

Amjad Hazim
Fourth stage

Lec 2

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Treatments of GERD:

A) Medical treatment;

1. Treat the predisposing factors → stop smoking and alcohol, frequent small diet and avoid high fats and proteins, avoid coffee and extra tea, ↓ weight, lifting heavy weight should change the work, treat COPD, treat chronic constipation and urine retention..etc

2. Drugs;

*to increase the tone of lower esophageal sphincter by:-

Metoclopramide action → increase the tone of lower esophageal sphincter, ↓ tone of the pylorus & ↑ Peristalsis of the stomach..this lead to decrease acids reflux to lower esophagus..

* decrease acids secretion by:- PPI & H₂ receptors blocker..

80% of patients respond to medical treatment and 20% need surgery..

B) Surgical treatment → anti reflux surgery..

Achalasia of cardia

A= failure, chaliasia = relax, cardia = lower esophagus.

Definition: failure of lower esophagus to relax in response to lower esophageal Peristalsis..

Aetiology:

Congenital absence of intermuscular plexuses (Auerbach plexus) in the lower esophagus..

Pathology:

- Failure of the lower esophagus to relax, lead to;
- Proximal dilatation, then lead to;
- Collection of food particles & fluids in the esophagus. This lead to ;
- Esophagitis. Then:-
- Spillage of the contents to trachea lead to aspiration pneumonia..

Clinical features:

1. → Dysphagia

2. → Regurgitation

3. Sometimes present with pneumonia due to aspiration..

Investigations

1. Esophageoscopy ..we can see dilatation, food particles, fluids, esophagitis and failure to

- pass of the scope to stomach)
- ① Barium swallow (smooth non-shouldering, Rat tail appearance or beak beard appearance).
 - ② Manometry, measure the pressure in the lower esophagus → → ↑ pressure.
- Treatments: Aim is to relax lower esophagus..
- ① Endoscopic dilatation (using balloon)
 - ② Heller's operation (we open the circular and longitudinal muscles at lower esophagus) complication of this operation is GERD.

Esophageal Neoplasms

Origins:-

1. Epithelial .. either benign (polyp & adenoma)..
OR malignant → → Squa. Cell carcinoma (in the upper and middle third), and Adenocarcinoma (in the lower part) due to acids reflux..
2. Connective tissue → → GIST (low grade and high grade)

Aetiology

- ① Endemic (esophageal belt tumor) occur most in Iran, Turkmenistan, & China..
Due to poor nutrition and presence of (certain fungi in foods)
- ② Non endemic due to (smoking, alcohol & GERD)

Clinical features

It considered a sixth (5) cancer in all over the world...

- It may be asymptomatic and accidentally seen during (doing OGD) for any reason.
- ✗ Loss of weight and appetite.

Note all upper GIT cancers (for gut) Causes loss of weight + loss of appetite..

4. Manifestation due to presence of the tumor like dysphagia, Regurgitation...
5. Metastasis may involved the trachea and present with cough and dyspnoea...
6. It may metastasise to liver, brain, & lungs and give symptoms...

Investigations:-

- ① OGD + Biopsy
- ② Barium swallow (apple core appearance and there is shouldering)..
- ③ CT scan and MRI, for staging and check metastasis..
- ④ Investigations to check metastasis like abdominal US, Bone scan, brain scan & CXR ...etc

Treatements:

- Is by surgical excision :ether
- curable resection in early stage.
- palliative → tube through esophagus to inhance swallowing..
- + Chemotherapy & Deep X-ray therapy (DXT)..

curative
حواله علاج
طابق

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