

STOMACH AND DUODENUM



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Postoperative complications

- **Leakage: from**

- ✓ oesophago-jejunostomy.

- ✓ duodenal stump.

presented as:

- peritonitis

- fistula: to drain or the wound

- collection.

- septic collection secondary bleeding.

- long- term complications:

- nutritional deficiencies, Vit B12.

- dumping and diarrhoea.

Other treatment modality:

- Radiotherapy:
 - Palliative in painful bony metastasis.
- Chemotherapy:
 - ✓ As neoadjuvant.

 - Epiеubcine.
 - cis- platinum.
 - Infusion 5FU. OR oral capicitabine.
 - ✓ For inoperable GC. (palliative).

Gastric lymphoma

- 5% of GC.

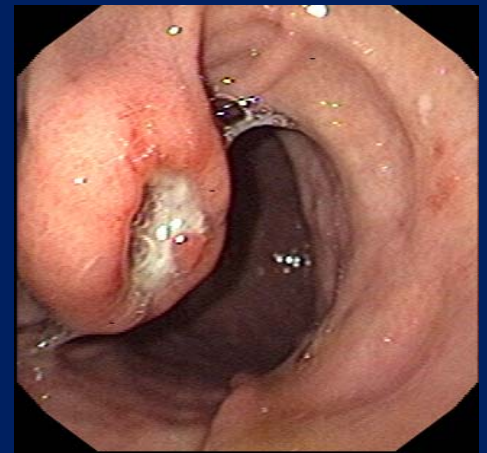
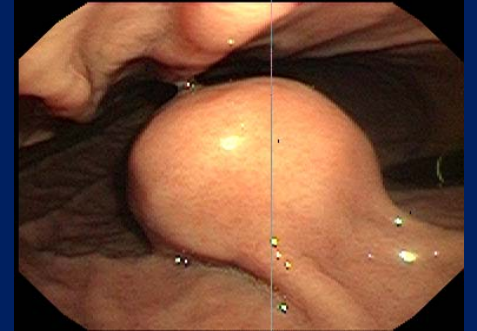
Either

- primary G Lymphoma. or
- part of generalized lymphoma.(more common).
- it is B cell- derived arising from MALT.
- To differentiated primary from generalizes lymphoma:
 - CTS chest & abdo.
 - bone marrow aspirate.
 - CBP+ blood film morphology.
- treatment:
 - primary lymphoma:
 - localized: surgery. Some oncologist CT!
 - advanced : CT.
 - Gastric involvement in diffuse disease:
 - CT
- Surgery for complications: bleeding, perforation.

