

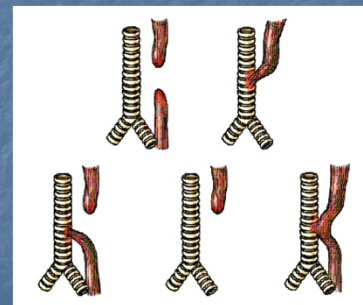


Gastrointestinal Disorders

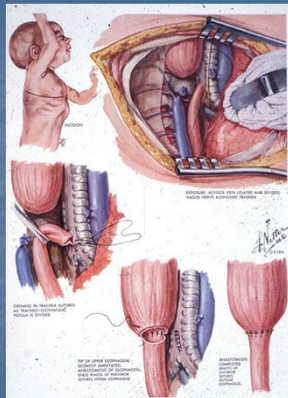
Disorders of the Esophagus

Congenital Abnormalities

- Types
 - Stenosis
 - Atresia
 - Fistula
- Newborn aspirates while feeding.
- Pneumonia

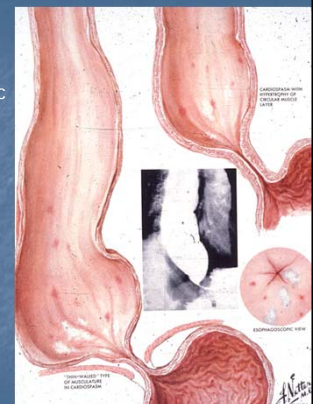


Not an easy repair



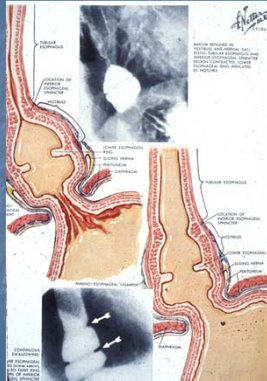
Achalasia

- Lack of relaxation of cardiac sphincter
 - The default condition is contraction
- Inflammation leads to
 - Scarring and
 - Loss of ganglia cells
- Decreased innervation means no relaxation
- Leads to retention of food, inflammation and more scarring



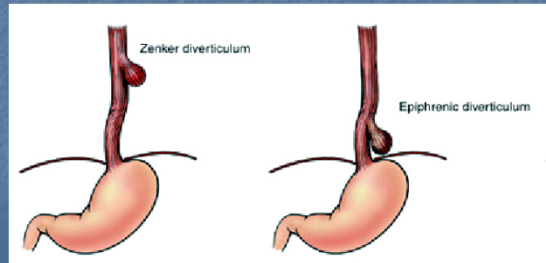
Esophageal Scarring and Ring formation

- Inflammation leads to
 - Scarring and
 - Loss of ganglia cells
- Decreased innervation means no relaxation
- Leads to retention of food, inflammation and more scarring



Esophageal Diverticulae

- Traction
- Pulsion
- Magicians



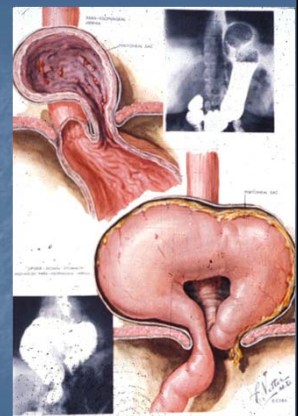
Hiatal Hernia

- Incompetence of diaphragmatic opening
- Portion of stomach is in thorax
- 'Sliding' type ->
- Leads to
 - Regurgitation of food
 - Acid reflux
 - Ulceration



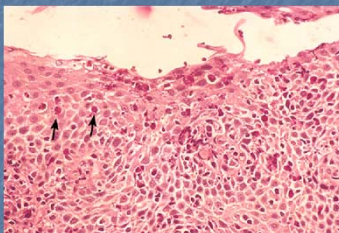
Hiatal Hernia

- "Rolling type"
- May lead to gastric mucosal ischemia.
- Ulceration
- GI bleeding



