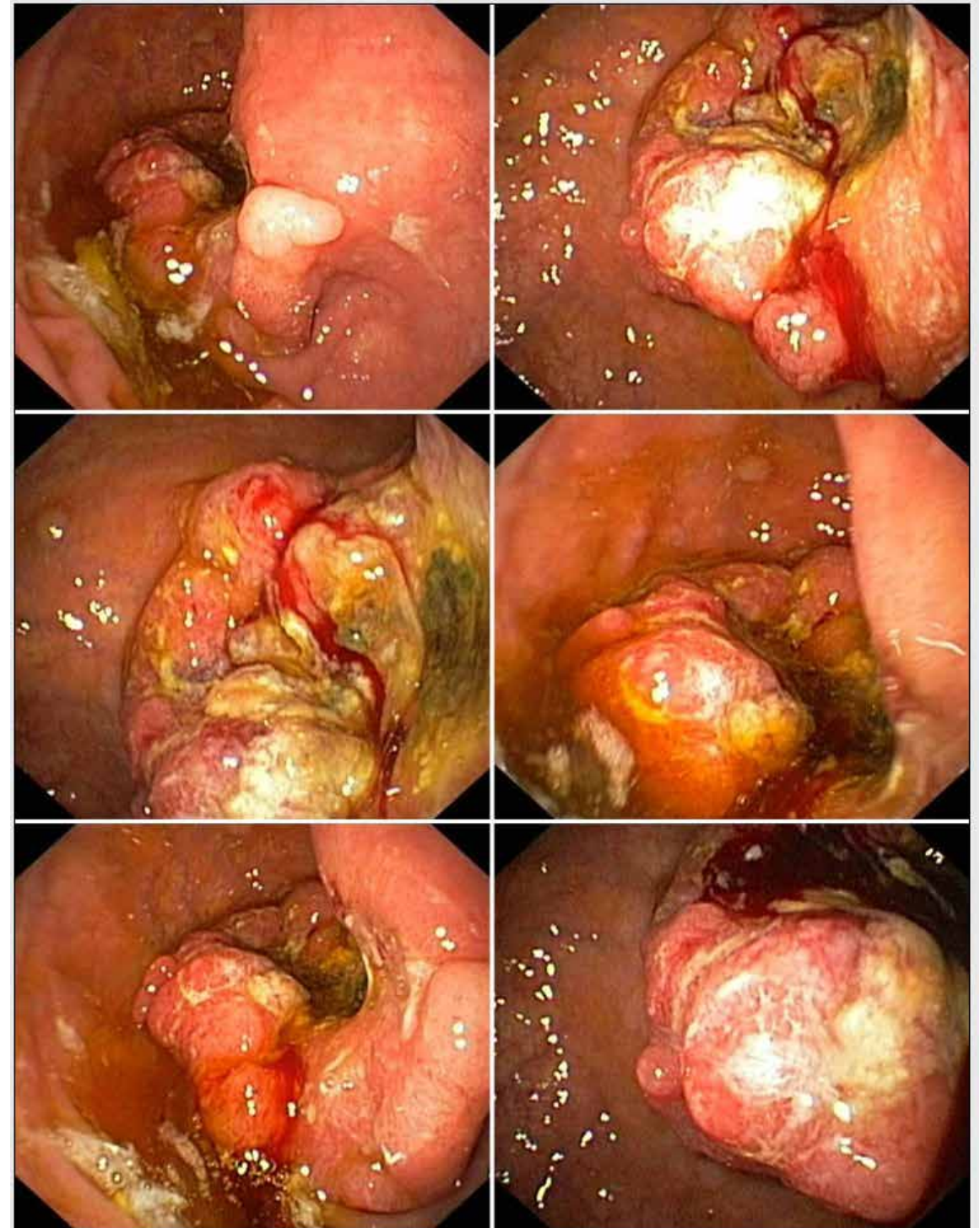
Future Directions:

Further research is warranted to elucidate the specific molecular underpinnings that differentiate diffuse and intestinal gastric adenocarcinoma. This knowledge may pave the way for the development of targeted therapies tailored to each subtype. Additionally, exploring the potential role of environmental and genetic risk factors specific to each Lauren type can contribute to improved preventive strategies.

