10th Anniversary
CHIRON MEDICAL
楷 和 醫 療 集 團

2026

# 11月刊
# NOV NEWSLETTER




楷和醫療集團今年以「乳你守護，從心出發」為主題，提升大眾對乳癌的認識，呼籲女性關注乳房健康，養成定期篩查習慣。現正推出乳房超聲波及乳房X光造影檢查優惠，鼓勵女性主動守護乳房健康，及早發現及治療。

Chiron Medical is launching the campaign "Safeguarding Breast Health with Heart" to raise public awareness of breast cancer and encourage women to pay attention to their breast health and develop the habit of regular screening. Special offers are now available for breast ultrasound and 3D mammogram examinations. Women are encouraged to take charge of their breast health, detect potential risks early, and seek timely treatment.

## 主動啲上心啲，從乳房檢查做起
## Your Health Matters, Make Time for a Breast Screen



**3D乳房X光造影檢查**
**3D MAMMOGRAM**
**$1,500**
(原價 Original Price: ~~$3,350~~)



**乳房超聲波**
**BREAST ULTRASOUND**
**$1,360**
(原價 Original Price: ~~$1,600~~)

**檢查地點： FemWell 女性健康中心**
**九龍尖沙咀河內道5號普基商業中心2樓**
**2/F, Podium Plaza, No. 5 Hanoi Road, Tsim Sha Tsui, Kowloon**

**馬上掃描預約檢查**
Scan now to book the check-up

優惠有效期至2026年11月30日 The Offer is valid until November 30, 2026.

# 胃部「腸化生」勿過度恐慌
# 根除幽門螺旋桿菌　定期胃鏡監察防胃癌



張浩然醫生
Dr. Cheung Ho Yin, Michael

外科專科
Specialist in General Surgery

楷和醫療
Chiron Medical

不少人在完成胃鏡檢查後，聽到報告提及「腸化生」，因名稱與「癌前病變」掛勾而憂心不已。胃癌是香港常見的癌症之一，而楷和醫療外科專科張浩然醫生指出，腸化生確是胃癌發生路上的其中一站，但患者並不一定會演變成癌症；與其無謂恐慌，不如正確認識、積極跟進，化被動為主動。

## 腸化生源於慢性發炎　多與幽門螺旋桿菌有關

張醫生解釋，胃黏膜長期受慢性發炎刺激，部分細胞會轉變成近似小腸黏膜的形態，便是「腸化生」，最常見的成因是幽門螺旋桿菌的長期感染。胃黏膜的變化一般沿「慢性胃炎→萎縮性胃炎→腸化生→異型增生→胃癌」的階梯逐步演進，腸化生正是當中的中途站，也是可以及早攔截的重要時機。

## 大多無明顯症狀　胃鏡活檢方能確診

腸化生大多沒有明顯症狀，患者甚至毫無不適，多數是在進行胃鏡檢查時偶然發現，再經活組織病理化驗而確診。張醫生提醒，胃鏡除了觀察黏膜外觀外，活檢可判斷範圍、程度與類型，這有助醫生評估風險、訂定監察頻率。

## 根除幽門螺旋桿菌　降低進展風險

目前並無特效藥可令腸化生消失，已形成的化生亦難以完全消退，重點在於控制病因與密切監察。張醫生指出，首要工作是根除幽門螺旋桿菌。即使化生未必消退，根除後仍能顯著降低癌變風險；治療以口服藥物進行，療程後再檢測確認成功根除。

