

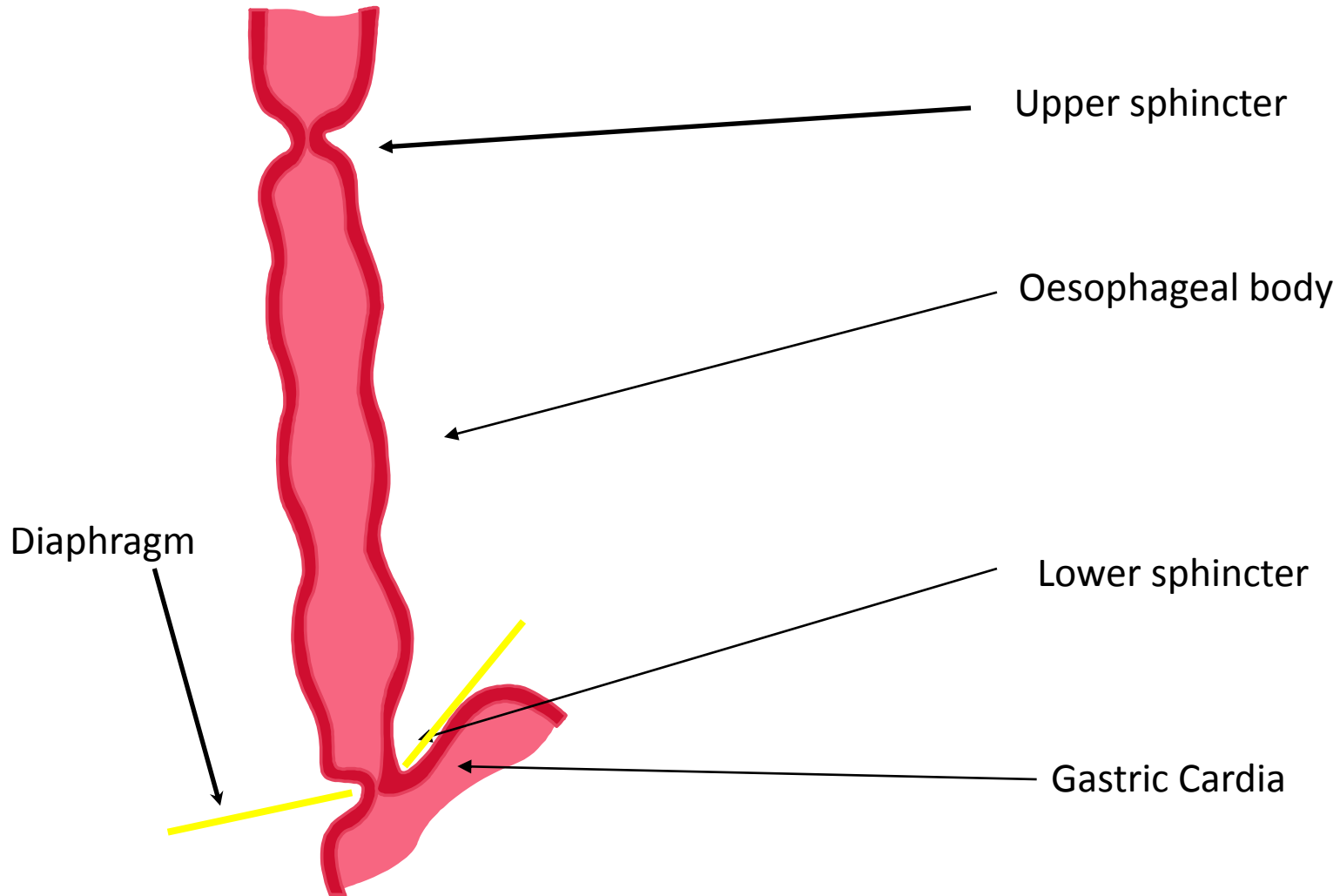
Clinical Manifestations of Gastrointestinal Disorders

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Major areas of Interest in GIT

- Esophageal disorders
- Peptic ulcer disease
- Inflammatory bowel disease
- Malignancy
- Liver disease
- Biliary diseases