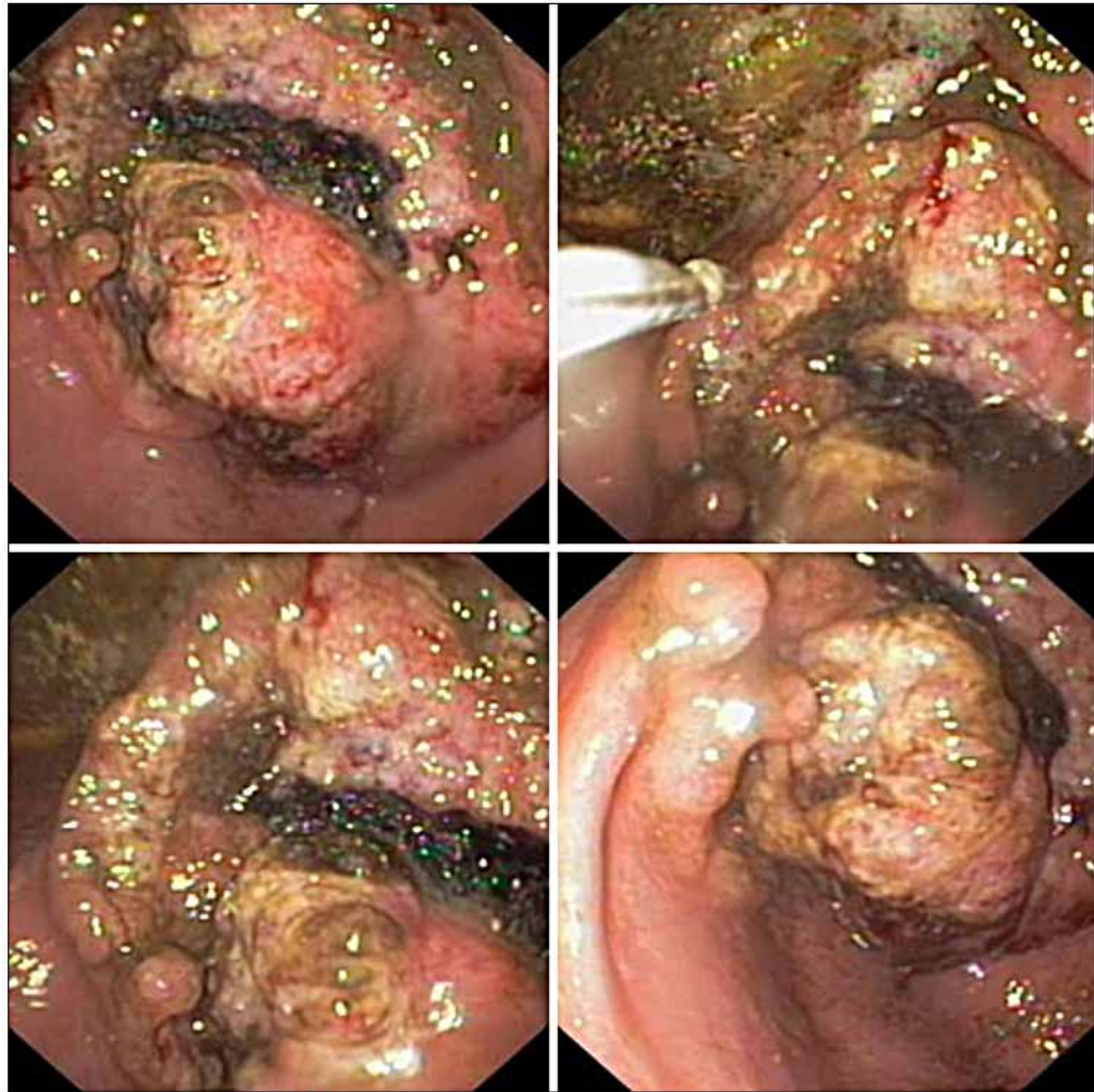
In conclusion, the Lauren classification system provides a valuable framework for stratifying gastric adenocarcinoma patients based on histology. Recognizing the distinct clinicopathological features of diffuse and intestinal subtypes is essential for guiding therapeutic decision-making and optimizing patient outcomes. Continued exploration of the underlying molecular and genetic factors promises to further refine our understanding and management of this complex disease.

