

# STOMACH AND DUODENUM



**Qais K.Baqer**

**FCABS FICMS FICS**

**Consultant Gastrointestinal & Hepatobiliary Surgeon**

# Gastritis

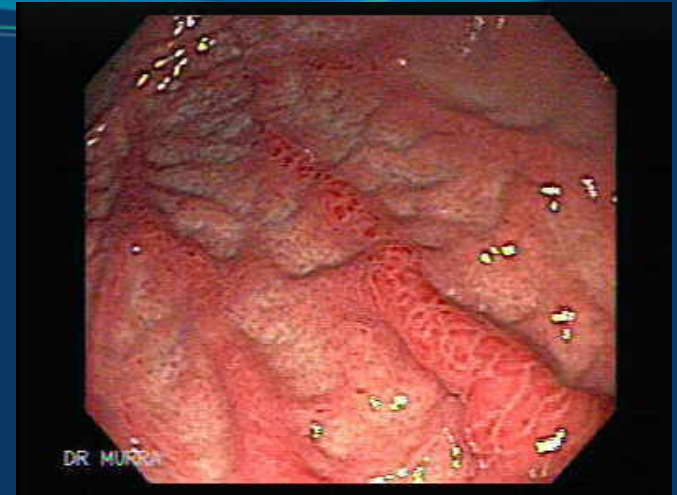
## 1- Type A Gastritis:

- Autoimmune antibodies against parietal cells.
- No HCl.... Achlorhydria
- No Intrinsic factor.....

Perncious anemia

B12 malabsorptin.

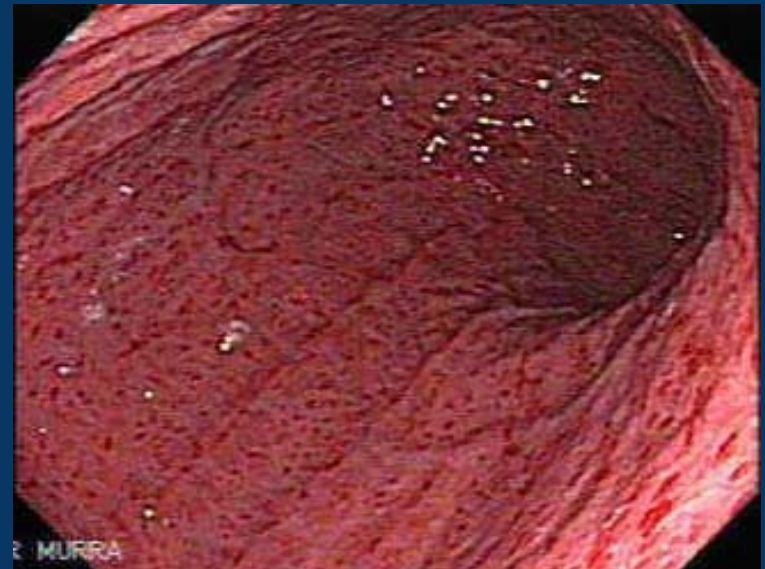
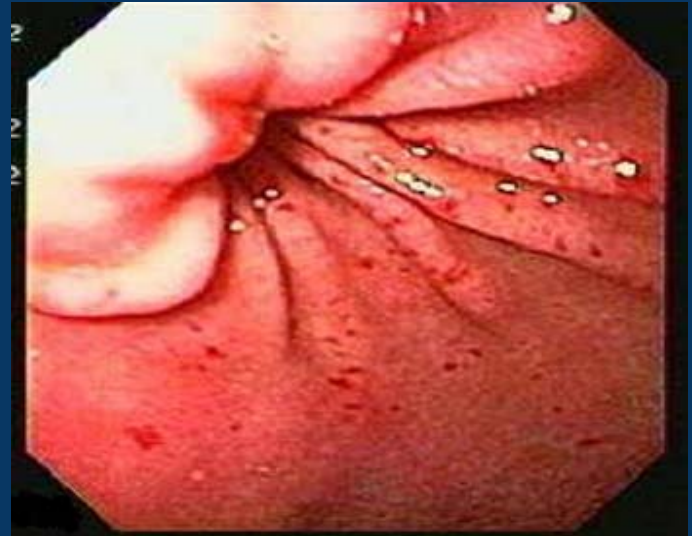
- Hypergastrinemia...
- Microadenoma ECL cell.
- Per malignant.



# Gastritis

## 2- Type B Gastritis:

- H. pylori associated.
- Mostly affect antrum.
- patients prone to peptic ulcer.
- Those with pangastritis prone to cancer.
- Pangastritis.. Metaplasia dysplasia...CA.