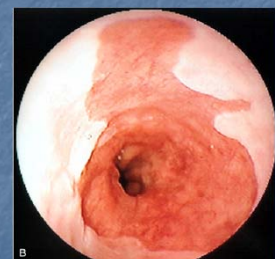
Esophagitis

- Inflammation of mucosa
- Lots of causes
 - Reflux of stomach acid ->
 - Infectious agents
 - Bacteria
 - Viral (HIV)
 - Fungal (HIV)
 - Cytotoxic agents
 - Autoimmune

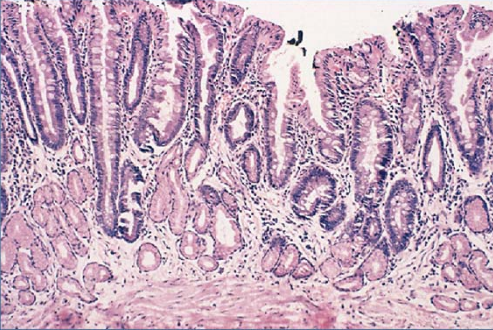


Barrett's Change

- Metaplasia of squamous epithelium
 - Columnar epi
 - Repeat injury
 - Reflux
 - Indicates serious or prolonged damage
 - Cancer risk?

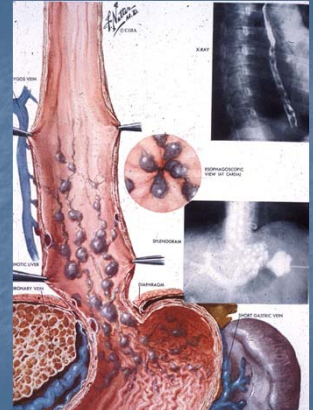


Barrett's Change



Esophageal Varices

- Dilation of esophageal veins, distal 1/3.
- Increased venous portal pressure.
 - Cirrhosis
- Life threatening hemorrhage



Esophageal Varices



Esophageal Varices



Esophageal Cancer

- Squamous cell
- Repeat irritation
- Tobacco
- Invasive
- Barrett's change
 - Adenocarcinoma



Esophageal Cancer

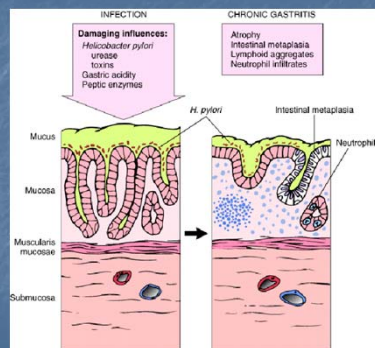




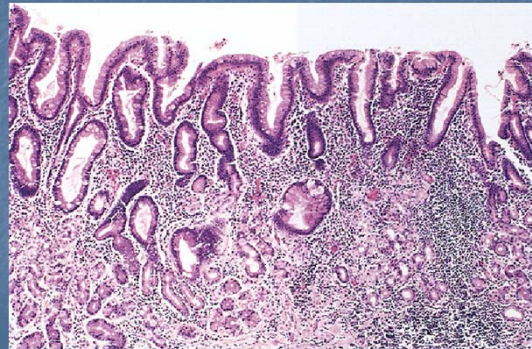
Disorders of the Stomach

Gastritis

- Acute
 - Polys
 - ETOH
 - *H. pylori*
 - Pain
 - Bleeding
- Chronic
 - Mucosal atrophy
 - Mucin cell hyper
 - Lymphocytes
 - Autoimmune
 - B-12 deficiency



Chronic Gastritis



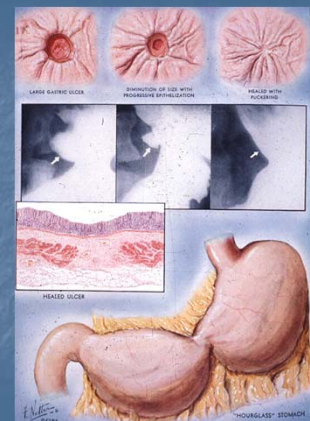
Helicobacter pylori

- Gram negative rod
- Lives on the epithelial surface.
- Urease destroys mucus
- Increases acid secretion
- Reduces duodenal bicarb
- Intensifies inflammatory response
- Immunogenic