References:

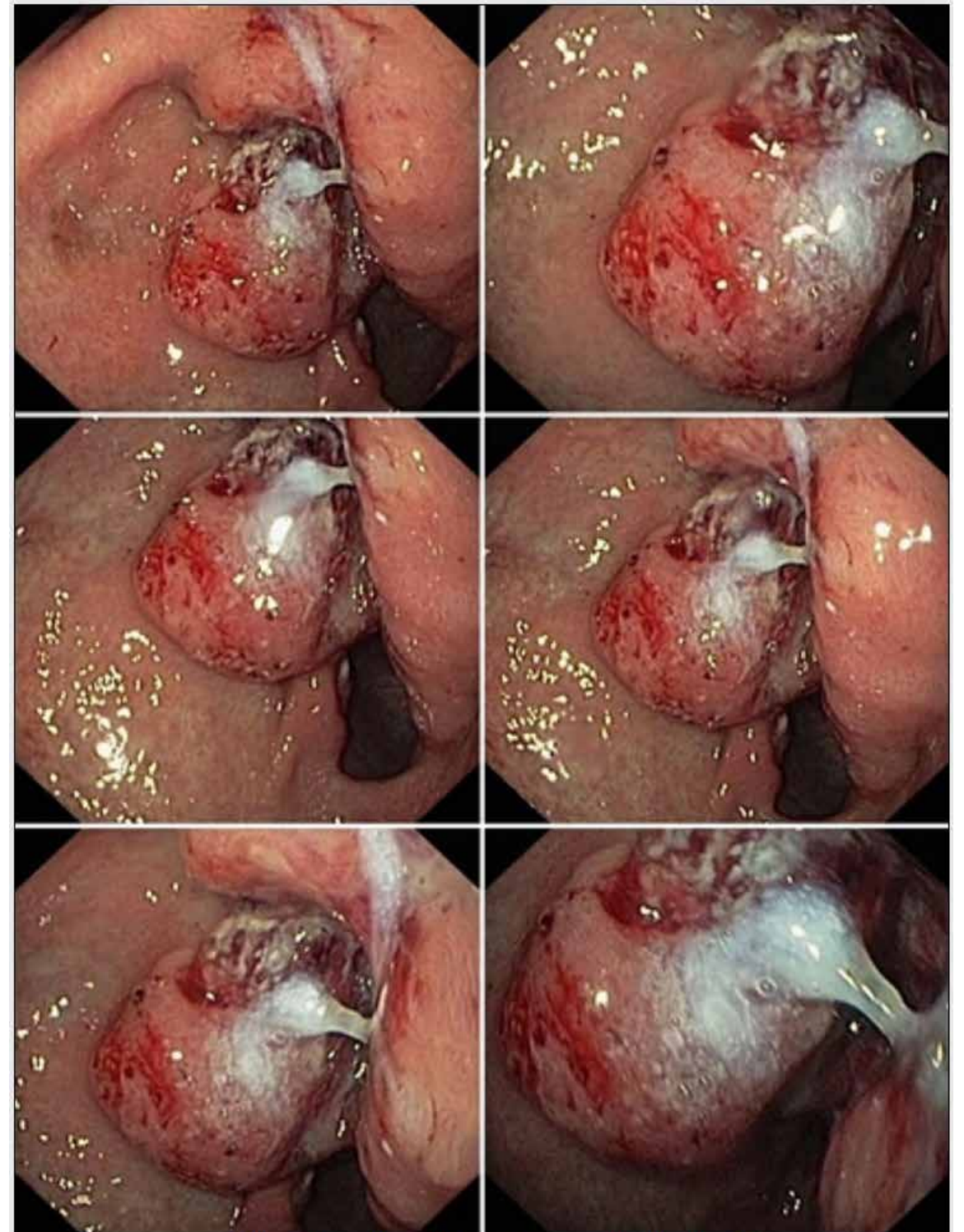
Lauren P. The two histological main types of gastric carcinoma: diffuse and so-called