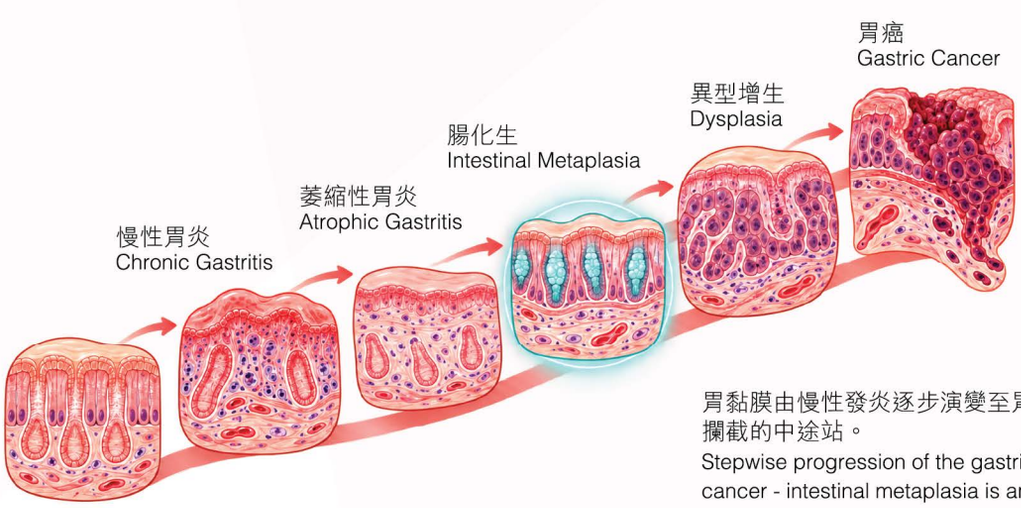
## 風險分層定頻率　非人人年年照胃鏡

多久照一次胃鏡並非人人相同。張醫生表示，持續感染或有胃癌家族史者屬高風險，建議每一至三年監察一次；低風險且無不適者毋須年年照胃鏡，遵從指示定期跟進即可。

## 惡化至異型增生　及早介入有法

張醫生續指，腸化生的處理，關鍵在於防止情況惡化。一旦活檢顯示化生已惡化至異型增生，甚至早期胃癌，便須把握時機及早介入；視乎病變範圍與位置，可透過內窺鏡切除或消毀病變黏膜，或進行微創以至外科手術。

張醫生最後提醒，腸化生既毋須恐慌，也不可輕視。做好三件事：根除幽門螺旋桿菌、保持良好飲食及生活習慣(例如戒掉煙酒)、按風險分層定期照胃鏡，便能將胃癌風險降到最低。




胃黏膜由慢性發炎逐步演變至胃癌的階梯示意，「腸化生」正是可及早攔截的中途站。
Stepwise progression of the gastric lining from chronic inflammation to gastric cancer - intestinal metaplasia is an intermediate stage where early intervention is possible.

# Intestinal Metaplasia: Don't Overreact—Eradicate Helicobacter pylori, Keep Up with Regular Endoscopic Surveillance to Reduce Gastric Cancer Risk

After undergoing a gastroscopy, many people become worried when they see the term "intestinal metaplasia" in their report—especially because it is often linked to the idea of "precancerous lesions." Gastric cancer is one of the most common cancers in Hong Kong. However, Dr. Cheung Ho Yin, Michael, a specialist in General Surgery, explains that although intestinal metaplasia is indeed one step in the pathway to gastric cancer, it does not mean the disease will necessarily progress to cancer. Instead of unnecessary panic, people should educate themselves properly and actively follow up—turning passivity into proactive care.

## Intestinal metaplasia stems from chronic inflammation and is commonly associated with Helicobacter pylori

Dr. Cheung explains that when the stomach lining is exposed to chronic inflammation for a long period of time, some cells may change into a pattern resembling the lining of the small intestine—this is what is called intestinal metaplasia. The most common cause is long-term infection with Helicobacter pylori (H. pylori).

Stomach changes typically progress along a stepwise pathway: chronic gastritis → atrophic gastritis → intestinal metaplasia → dysplasia → gastric cancer. Intestinal metaplasia is an intermediate stage—an important point where risks can be detected early and potentially intercepted.

## Often no obvious symptoms—diagnosis is confirmed through endoscopic biopsy

Intestinal metaplasia usually causes no obvious symptoms. Many patients feel perfectly fine. Most cases are found incidentally during gastroscopy, and then confirmed through tissue pathology testing from a biopsy.