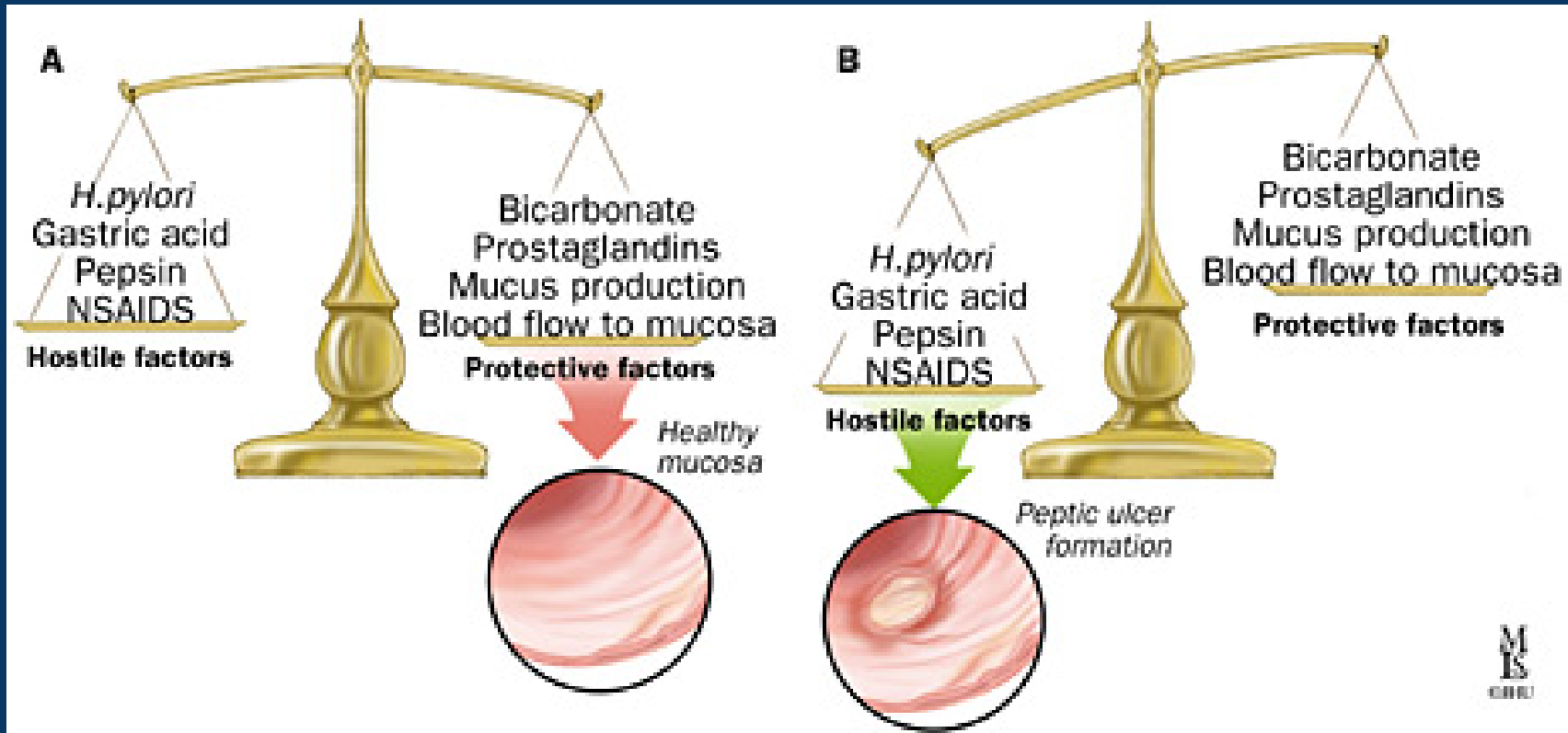
# Gastritis

## 3- Reflux Gastritis:

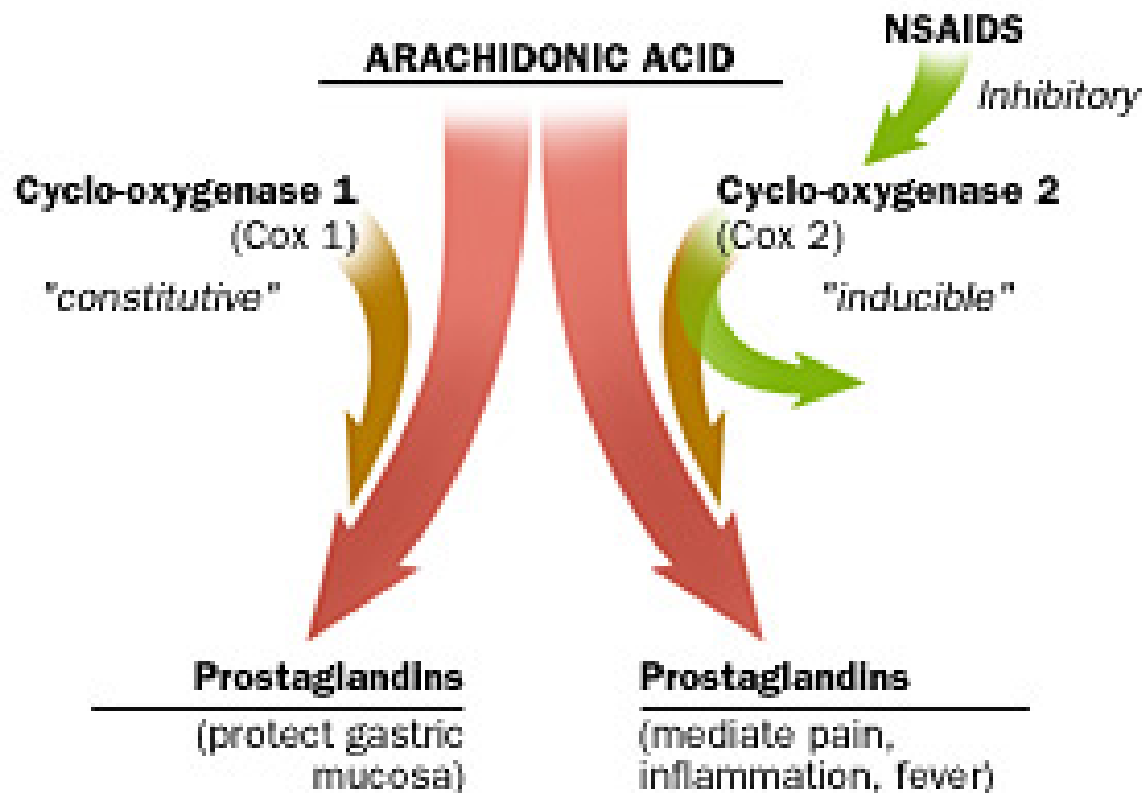
- caused by enterogastric reflux.
- after destructive gastric surgery.
- after cholecystectomy.
- occasionally no surgery.
- Rx.
- Bile chelating agents.
- prokinetic agents, domperidone
- surgery: sever non responsive patients.