intestinal-type carcinoma—an attempt at a histo-clinical classification. *Acta Pathol Microbiol Scand*. 1965;64:31–49. [PubMed]



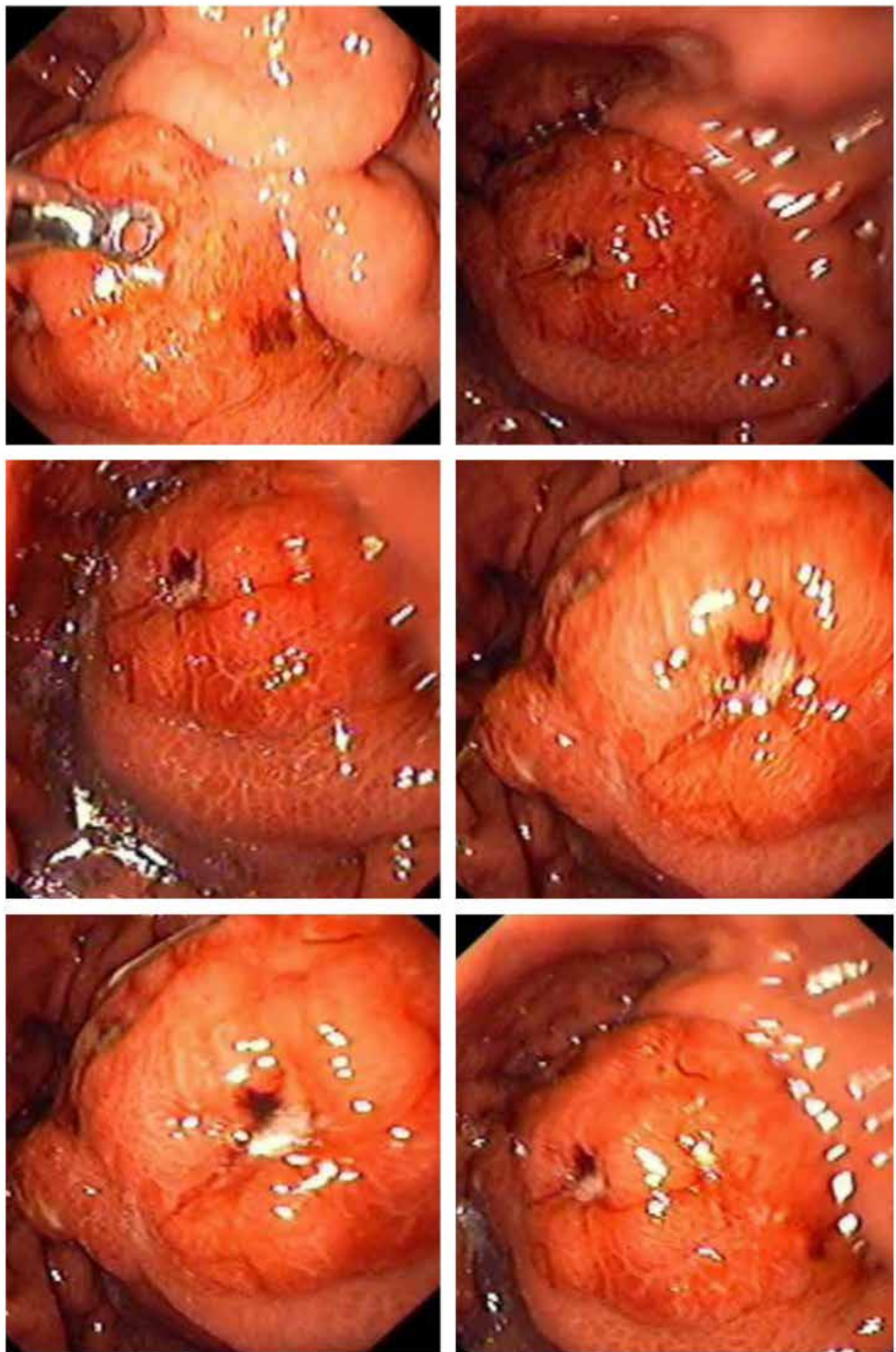