Dr. Cheung reminds patients that gastroscopy involves more than just visual inspection of the mucosa. Endoscopy with biopsy can determine the extent, severity, and type of the lesion. This helps doctors assess risk and set an appropriate surveillance schedule.

## Eradicate H. pylori to reduce the risk of progression

At present, there is no specific medication that can reliably make intestinal metaplasia disappear completely. Even if metaplasia has already formed, it may not fully reverse. The key is to control the underlying cause and closely monitor the condition.

Dr. Cheung states that the first priority is to eradicate H. pylori. Even if intestinal metaplasia may not completely regress, successful eradication can still significantly reduce the risk of cancer development. Treatment is typically done with oral medications, followed by testing after the course to confirm eradication.

## Risk stratification determines how often you need surveillance—everyone does not need yearly endoscopy

How often one should undergo endoscopy differs from person to person. Dr. Cheung notes that individuals with persistent infection or a family history of gastric cancer are at higher risk and are advised to be monitored every one to three years. Those at low risk and free of symptoms do not need a yearly scope; following the recommended follow-up schedule is sufficient

## If it worsens to dysplasia—or even early gastric cancer—early intervention is crucial

Dr. Cheung added that the key of treating intestinal metaplasia usually is to prevent progression: once a biopsy shows that the metaplasia has progressed to dysplasia—or even early gastric cancer—appropriate timing is crucial for prompt intervention. Depending on the size and location of the lesion, doctors may remove or destroy the abnormal mucosa through endoscopic treatment, or consider minimally invasive procedures, and in some cases, surgery.

Dr. Cheung concluded by reminding patients that intestinal metaplasia should neither be a cause for panic nor be ignored. By doing three things—eradicating Helicobacter pylori, maintaining healthy eating and daily habits (e.g. quit smoking and drinking beverages) and undergoing regular endoscopic surveillance based on risk stratification—you can reduce the risk of gastric cancer to the lowest possible level.

# 定期醫學交流：聚焦臨床心得與專業交流
## Surgical Round: Clinical Insights & Peer Exchange





為持續促進跨專科的深度學術交流與臨床協作，楷和醫療於上月正式迎來了首場定期醫學交流。活動獲得了集團各專科醫生的積極響應與踴躍參與，交流氣氛融洽。

首場交流由外科專科英偉亮醫生主講，分享其豐富的臨床實踐與經驗。是次分享為醫護專業人員建構了一個互動平台，讓大家互相啟發、深入探討臨床見解，進一步提升專業水準與病人安全。

在此，我們亦感謝 Pacific Medical Systems 的到場參與，一同建立醫療專業交流空間。我們期待在未來的交流中，繼續與各醫療同業攜手並進，帶來更多精彩的學術分享。

To foster ongoing cross-specialty academic exchange and clinical collaboration, Chiron Medical hosted our inaugural Surgical Round last month. The session was well-attended, drawing active participation and sparking meaningful discussions among specialists across the group.

Led by Dr. Marcus Ying, Specialist in General Surgery, the session featured a practical sharing of his clinical expertise and experience. It provided a valuable platform for healthcare professionals to connect, spark insights, and further advance clinical standards and patient safety.

We would also like to thank Pacific Medical Systems for joining us and helping cultivate this space for clinical dialogue. We look forward to continuing this journey alongside our peers in upcoming Surgical Round sessions, bringing you many more enriching discussions.

# 員工活動：陶瓷迷你拉坯工作坊
## Mini Pottery Wheel Workshop





上月，我們為同事舉辦了兩場「陶瓷迷你拉坯工作坊」。在導師的指導下，一同製作精緻的小器皿， 除了學會拉坯技巧之外，也有手眼協調與力度控制、上色的體驗。期待下次的體驗！

Last month, we held two mini pottery wheel workshops for our colleagues. With guidance from the instructor, we made delicate little vessels together. Along the way, we learned the basics of wheel-throwing and got to practice hand-eye coordination, controlling pressure, and adding color. Looking forward to our next creative experience!


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九龍尖沙咀河內道5號普基商業中心2樓及3樓A室

香港中環皇后大道中33號萬邦行1502-03室

https://chiron.care/

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