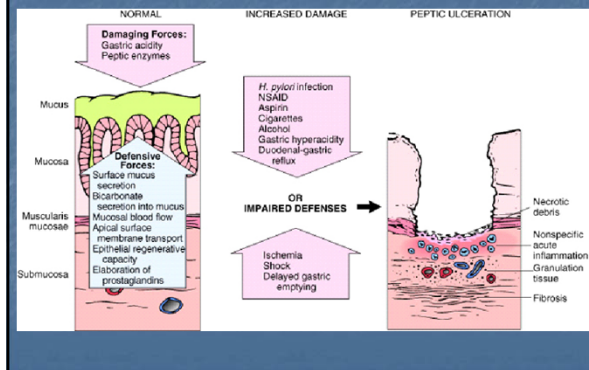


Peptic Ulcer

- Action of digestion
- Balance between good and evil
- *H. pylori*
- NSAIDs
 - Aspirin
- Complications
 - Bleeding
 - Perforation
 - Penetration
 - Scarring
- Zollinger-Ellison
 - Gastrin secreting tumor

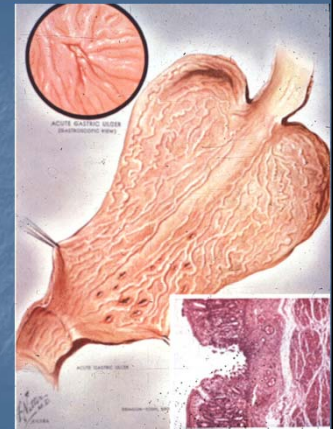


Good and Evil



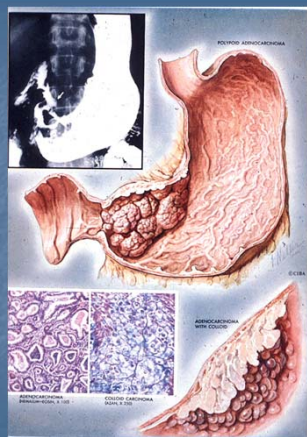
Stress Ulcers

- This means stress, not surprise (pop quiz)
- Trauma
 - Major
 - Head injury
 - Burns
- Vascular mediated
 - Rearranged blood flow
- Multiple 'erosions'
- Confined to mucosa
- Can bleed seriously

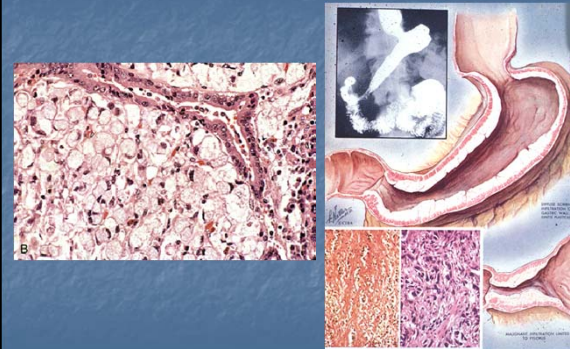


Gastric Cancer

- Adenocarcinoma
- Risk factors
 - Nitrites
 - Smoked foods
 - Chronic gastritis with *H. pylori*

