

## **Your Disease is Related to The Stomach, Not the Heart! A Family Medicine Routine**

### **Hastalığımız Kalp ile Değil, Mide ile İlgili! Bir Aile Hekimliği Rutini**

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#### **Abstract**

Holistic medicine is one of the core competencies of the family medicine discipline, and in this context, it deals with the physical, mental and social health of the patient. In this case report, the management of a patient who did not have a family doctor contact is mentioned with a holistic approach. An eighty-year-old male patient applied to our family medicine clinic with complaints of frequent shortness of breath and palpitation while walking, and to be referred to the cardiology outpatient clinic. As a result of the examinations, gastric adenocarcinoma was detected. It is important for people to visit their family doctor at regular intervals.

**Keywords:** Holistic medicine, family practice, gastric cancer

#### **Öz**

Bütüncül bakım aile hekimliği disiplininin çekirdek yeterliliklerinden biridir, bu kapsamda hastanın bedensel, ruhsal ve sosyal sağlığı ile ilgilenilmektedir. Bu vaka sunumunda aile hekimi teması olmayan bir hastanın bütüncül yaklaşımla yönetilmesinden bahsedilmiştir. Seksen yaşında erkek hasta aile hekimliği kliniğimize, yürürken sıklaşan nefes darlığı, çarpıntı hissi şikayetleriyle ve kardiyoloji polikliniğine sevk edilmek için başvurmuştur. Yapılan tetkikler sonucu mide adenokarsinomu saptanmıştır. Kişilerin belirli aralıklarla aile hekimlerini ziyaret etmeleri önem arz etmektedir.

**Anahtar Kelimeler:** Bütüncül bakım, aile hekimliği, mide kanseri

#### **Introduction**

Family medicine is the first medical contact point in the society, it protects individuals from diseases by providing preventive health services and enables early diagnosis (1). It achieves this by recommending and supporting individuals with positive lifestyle changes and by performing periodic health examinations (2). Holistic care is one of the core competencies of the family medicine discipline, and in this context, it deals with the physical, mental and social health of the patient. At the same time, both acute and chronic problems of patients are managed. Since the person is evaluated as a whole in the management of health problems, all existing health problems are addressed. Comprehensive service is provided for the protection and development of health (3-4). In this case report, the management, diagnosis, and treatment process of an elderly patient who did not have a family doctor contact are discussed with a holistic approach.

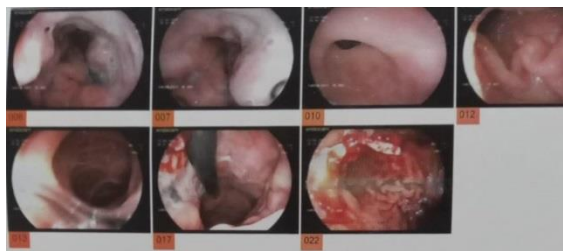
#### **Presentation of the case**

An eighty-year-old male patient applied to our family medicine clinic in June 2021 with the complaints of dyspnea and palpitation, which has been increasing recently and has become more frequent while walking, and with a request to be referred to the cardiology

outpatient clinic. Tachycardia was found in the patient whose systemic examination was performed (pulse: 119/min/rhythmic). Pain was described on palpation in the abdomen. No additional findings were found. In his medical history, it was learned that he never applied to health institutions and did not have any additional disease other than benign prostatic hyperplasia.

When laboratory tests were examined, hemoglobin value in complete blood count is 5.6 g/dl (low), platelet value is 2081 109/l (high), MCV 63.8 fL (low), RDW 19% (high), creatinine 1.3 mg/dl (high), iron 13 ug/dl (low), iron binding capacity 421 ug/dl (high), ferritin 7.42 µg/l (low). Sinus tachycardia was noted in his electrocardiography. A complete urinalysis was natural.

The patient was consulted to the internal medicine department due to deep anemia and erythrocyte suspension was administered there. Upper and lower endoscopy were performed to determine the possible bleeding focus. During the procedure, an ulcerovegetant mass lesion of approximately 4 cm in diameter was observed starting from the posterior corpus wall and extending to the incisura angularis. The antrum mucosa was nodular hyperemic and edematous (Figure-1).



**Figure-1.** Upper gastrointestinal videoendoscopy image

Multiple biopsies were taken. In terms of staging, thorax, abdomen, and neck images were taken by computed tomography, no metastasis was found. No unusual situation was encountered in colonoscopy.

Our patient was informed that his disease was related to the stomach, not the heart, and was directed to general surgery and total gastrectomy was performed. Upper surgical margin width 4 cm, lower surgical margin width 3.5 cm, lesser curvature length 9 cm, greater curvature length 18 cm, 33x14 cm omentum adjacent to the greater curvature, 8x4 cm omentum minus adjacent to the lesser curvature; when the total gastrectomy material was opened at the level of the greater curvature, a tumoral lesion of 4 cm in diameter, ulcerovegetant and serosa-invading, located at the lesser curvature, starting at a distance of 1.5 cm from the upper surgical margin, was observed. Nine lymph nodes with diameters ranging from 2-0.5 cm were dissected from the lesser curvature. The patient, who was taken to the intensive care unit and then to the service, was given training in terms of dumping syndrome by the nutrition unit and was discharged with wound care recommendations. The patient, whose excisional surgical material biopsy revealed adenocarcinoma (moderately differentiated), metastatic lymph nodes and reactive lymph nodes, still continues to receive radiotherapy.

### Discussion

Family medicine practice has the advantages of being able to follow the patients for a long time, easy monitoring, and evaluation, and providing protection and treatment by allocating sufficient time. Continuous access to patients is the most important power in this regard (5). Continuity in the follow-up can also eliminate possible errors or disruptions. It can be understood that our patient

did not have adequate conversations with his family doctor, by the fact that his current complaint is a chronic event. Periodic consultation with the family physician may provide early diagnosis of some diseases that are not symptomatic. Cancer screenings play an important role at this point. In accordance with the standards set in Turkey, it is aimed to perform a fecal occult blood (FOB) test every two years for everyone between the ages of 50-70. The monoclonal antibody test, which detects in 10 minutes, is used in family healthcare centers. The family doctor directs the patients with positive results of this screening to the upper steps for further examination with the suspicion of gastrointestinal system diseases (6). It was learned that our patient had never had a FOB test before.

It is known that approximately 50% of gastric cancers originate from the cardia or fundus, and factors such as obesity, smoking, gastroesophageal reflux, *Helicobacter pylori* infection, and excessive use of proton pump inhibitors increase the frequency of gastric cancer (7). The incidence of gastric cancer is dominated by male patients aged 60 and over (8). Our patient is compatible with the literature in terms of age and gender, and there is no known risk factor.

Although specializations in medicine have come to the fore in the last century, Francis Peabody laid the foundations of family medicine in 1923 by stating that specialization is a fragmented health service delivery (9). In a study, it was seen that health follow-ups could be done by family medicine, without the need to go to specific branch physicians such as cardiology, internal medicine, and endocrinology (10). It is tragic that our patient came with a request to be referred to cardiology. Our patient, who was evaluated holistically, was managed in an ideal way without wasting time in unrelated branches.

Within the framework of holistic care, the physician should evaluate the patient in terms of the part-whole relationship and should consider the patient as a whole while making any diagnosis or during the treatment phase. In particular, it is important to spare enough time for the patients and to follow up in detail and continuously in the routine practice of family medicine. It is essential for people to visit their family doctor at regular intervals.

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