Anatomy



Symptoms Of Oesophageal Disorders

- Dysphagia
- Odynophagia
- Heartburn
- Regurgitation
- Atypical Chest Pain

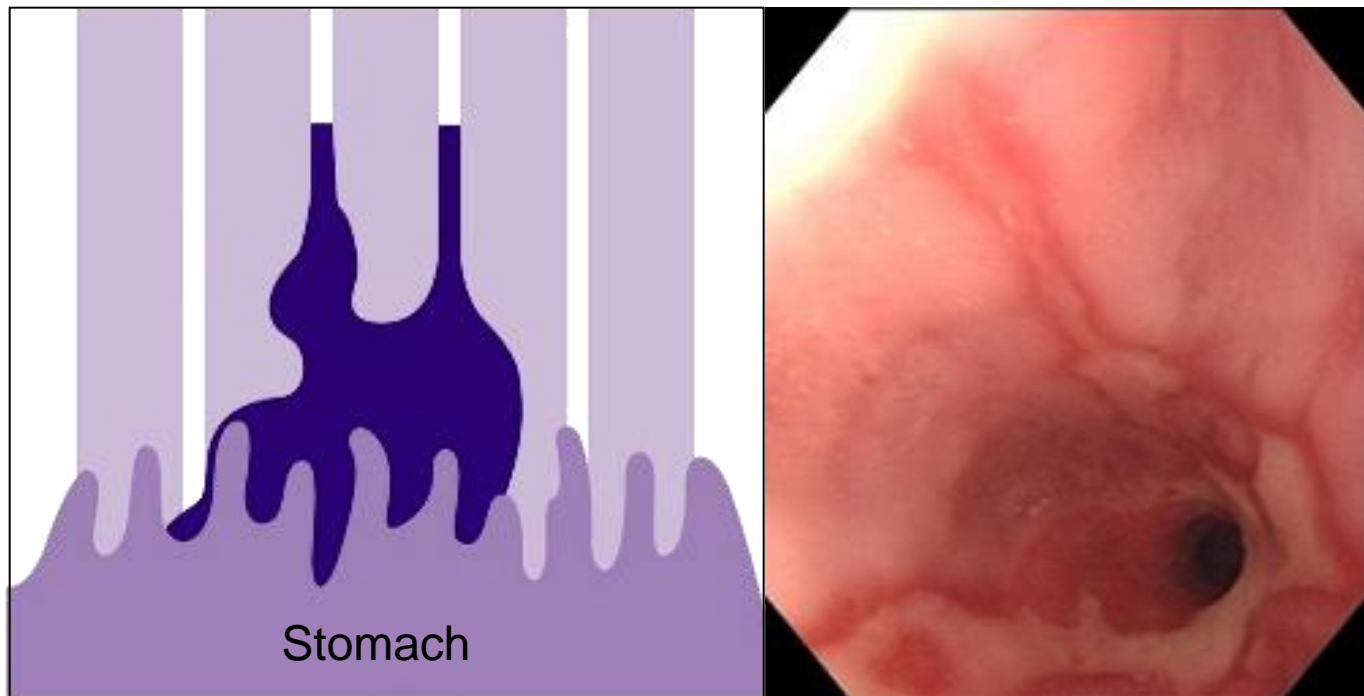
Diseases affecting the Esophagus

- Gastroesophageal reflux disease
- Achalasia and other motor disorders
- Tumours