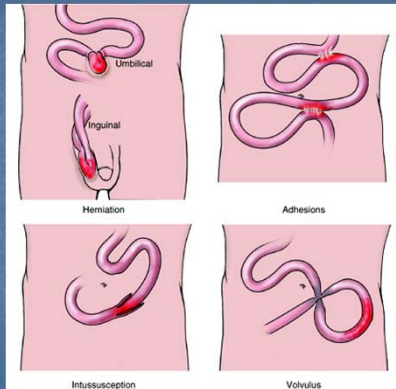


Linitis Plastica

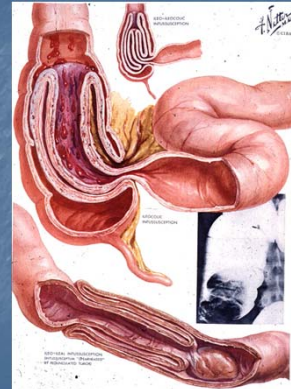


Small Bowel Disease

Mechanical Problems



Intussusception

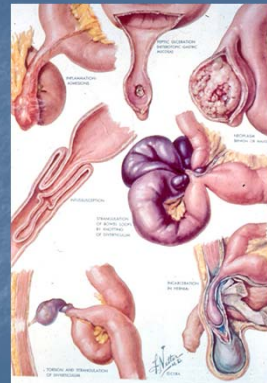


Meckle's Diverticulum

- Congenital diverticulum of the distal small bowel.
 - 2 kinds of mucosa
 - 2 feet from the ileocecal valve.
 - 2 inches in size.
 - Twice as common in males

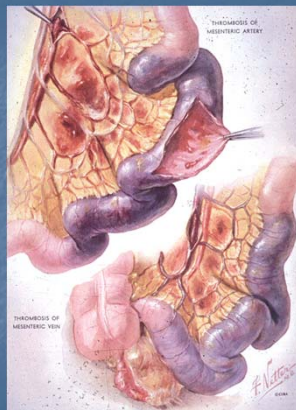


Problems with a Meckle's



Vascular Related

- Bowel infarction
- Hemorrhagic
 - Venous
 - Arterial
- Septic shock
- Very painful



Bowel infarction



Infectious Enteritis

- Many agents infect the small bowel.
 - Viral
 - Bacteria
 - Salmonella
 - Parasites
 - Unicellular
 - Giardia
 - Multicellular
 - Worms

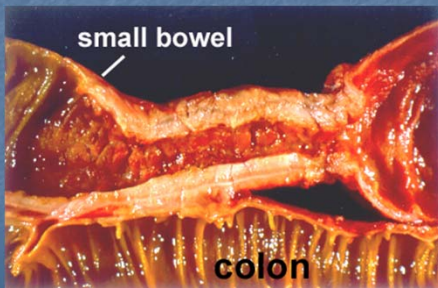
Non-infectious Inflammatory

- Crohn's disease
 - Granulomatous enteritis
 - Transmural inflammation
 - No known infectious agent
 - Granulomas in about 40%
 - Fistula formation
 - Relapsing
 - Small bowel or colon
 - Ethnicity
 - No significant increased risk of cancer (minimal at best)



Crohn's Disease

- Transmural inflammation
- Scarring and stricture formation
- Fistulae

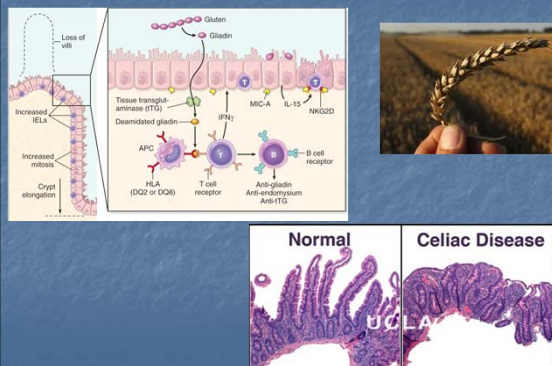


Crohn's Microscopic

- Granulomas about 40% of the time.
- Transmural all the time



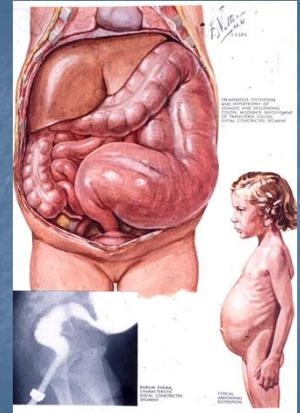
Gluten Enteropathy



Colonic Disease

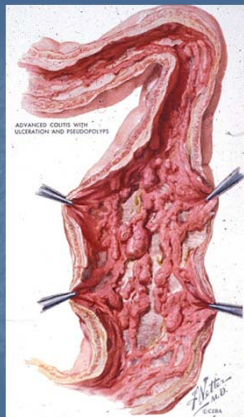
Hirschsprung's Disease

- Aganglionic segment
- Peristalsis stops
- Dilatation of colon back stream of the defective segment.
- Remove distal portion that looks healthy.
- Look for ganglia.

