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***Helicobacter pylori* and gastric cardia cancer: what do we know about the risks?**

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Abstract

The incidence of gastric cardia cancer is increasing around the world. Since the discovery of *Helicobacter pylori* (*H. pylori*), numerous studies have proved that it is a causative factor for many kinds of digestive system tumors.

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One hypothesis that may explain reduced risks of **gastric cardia cancer and esophageal adenocarcinoma** in **H. pylori** -infected individuals relates to the decline in **stomach acidity** that is often seen after decades of **H. pylori** colonization.

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Diagnosis

Epidemiology

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A bacterial infection called Helicobacter pylori (*H. pylori*) is now recognized as a primary cause of peptic ulcers and their recurrence. Evidence has been found linking the changes caused by *H. pylori* infection in the stomach lining as a strong risk factor for stomach cancer.

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Helicobacter pylori

Helicobacter pylori, previously known as Campylobacter pylori, is a gram-negative, helically-shaped, microaerophilic bacterium usually found in the stomach. Its helical shape is thought to have evolved in order to penetrate the mucoid lining of the stomach and thereby establish infection. The bacterium was first identified in 1982 by Australian doctors Barry Marshall and Robin Warren, who found that it was present in a person with chronic gastritis and gastric ulcers, conditions not previously believed to have a microbial cause. *H. pylori* has also been linked to the development of duodenal ulcers, polyps, i. e. benign growths, in the small intestine, large intestine, and rectum, and malignancies of the stomach's secretory glands, of the mucosa-associated lymphoid tissue in the stomach, esophagus, colon, rectum, or tissues around the eye, and of lymphoid tissue in the stomach.

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