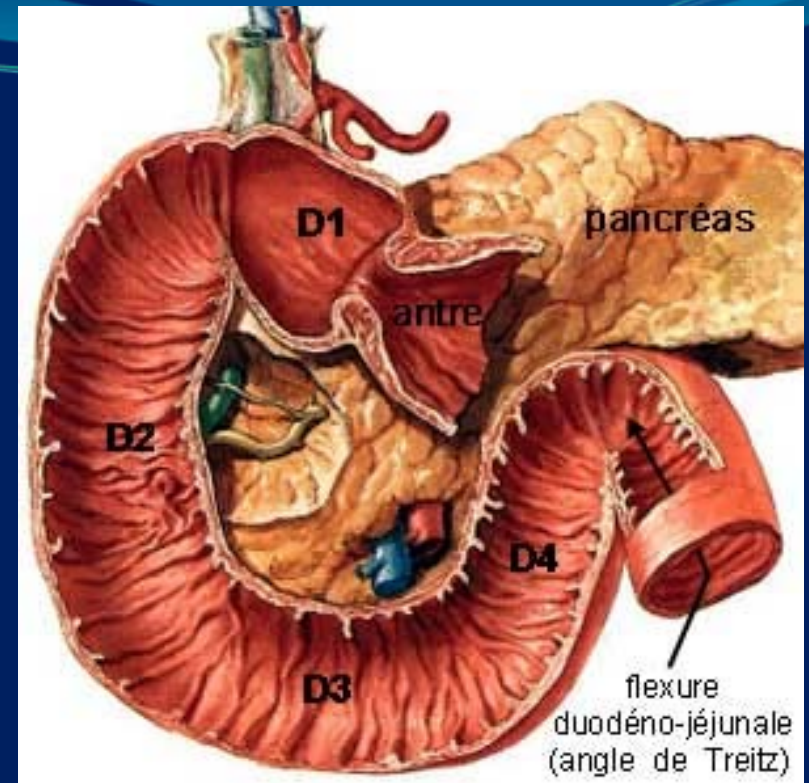
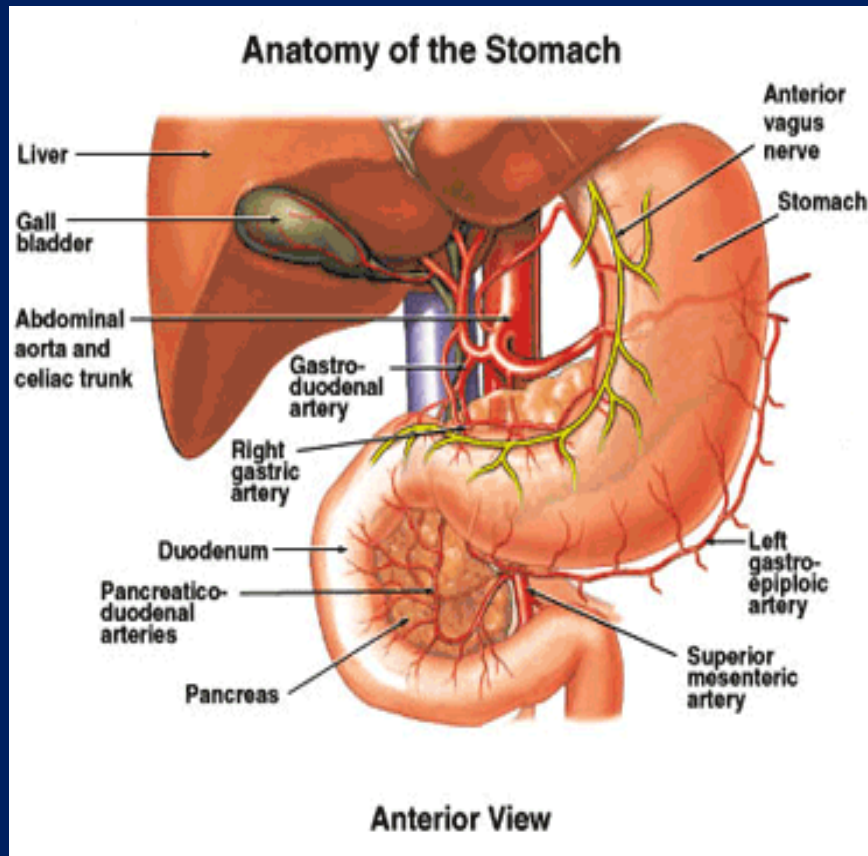


Gastrointestinal stromal tumour: GIST

- Previous name: leiomyoma, leiomyosarcoma.
- Derived from interstitial cells of Cajal (pacemaker cells controlling peristalsis)
- Associated with mutation of Tyrosine kinase c- kit oncogene.
- Unpredicted biological behavior. Predictors: size& mitotic activity.
- May metastasized to peritoneum or liver.
- Common in stomach& duodenum. 1% of GC.
- Treatment:
 - Small tumour: wedge excision.
 - Large tumour: Gastrectomy.
 - 3-6/12 preoperative Imatinib reduce the size & vascularity.



Duodenum



Duodenal tumours:

- Benign:

Duodenal villous adenoma.

- Duodenal adenocarcinoma:

- Commonest site of Ad Ca. arise in small bowel.
- Mostly originate from pre existent villous adenoma .
- Mutation of APC gene predispose to it.
- Presentation:

bleeding, ulceration, obstruction. Jaundice (involve ampulla).

Metastasis to LNs, liver.