# Gastritis 4- Erosive gastritis



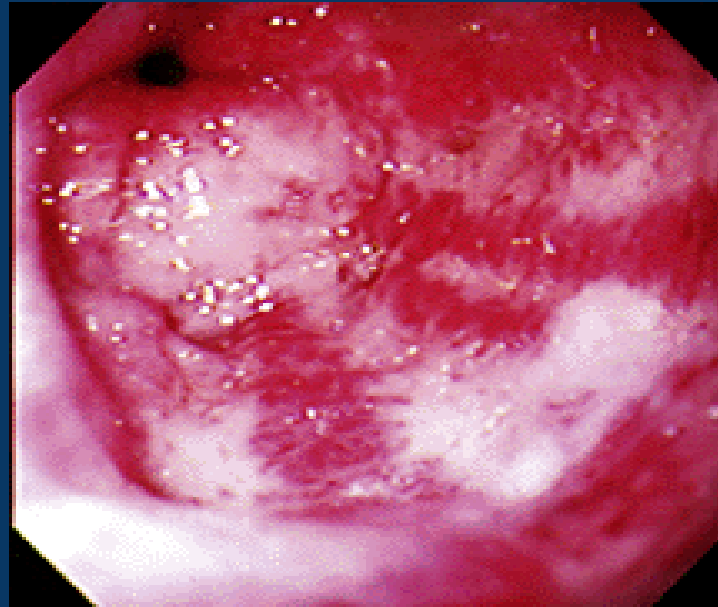
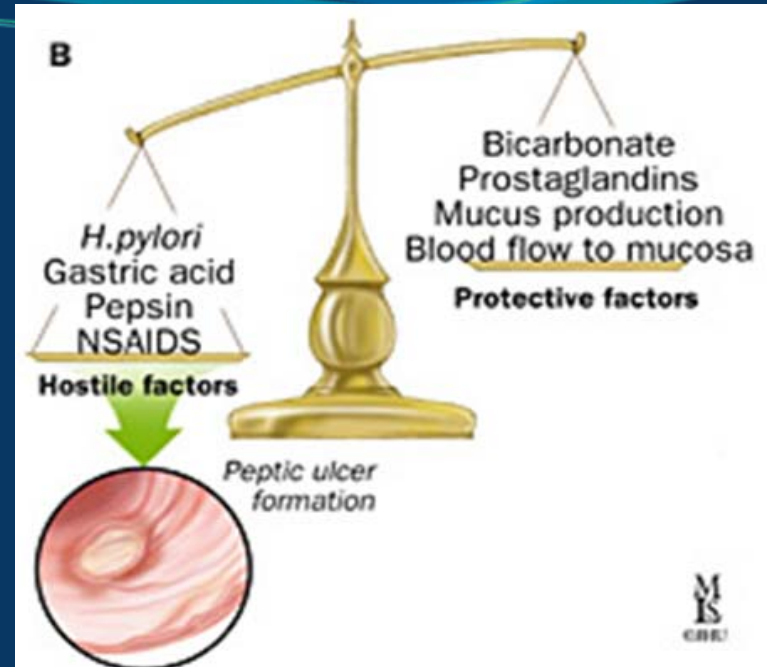
# Gastritis 4- Erosive gastritis





## Gastritis 5- Stress gastritis

- Common in seriously ill or injured patient.
- Unrecognised until bleeding started.
- Difficult to Rx.
- Better to prevent?



# Gastritis 6- Lymphocytic gastritis

- Rare.
- T cell infiltration.
- Probably H pylori infection.





## Other Gastritis

- Eosinophilic gastritis.
- Granulomatous Gastritis: Crohn's & Tuberculosis.
- AIDS Gastritis.
- Phlegmonous Gastritis: bacterial

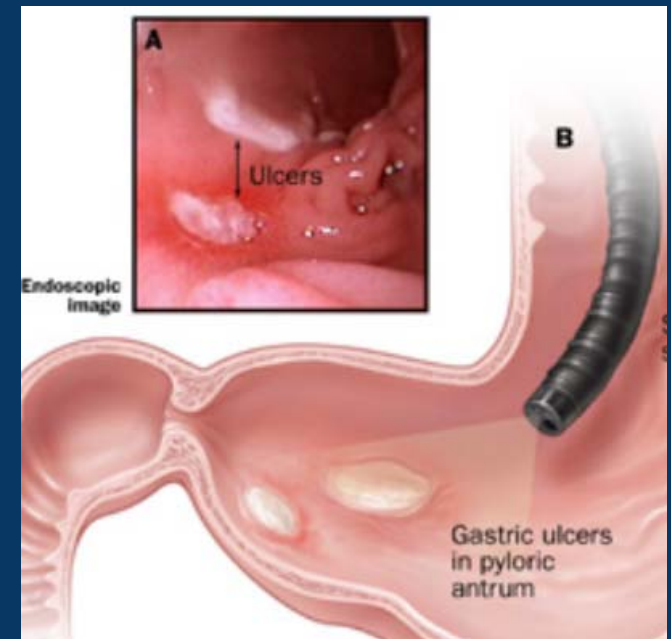
# Menetrier's Disease:

- unusual
- Gross hypertrophy of gastric mucosal folds.
- result in:
- mucous production( protein losing) hypoproteinemia.
- hypochlorhydria.
- Anemia.
- premalignant condition.
- Rxed by Gastrectomy.



# Peptic ulcer

- Pepsin or HCl acid?
- **Peptic ulcer disease:**
  - DU. 1<sup>st</sup> part of duodenum
  - GU. Lesser curve
  - Oesophagitis.
  - Stomal ulcer.
  - Ectopic gastric mucosa in Meckel's diverticulum.



# Duodenal and Gastric ulcer

• Acute & chronic? Past & present view.