Collage: Gastric adenocarcinoma (Intestinal type)



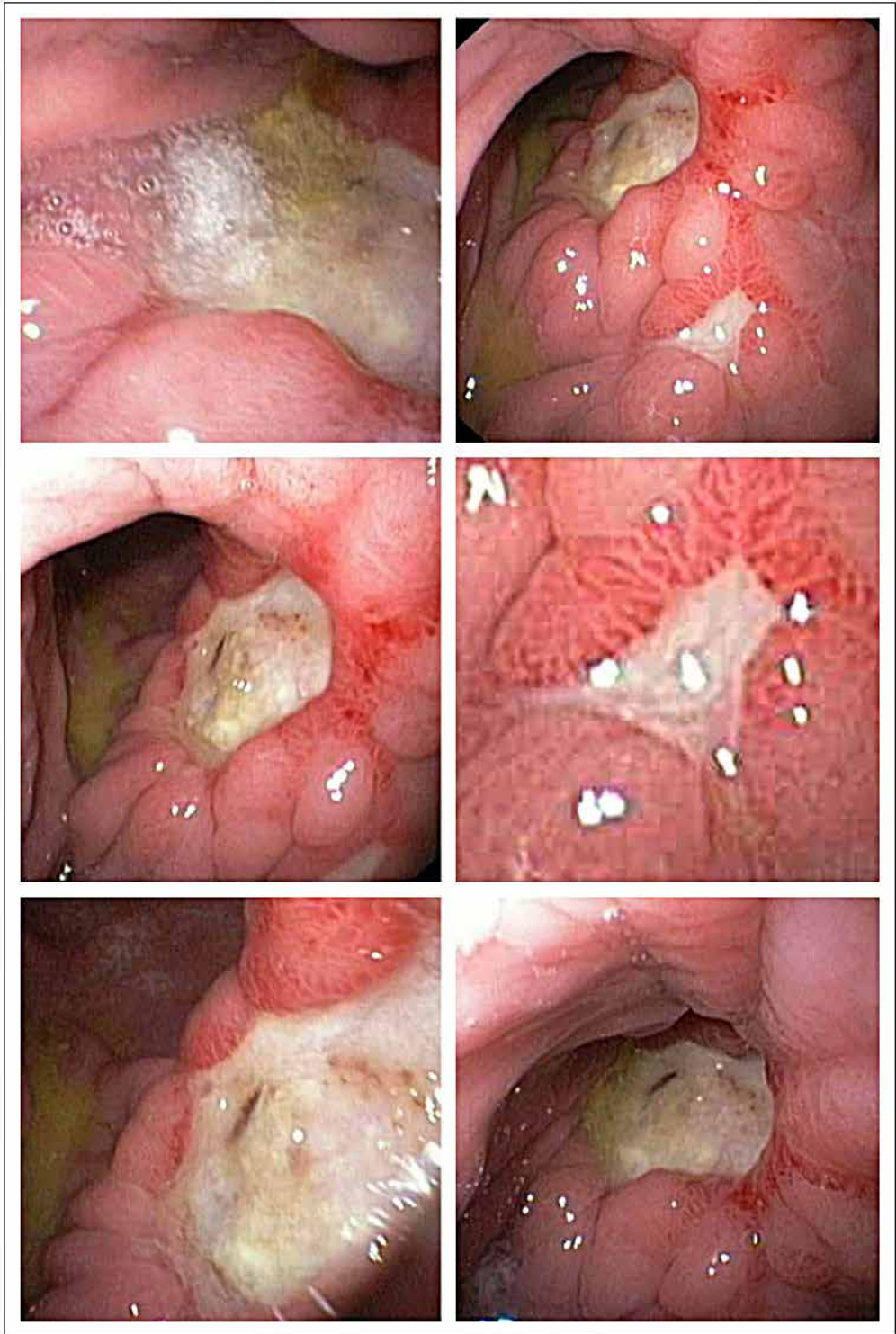
Collage: *Gastric adenocarcinoma (Intestinal type)*