The LA Classification system

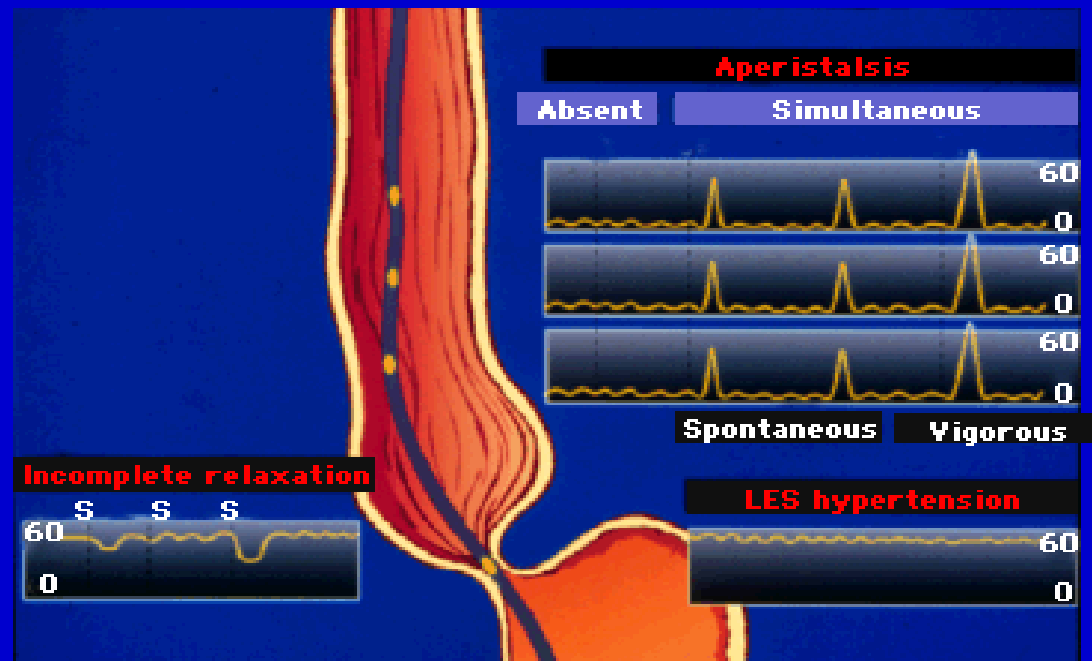
– Grade C reflux esophagitis

Grade C: One (or more) mucosal break that is continuous between the tops of two or more mucosal folds, but which involves less than 75% of the circumference.





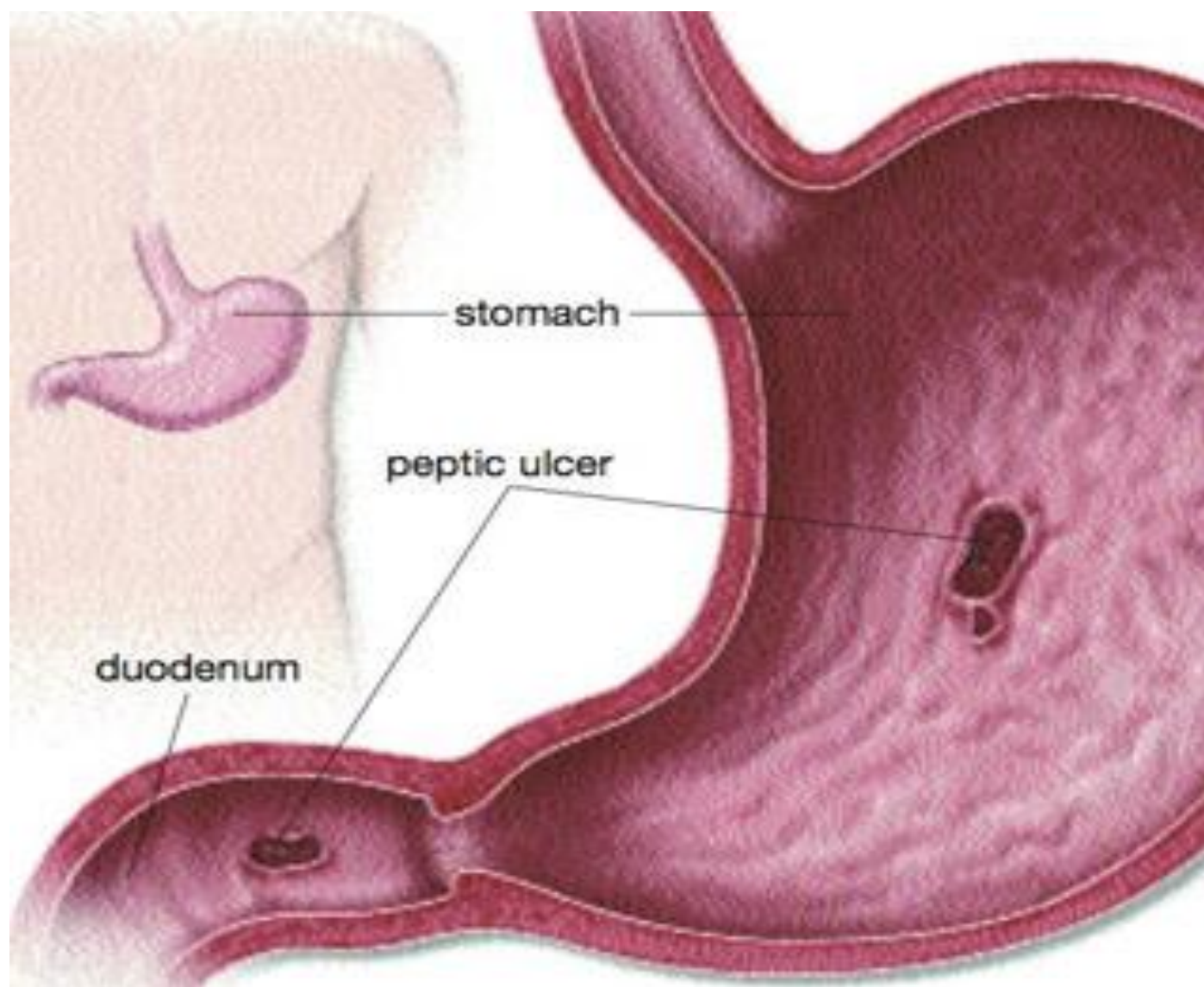
Achalasia Barium swallow in a 62 year old man demonstrates a dilated barium-filled esophagus with a region of persistent narrowing (arrow) at the GE junction, producing the so-called birds beak appearance. Achalasia was confirmed with manometry and the patient underwent successful dilation of the esophagus. Courtesy of Jonathan Kruskal, MD.