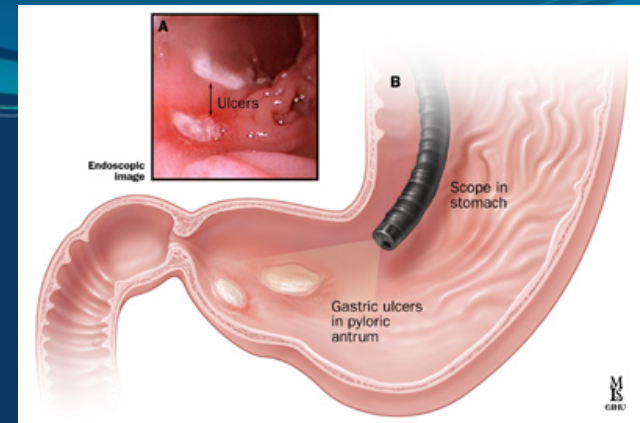
• Spectrum disease from superficial GU&DU to deep penetrating ulcers.

- Aetiology.
- Incidence .
- Pathology.
- Investigation.
- Medical Rx.

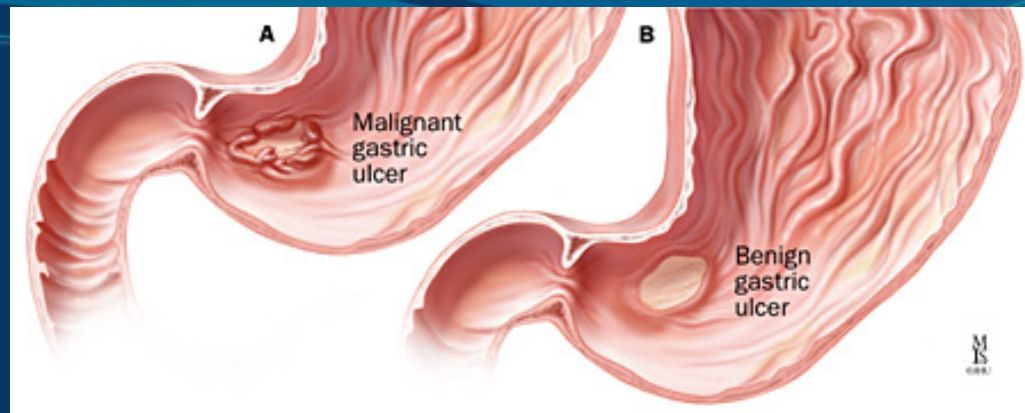


# Gastric Ulcer

- Chr. DU: NOT associated with Malignancy.
  - Chr. GU: Associated with Malignancy.
  - Which from which?
  - benign GU undergo malignant transformation?
- Or
- GU assessed by scope as benign and the biopsy reveal malignancy.( ulcerated cancer).



# Gastric Ulcer



- Any GU **should be regarded** as being malignant no matter how classically it appears like benign.
- Multiple Bx at least 10 well targeted Bx before the ulcer accepted as being benign.
- Anti ulcer Rx can heal ulceration associated with malignancy, **but not** Rx the malignancy.

# **surgical treatment of uncomplicated peptic ulcer**

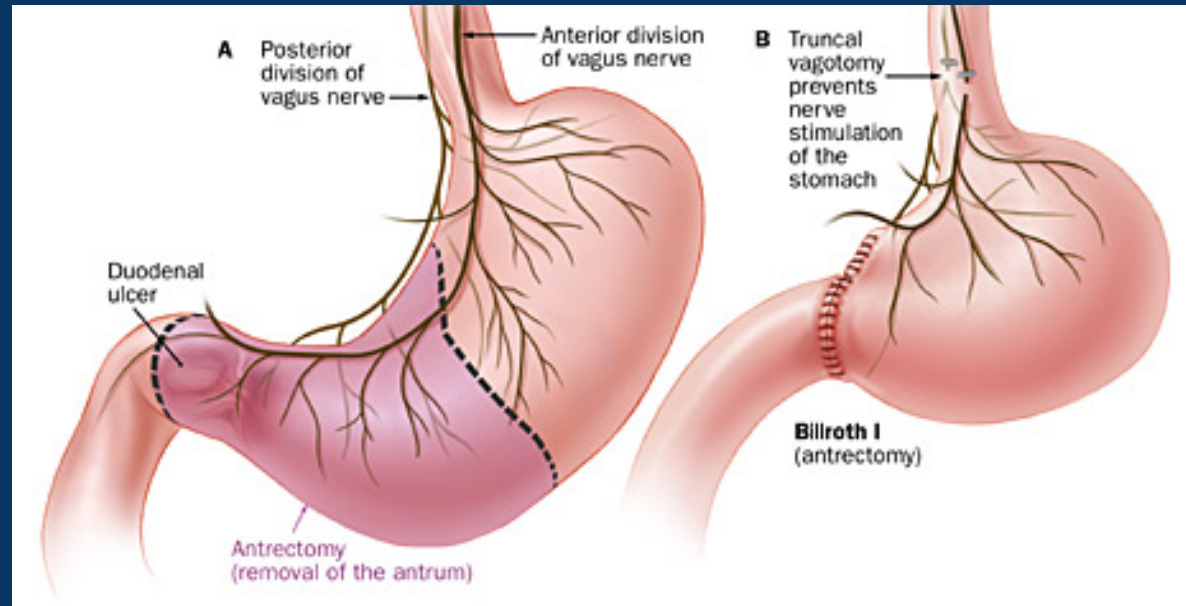
- **Operation for DU:**
- **Aim:**
- **Divert acid from duodenum.**
- **Reduce the secretory potential of stomach.**
- **Or Both.**





