

Laparoscopy

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Laparoscopy is routine in the assessment of patients with gastric cancer. Its particular value is in the detection of peri - toneal disease, which is di ffi cult by any other technique, unless the patient has ascites or bulky intraperitoneal deposits. The main limitation is evaluation of posterior extension but CT and endoluminal ultrasonography can provide this infor ma - tion. Samples are usually taken for peritoneal cytology unless laparotomy follows immediately . -

Figure 67.6 A computed tomography scan of the abdomen showing a gastric cancer arising in the body of the stomach.

Figure 67.7 Computed tomography/positron emission tomography of a patient with gastric cancer. The middle pair of images shows the primary tumour. The two images on the left show unsuspected liver metastases, whereas the two on the right show a left cervical node positive for metastases.

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