Manometric features of achalasia There are three characteristic manometric features of achalasia: elevated resting lower esophageal sphincter (LES) pressure (above 45 mmHg); incomplete LES relaxation after a swallow (S); aperistalsis in the smooth muscle portion of the body of the esophagus. Swallows may elicit no esophageal contraction or may be followed by simultaneous contractions. The esophagus may also contract spontaneously in a simultaneous fashion. In some cases, the simultaneous esophageal contractions have amplitudes >60 mmHg, a condition known as "vigorous" achalasia. Reprinted, courtesy of the Clinical Teaching Project of the American Gastroenterological Association®. This slide cannot be downloaded but may be purchased as part of a set from the AGA through Milner-Fenwick, Inc. at 1-800-432-8433.

Peptic ulcer disease

- Duodenal ulcer
- Gastric ulcer
- Symptom : the patient complaint
- Sign: physical finding upon examination.



Clinical Features

- Pain
- Dyspepsias
- Nausea & vomiting
- Epigatric tenderness
- Haemodynamic changes
- Guarding, succession splash

Pain

- Site
- Radiation
- Character
- Severity
- Onset
- Duration
- Course
- Pattern
- Aggravating and relieving factors

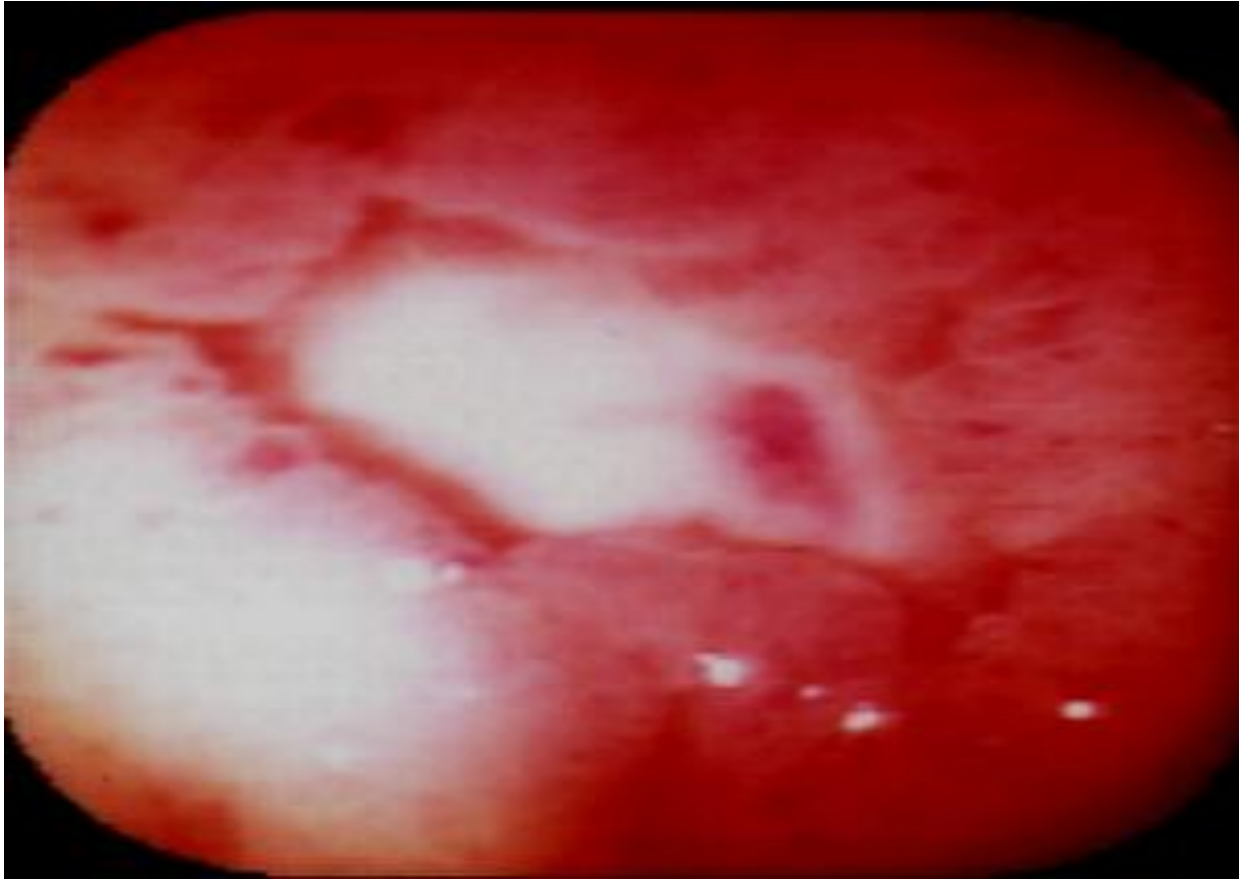
Dyspepsia

- Vague tem.
- May describe variety of upper GI symptoms.
- Nausea, heart burn, bloating, belching, epigastric discomfort, or abdominal pain.