- Treatment:

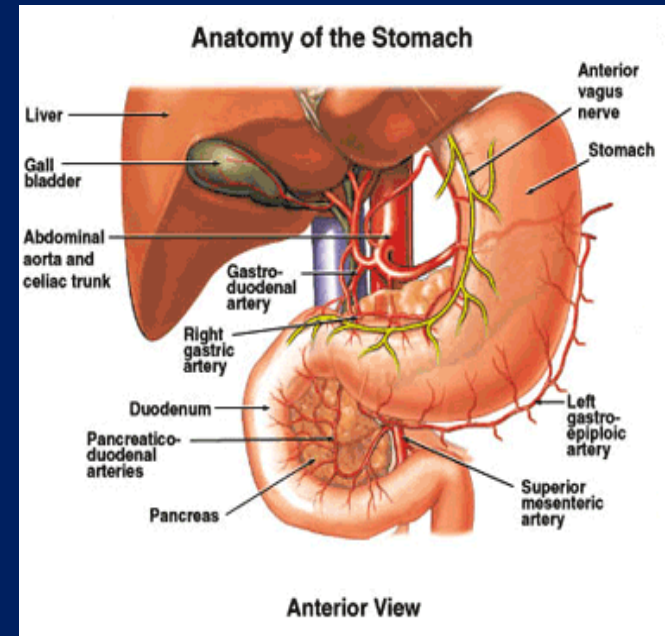
Pancreaticoduodenectomy(Whipple's procedure).

OTHER

- GIST.
- Neuroendocrine tumours.

Zollinger- Ellison Syndrom:

- Gastrin – producing endocrine tumour. (gastrinoma).
- Found in duodenum or pancreas(Gastrinoma triangle).
- Either sporadic or
- Part of MEN type I. (Autosomal dominant).
- Presented as fulminant PU.
- Treatment:
- Surgical resection.



Duodenal obstruction:

- Pancreatic cancer.(most commom).
- Metastatic colonic or GC.
- Primary duodenal carcinoma,
- Annular pancreas.
- After attack of pancreatitis.
- Arterio-mesenteric compression.

Gastric operation for morbid obesity

- Lap. band:
 - Placement of inflatable cuff at OG junction.
- Gastric bypass: (standard procedure)
- Gastric sleeve.

Other gastric conditions:

- **Acute gastric dilatation:**
 - **Atonic dilatation of stomach result in vomiting, dehydration, electrolyte disturbances.**
 - **Causes:**
 - ✓ **Post operative(anaesthesia).**
 - ✓ **Multiple trauma.**
 - ✓ **Pyloroduodenal disorders(stasis).**
 - **Rx:**
 - ✓ **N/G suction.**
 - ✓ **Fluid& electrolyte correction.**
 - ✓ **Rx underlying cause.**

Trichobizoar & phytobizoar

➤ Trichobizoar:

- Common in young psychiatric F.
- Ingestion of hair to form Hair ball.
- Presented as ulcer, bleeding obstruction, perforation,
- Dx : OGD, radiology.
- Rx: endoscopic removal
- Surgery by gastrostomy.

➤ Phytobizoar:

- Vegetable material in patients with stasis.



Foreign bodies in stomach

- **Variety of FB. Can be accident or in psychiatric patient.**
- **Endoscopic removal.**
- **If passed the stomach it will pass spontaneously.**
- **Checked by X-ray & the stool.**
- **Surgery indicated if symptomatic & fail to progress(difficult).**

Volvulus of the stomach

- Rotation of the stomach around its axis(two fixed points).
 - Organo- axial(commonest).
 - Mesentro- axial.
- Usually associated with diaphragmatic hernia(paraoesophageal).
- Presentation:
 - Chronic: (common): difficulty in eating.
 - Acute : causing ischemia.
- Dx: contrast radiology is superior to endoscopy.
- Rx: surgical correction . Opened or Laparoscopic.

Q1/ The following are expected sequelae after gastric surgery for PU.

1. Bilious vomiting.
2. constipation.
3. Recurrent ulcer.
4. Renal stone.
5. Weight gain.
6. diarrhoea.
7. gall stone.

Q2/ Regarding perforated DU:

1. the incidence decreasing dramatically in last 2 decades.
2. Recently the incidence increasing in females.
3. the incidence decreasing in elderly.
4. the most common site is posterior duodenal ulcer.
5. potent antisecretory drugs is the best treatment option.
6. Leaking small perforation can mimic acute appendicitis.
7. there is No chance for sealing of small perforation.