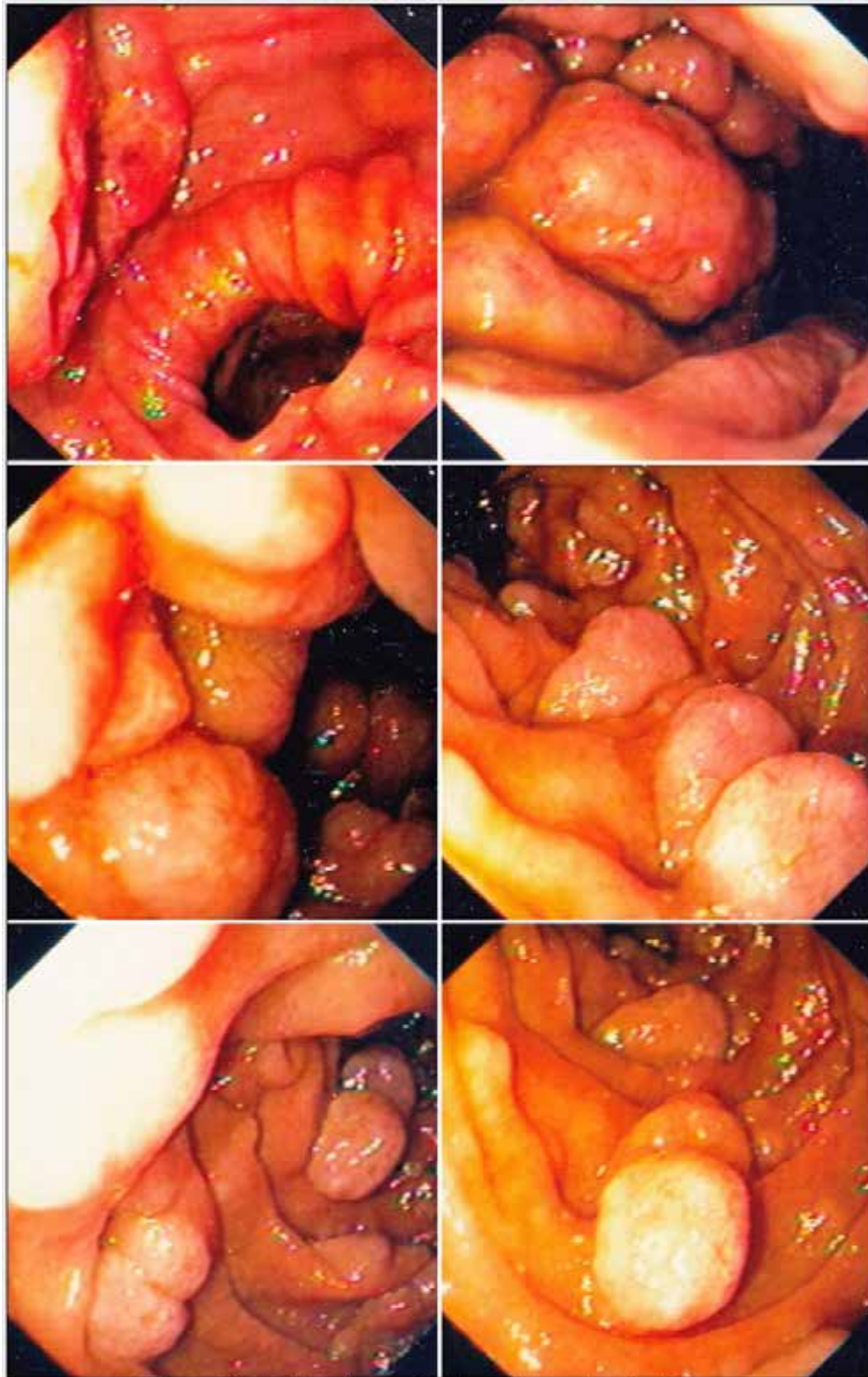
Collage: *Prepyloric adenocarcinoma (Intestinal type)*



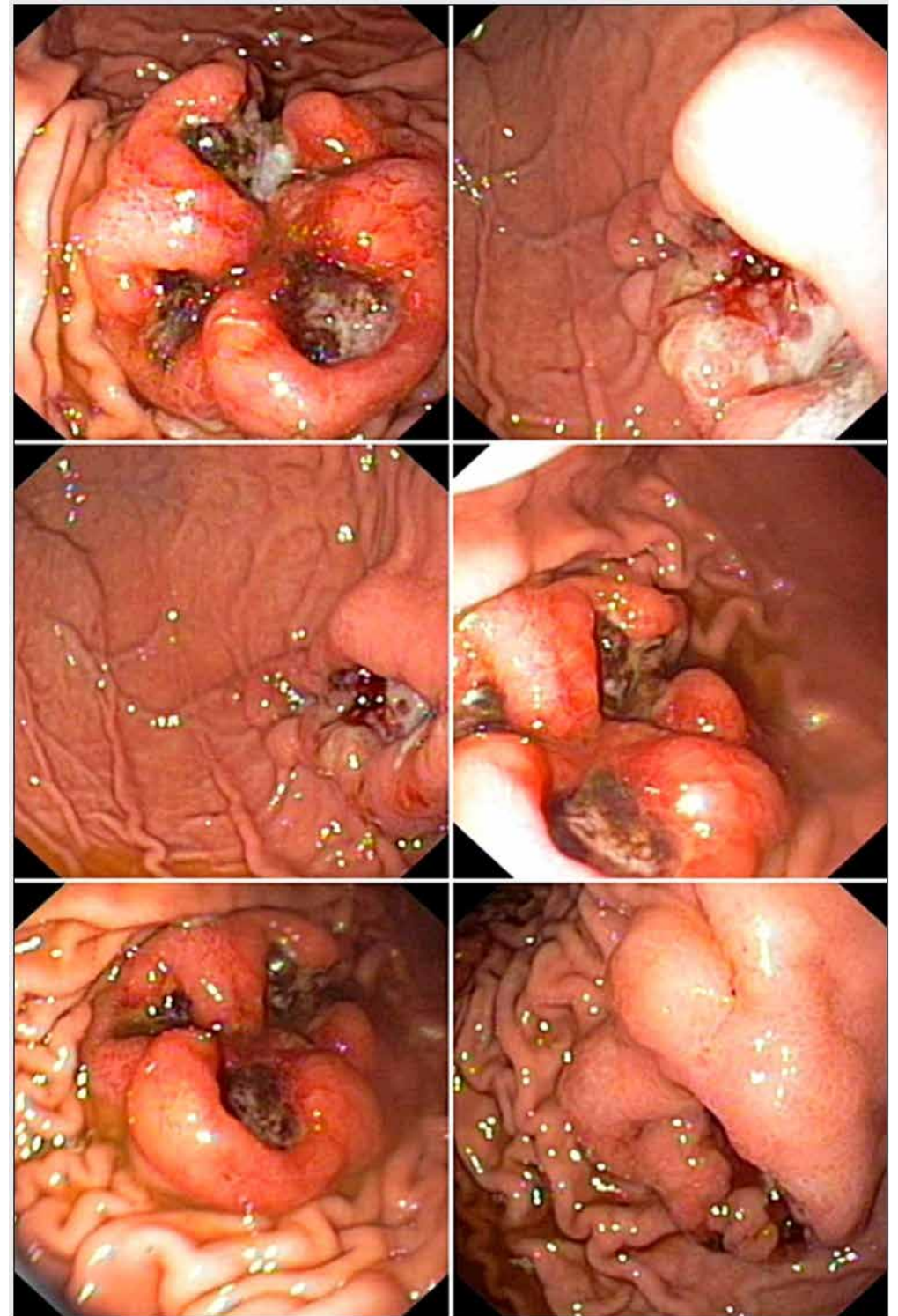