Nausea & Vomiting

- Suggest upper GI diseases
- May be a feature of non GI disorder eg; drugs,pain,migrane,pregnancy,hepatitis,DKA.
- Acute gastroenteritis, cholecystitis,pancreatitis.
- GI obstruction
- Gastric ca

Duodenal Ulcer



Complications

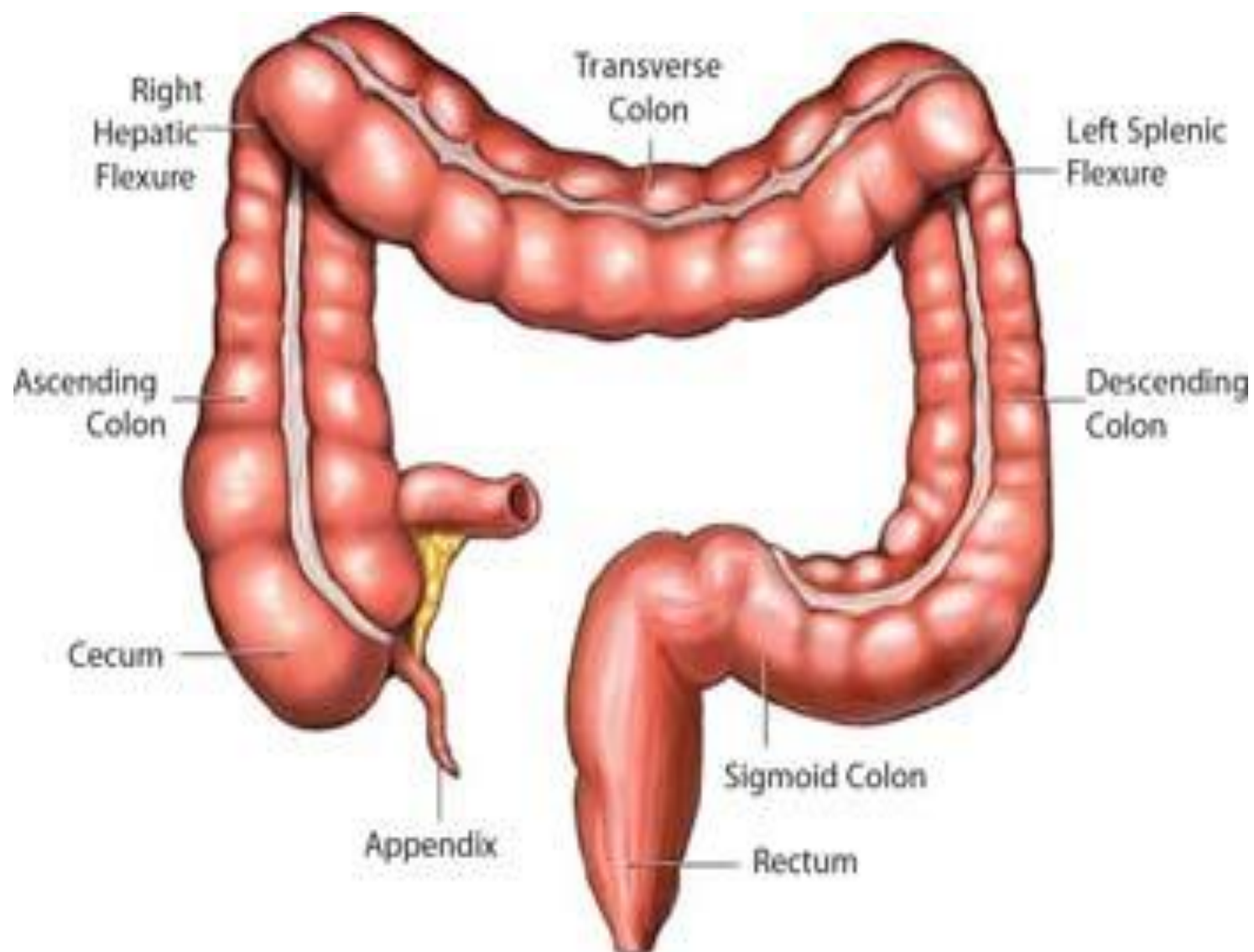
- GI bleeding. Melena, haematemesis, haematochesia.
- Perforation & penetration.
- Gastric outlet obstruction.