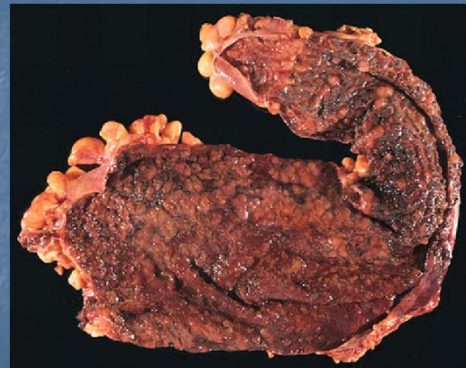


Ulcerative Colitis

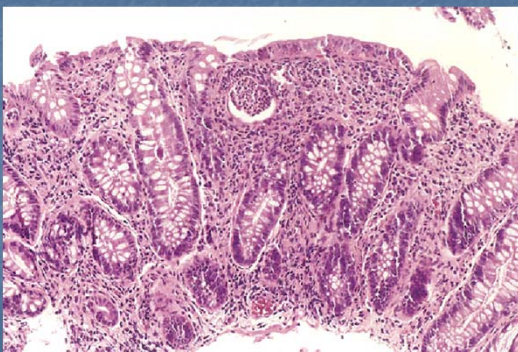
- Mucosal
 - Crypt abscesses
- Autoimmune element?
- Starts in rectum and works its way back.
- Pseudopolyps
- Toxic megacolon
- Increased cancer risk