Collage: Gastric carcinoid tumour



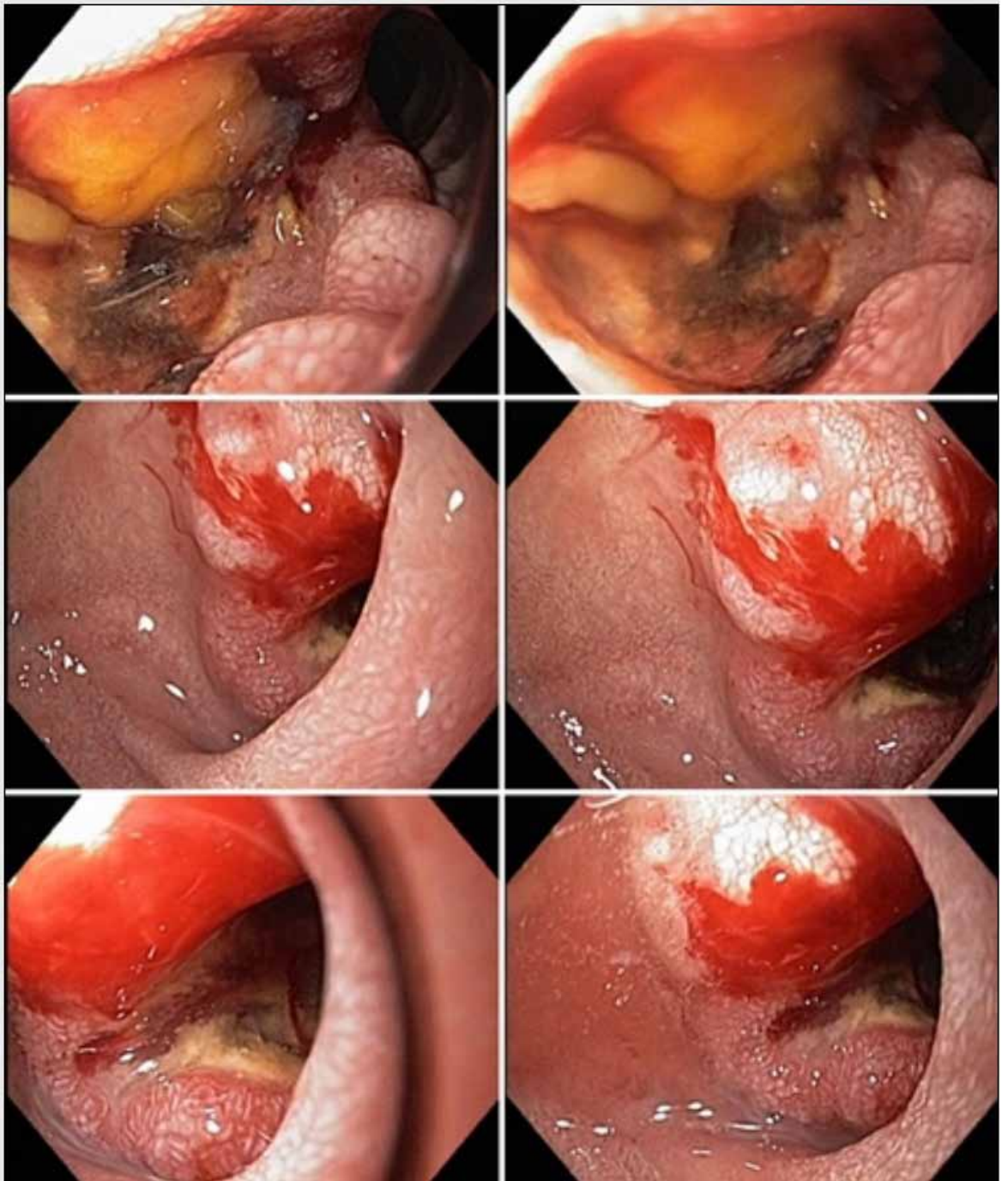
Collage: Gastric non-Hodgkin lymphoma



Collage: *Chronic Lymphocytic Leukemia: Gastroduodenal Tumours*



Collage: *Metastatic melanoma in the stomach*



Collage:Pancreatic cancer infiltrating the duodenal wall