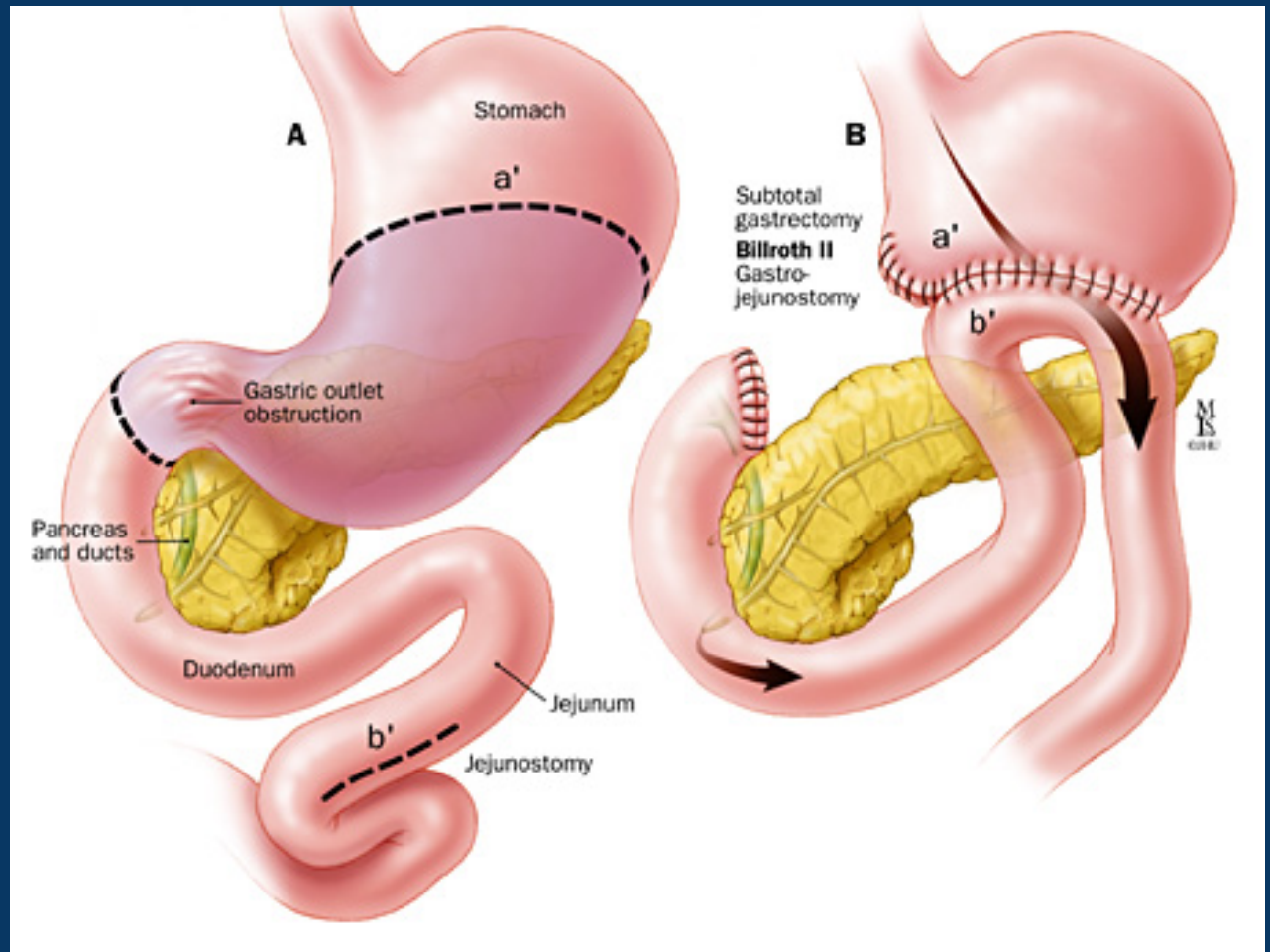
# Operation for DU:

## 1- Billroth I 1881.



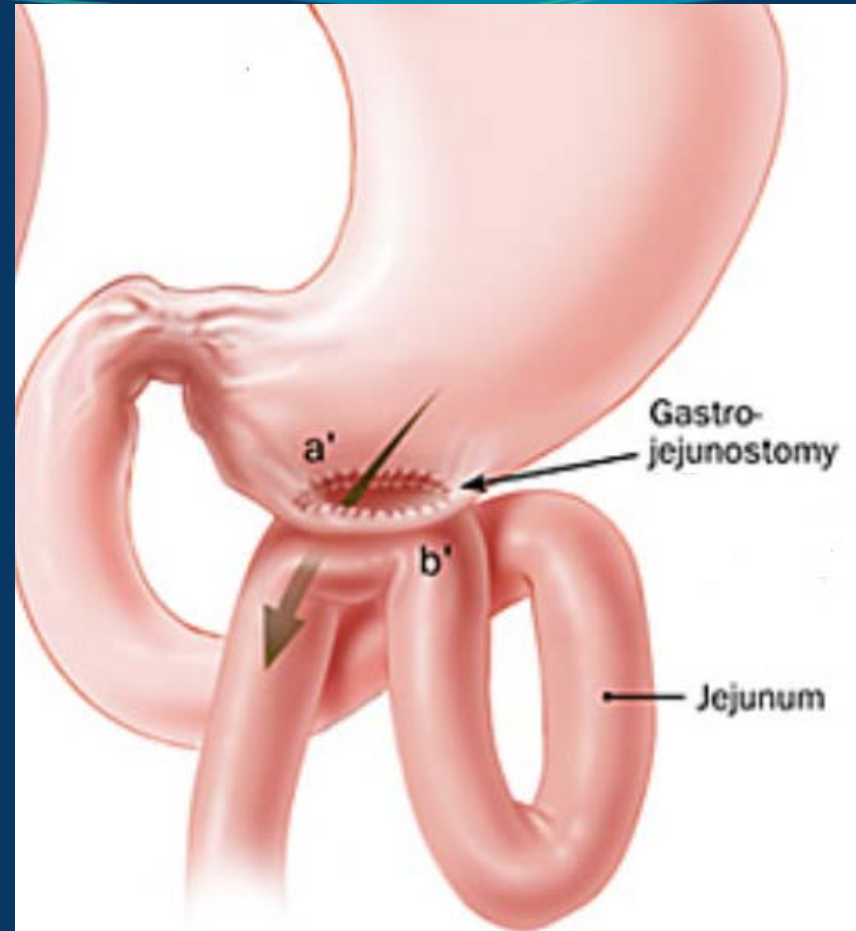
# Operation for DU:

## 2- Billroth II



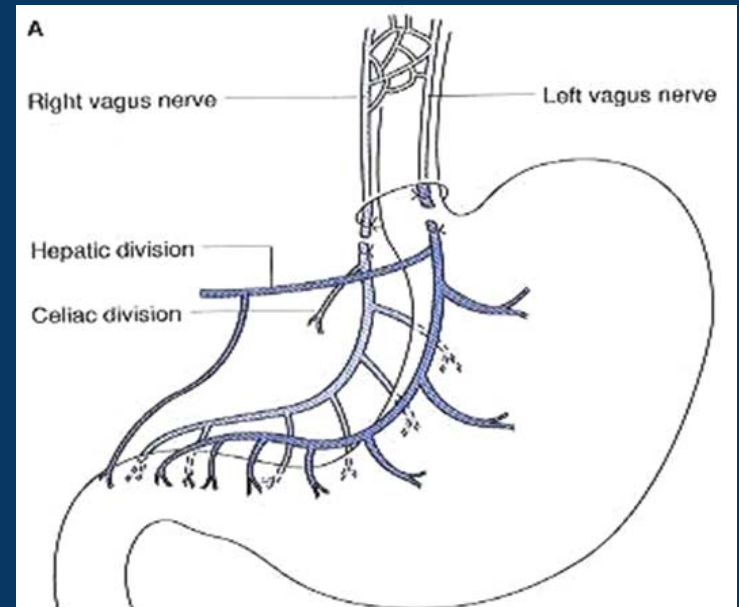
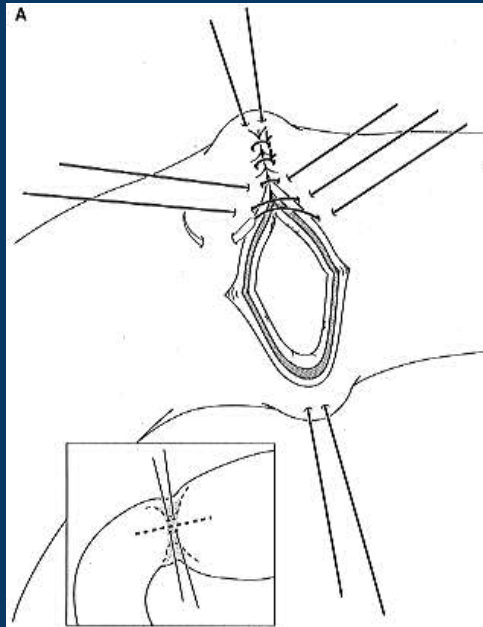
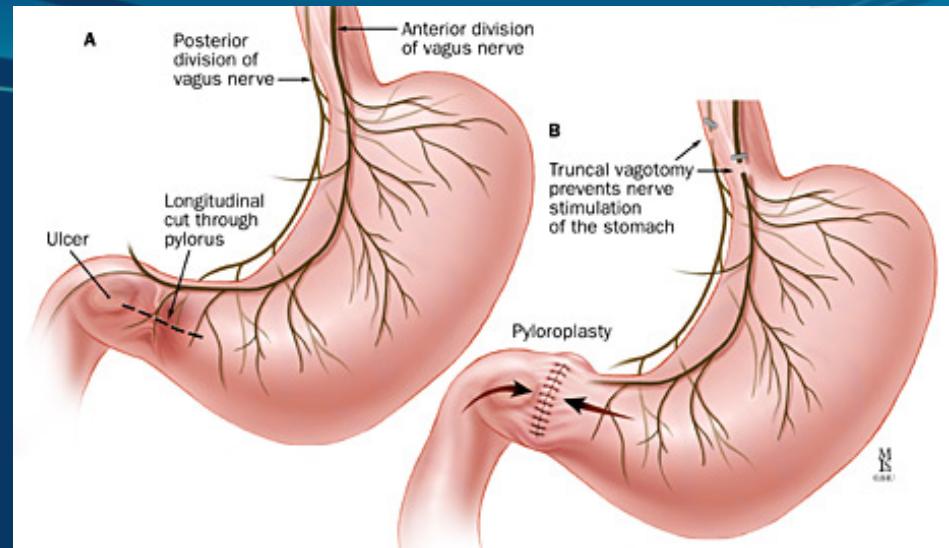
# Operation for DU:

## 3- Gastrojejunostomy.



# Operation for DU:

## 4- Truncal vagotomy and drainage

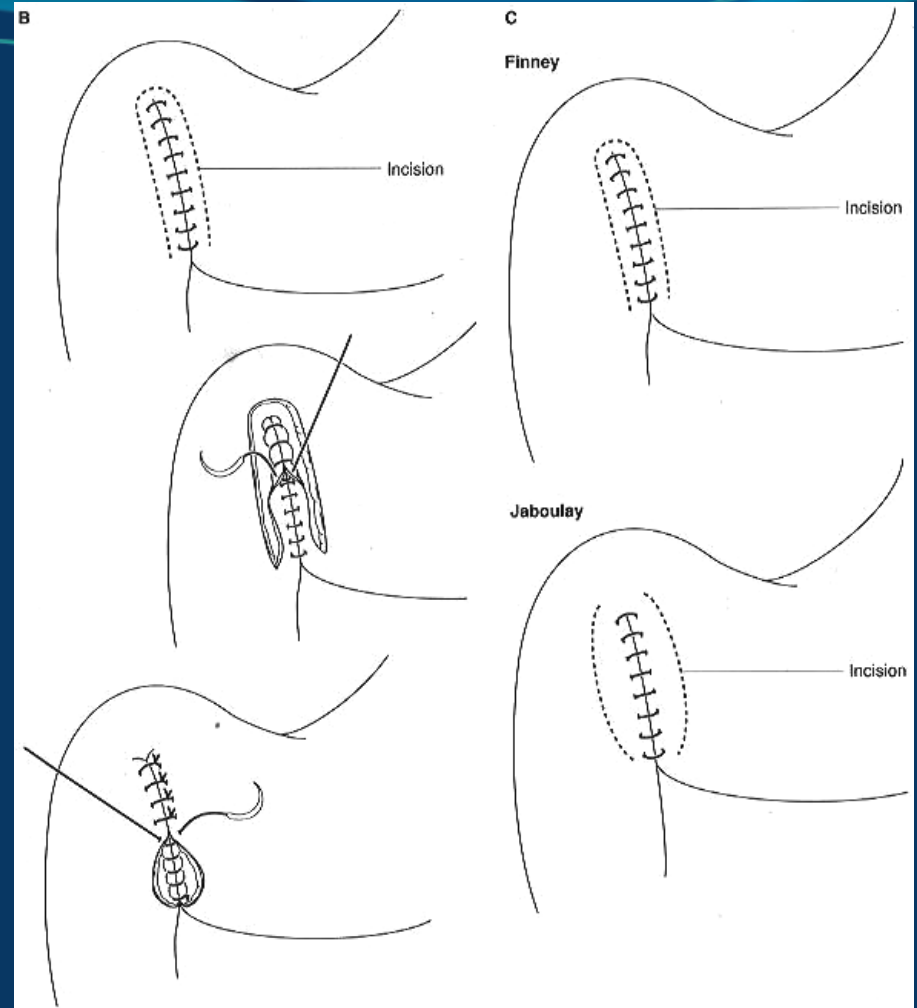
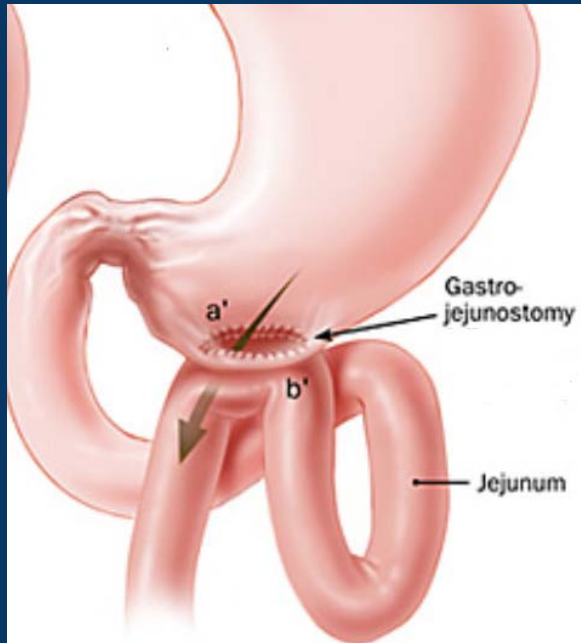


## 1- Heineke- Mikulicz pyloroplasty

# Operation for DU:

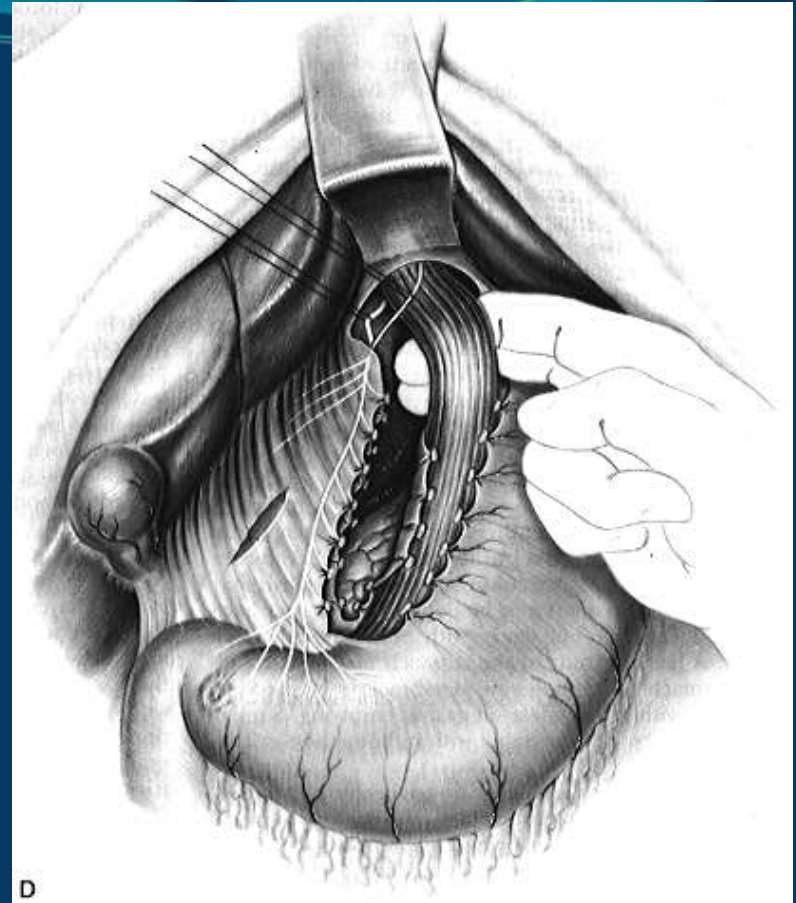
2- Finney pyloroplasty.

3- gastrojejunostomy.