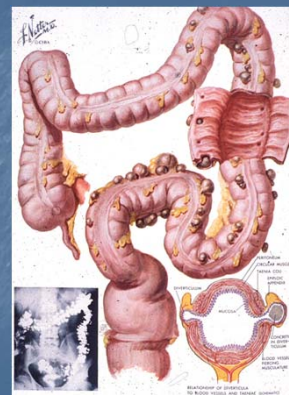
Ulcerative Colitis



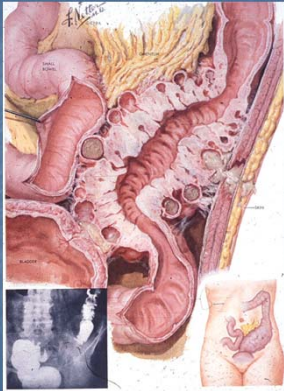
Crypt Abscess



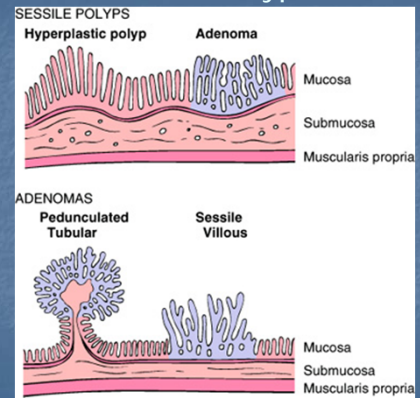
Diverticulosis



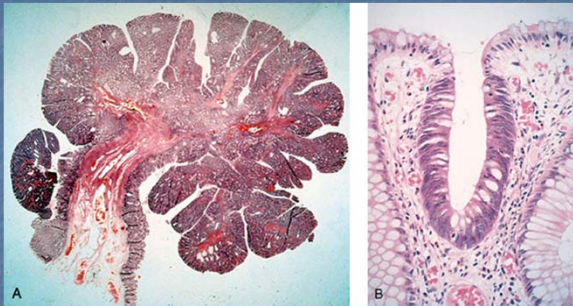
Diverticulitis



Colonic Polyps



Colonic Polyps



Familial Polyposis

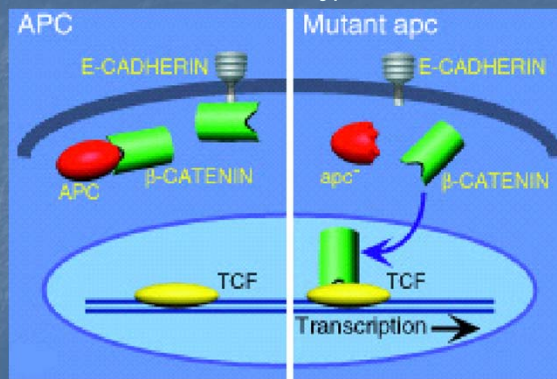
- Millions of adenomatous polyps
- Genetic predisposition
- 100% of chance of cancer



Familial Polyposis

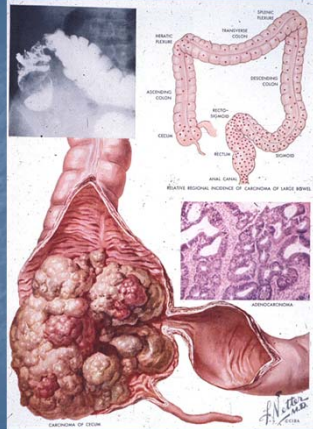


Familial Polyposis

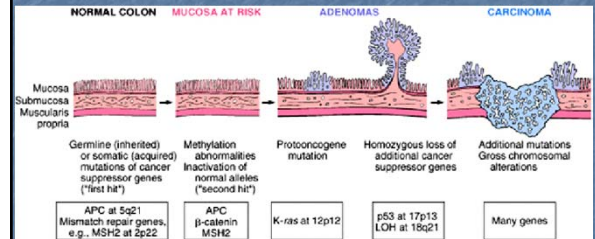


Colon Cancer

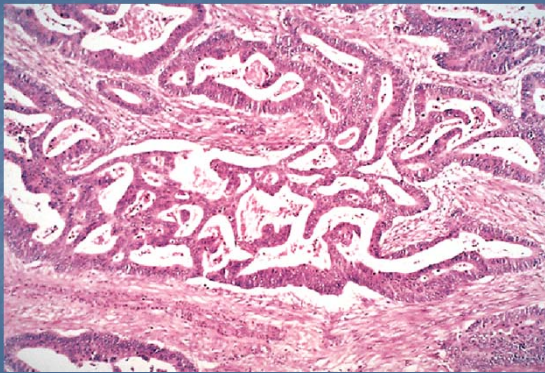
- Right and left side have different presentations
 - Right = anemia
 - Left = bowel changes
- Contributing factors
 - Genetics
 - Dietary fiber
 - Dietary fat
- Spread
 - Liver
 - Lymph nodes



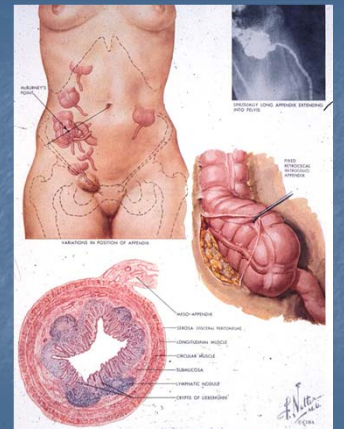
Genetics of Colon Cancer



Colon Cancer



Appendicitis

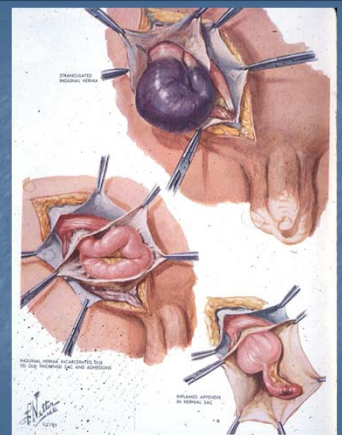


Appendicitis

- Obstruction of mouth of appendix
 - Fecolith
 - Enlarged lymph nodes
- Bacteria proliferate and invade wall.
- Rupture
 - Peritonitis
 - Abscess



Inguinal Hernia



Direct Abdominal Hernia