Inflammatory bowel disease

- Crohn's disease
- Ulcerative colitis

SIGNS AND SYMPTOMS (UC)

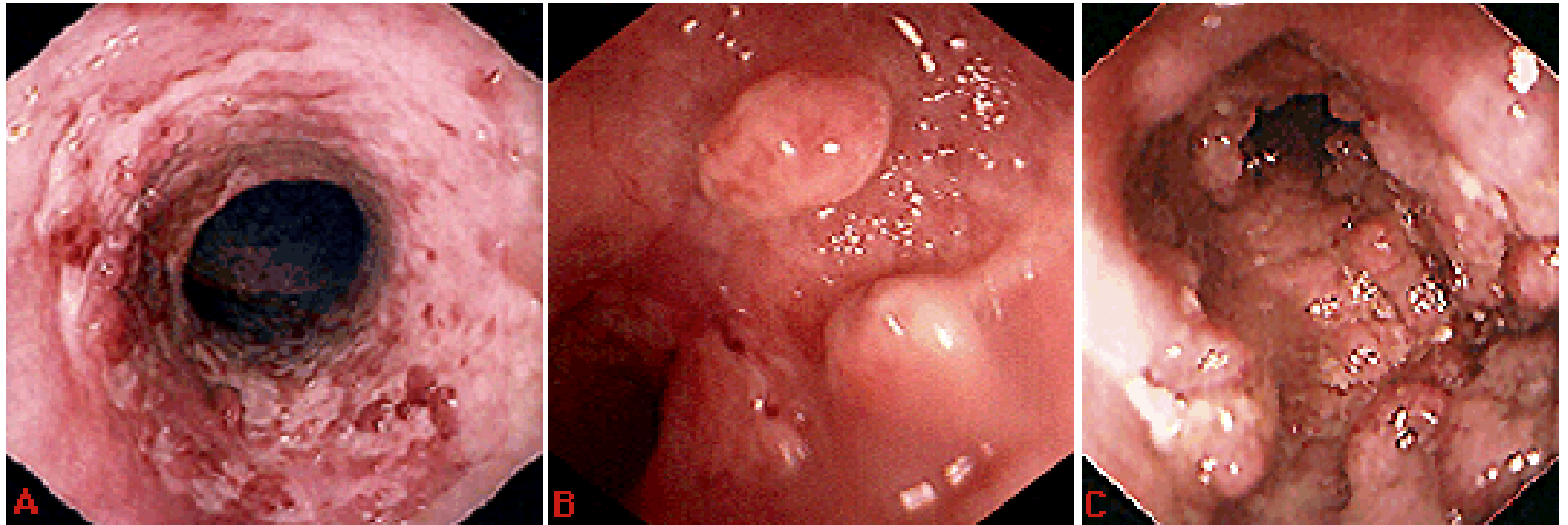
- *intermittent rectal bleeding associated with the passage of mucus*
- *Chronic diarrhea*
- *Anemia*
- *Abdominal pain*
- *Fever*
- *Weight loss*
- *Poor nutritional status*