# Operation for DU:

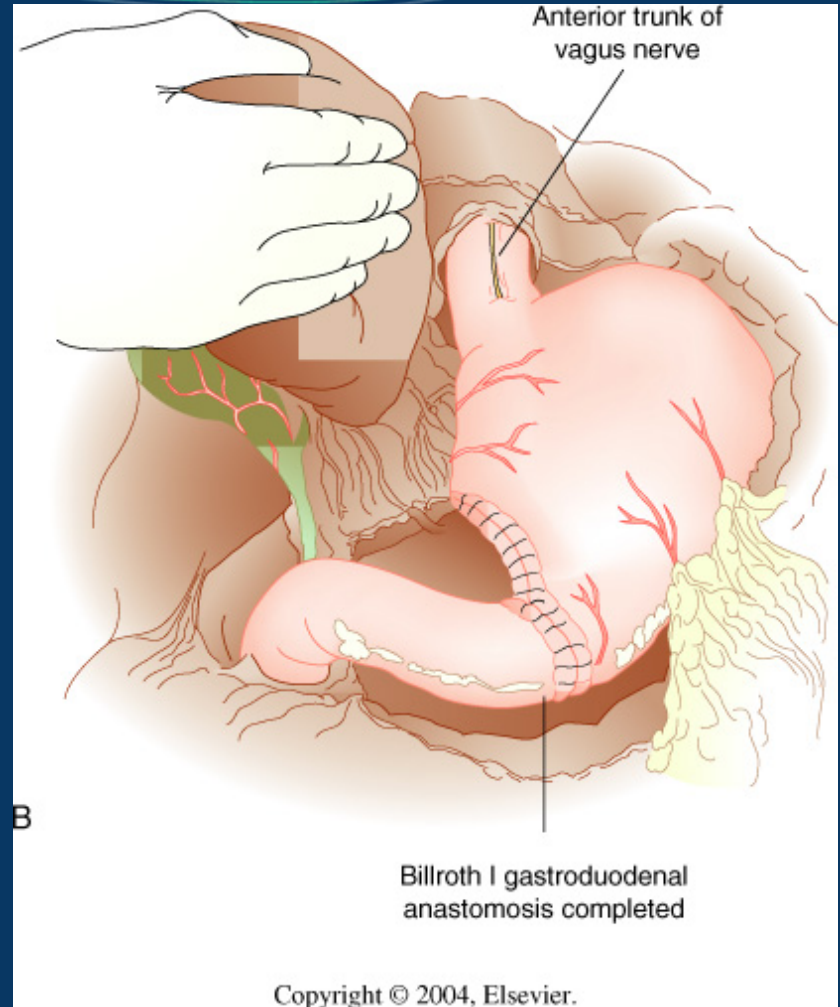
5- Highly selective vagotomy  
or  
Parietal cell vagotomy.





# Operation for DU:

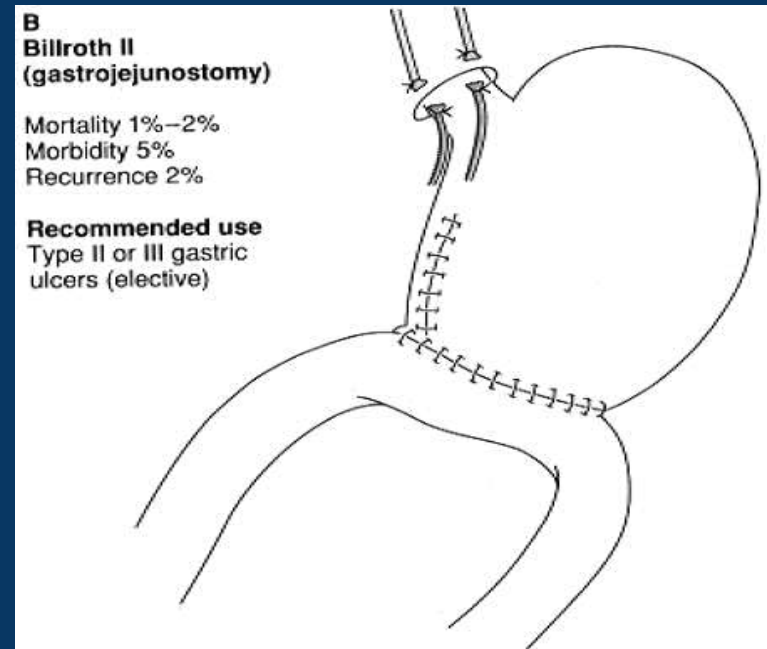
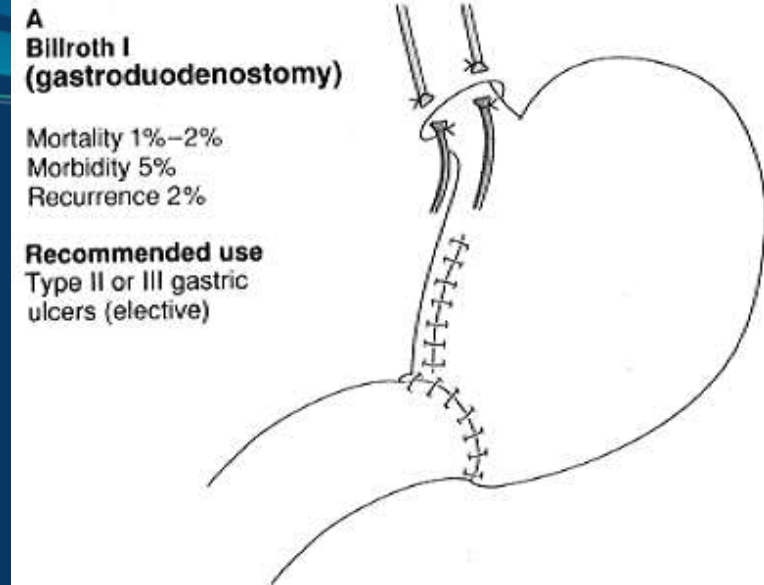
## 6- Truncal vagotomy and antrectomy





# Operation for GU:

- To remove the ulcer with the ulcer-bearing area.
- Cancer can confidently be excluded.
- Used for complicated GU.
- Billroth I.
- Billroth II.



# Sequelae of peptic ulcer surgery

- Recurrent ulceration.
- Small stomach syndrome.
- Bile vomiting.
- Early & late dumping.
- Post vagotomy diarrhoea.
- Malignant transformation.
- Nutritional consequences.
- Gall stone.