



Stomach and Duodenum: Special Issue—Part Two

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Gastric cancer is second most common cause of cancer related death in Indian men and women aged between 15 to 44 years.¹ There is significant regional variation in gastric cancer incidence, with high incidence being reported from north-eastern and southern parts of India.² Most patients present at an advanced stage of disease. Surgically resectable disease usually requires a standard gastric resection and D2 lymphadenectomy. Imaging, especially with computed tomography (CT) scan of abdomen as well as thorax, is necessary for localization, nodal mapping and metastatic work-up of gastric cancer.² Literature on imaging of gastric malignancy with Indian perspective is few in number. This issue of JGAR focuses on diagnosis and pretreatment mapping of gastric malignancy, including mesenchymal tumors. Awiwi et al discusses imaging of the primary gastric tumor³ and Maru et al outlines the imaging of lymph nodes.⁴ Andhalgaonkar et al presents a detailed discussion on mesenchymal tumors of the stomach and duodenum.⁵ Continuing the trend from our last issue, we are rounding things up in the duodenum section with a thorough review of ampullary and periampullary conditions by Sunnapwar et al.⁶

In this issue, Selvaraj et al presents their original research on the comparison between conventional and virtual unenhanced images in dual-energy CT in the evaluation of hepatobiliary and pancreatic diseases.⁷ Helavar et al reviews portal gastroduodenopathy.⁸ We have also included three case reports in this issue, which presents brilliantly educational images. Ginting et al presents a truly deceiving case of infected liver hemangioma, which was extensively studied; thereafter, intervention was carried out.⁹ The case of torsed mesenteric lymphatic malformation by Prasad et al reminds us of the importance of classic signs as well as advanced imaging.¹⁰ In their report, Varatharajaperumal et al shows the importance of knowing the clinical context in a seemingly simple imaging presentation.¹¹

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Conflict of Interest

None declared.

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