Anatomy of Large Intestine

Initial presentation of UC

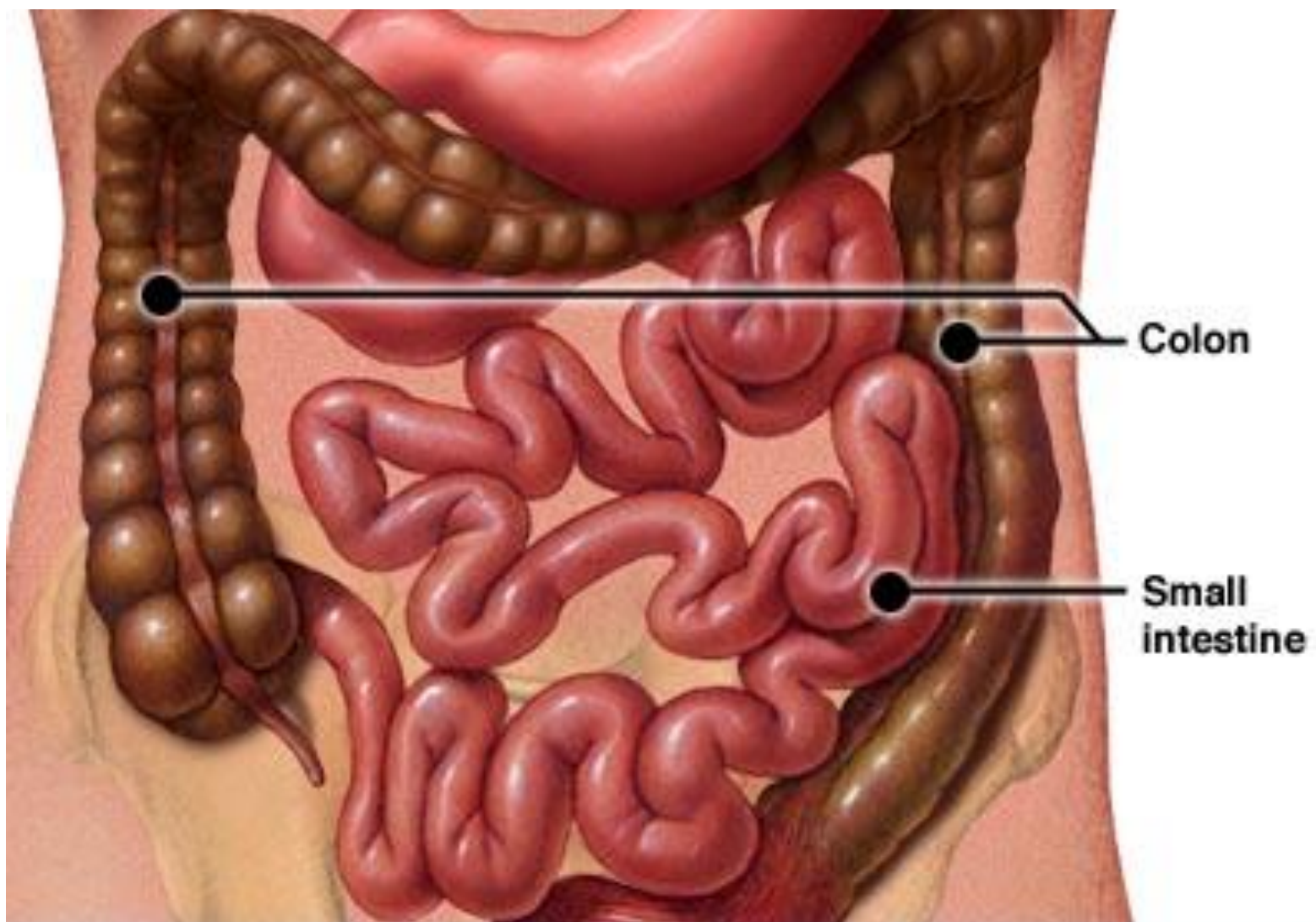
- The history is typically one of the gradual onset of symptoms, sometimes preceded by a self-limited episode of rectal bleeding that occurred weeks or months earlier.
- The initial episode is limited to the rectum or distal colon in one-third of patients, to the left colon up to the splenic flexure in one-third, and most of the remaining patients have pancolitis.
- Less than 10 percent present with fulminant disease.



Ulcerative colitis Endoscopic appearance of ulcerative colitis. Extensive ulceration of the mucosa is the most common endoscopic finding (panel A). The surface is irregular, friable, and erythematous, with loss of the normal vascular markings. Pseudopolyps may form as a reaction to inflammation (panel B); these can become quite extensive (panel C). Courtesy of James B McGee, MD.

CLINICAL MANIFESTATIONS OF CD

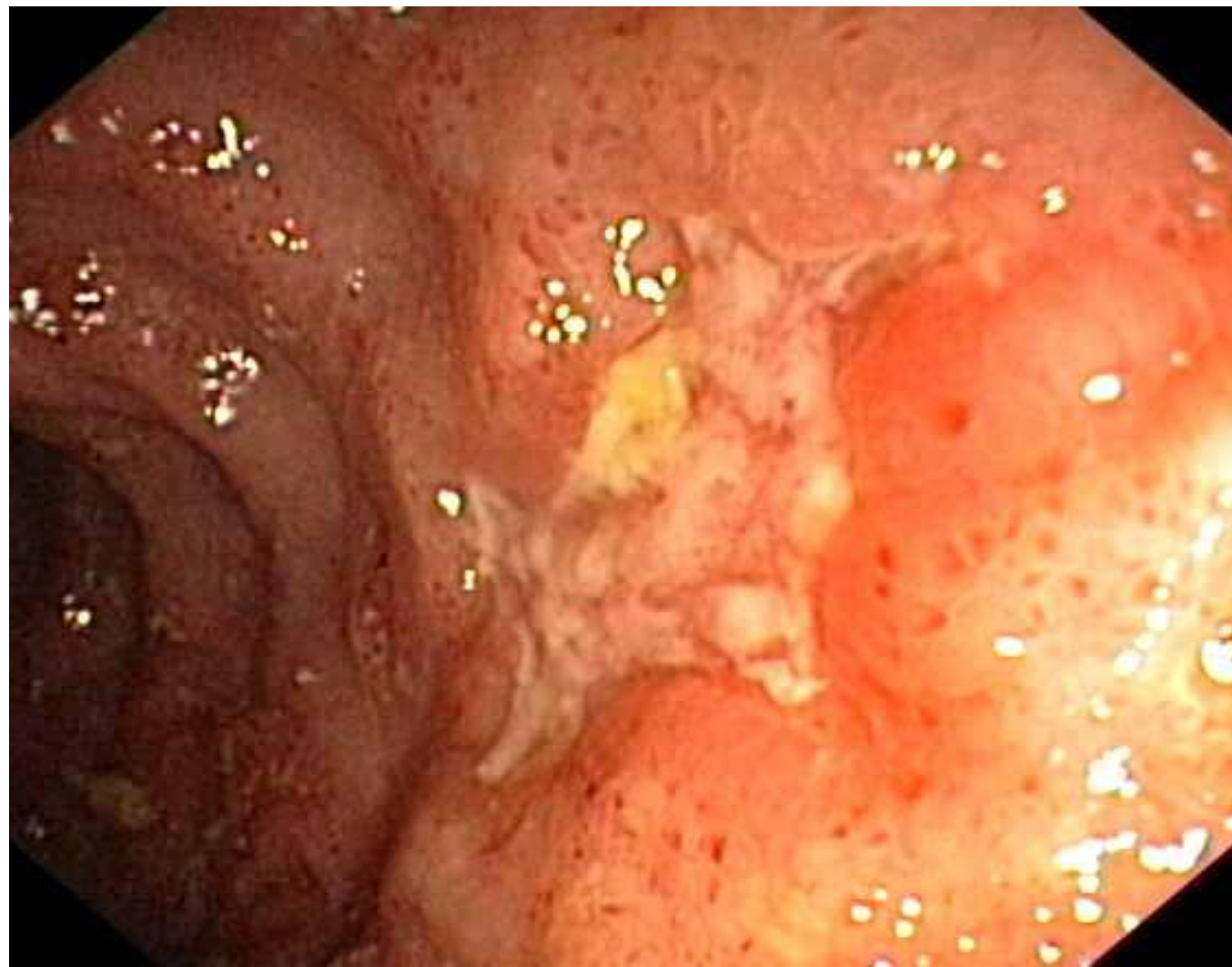
- More variable than those of ulcerative colitis because of the transmural involvement and the variability of the extent of disease
- Fatigue, prolonged diarrhea with abdominal pain, weight loss, and fever, with or without gross bleeding, are the hallmarks of Crohn's disease
- 10 percent of patients do not have diarrhea.
- Poor growth is common in children



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CLINICAL MANIFESTATIONS

- **Ileitis and colitis** *Diarrhea, abdominal pain, weight loss, and fever are the typical clinical manifestations for most patients with ileitis, ileocolitis, or Crohn's colitis*
- **Abdominal pain**
- **Bleeding** *gross bleeding is much less frequent than in ulcerative colitis*
- **Perforation and fistulae** *Transmural inflammation is also associated with the development of sinus tracts that can lead to serosal penetration and bowel wall perforation*
- **Perianal disease** *perianal pain and drainage from large skin tags, anal fissures, perirectal abscesses, and anorectal fistulae*
- **Other sites of intestinal inflammation** *severe oral involvement, esophageal involvement gastroduodenal Crohn's disease, sprue-like picture*
- **Extraintestinal manifestation : eyes, joints, hepatitis, clubbing, sclerosing cholangitis, erythema nodosum**



Clubbing

- There is swelling of the terminal phalanges due to interstitial oedema and dilatation of the capillaries and arterioles.
- There is loss of the angle between the nail and nail bed with fluctuation in the nail bed.



Clubbing

Causes of clubbing include:

- Bronchial ca
- Bronchiectasis
- Empyema
- Lung abscess
- Fibrosing alveolitis
- Congenital heart disease
- Bacterial endocarditis
- **Liver cirrhosis**
- **Inflammatory bowel disease**
- **Coeliac disease.**
- Familial.



Erythema Nodosum

- IBD
- Sarcoidosis
- TB
- Connective tissue diseases
- Post infectious

Complications

- Local complications

1. *Intestinal obstruction*
2. *Severe hemorrhage*
3. *Acute perforation*
4. *Fistulae*
5. *Abscess formation*
6. *Toxic megacolon.*

Systemic complications of IBD

- Eye involvement with conjunctivitis, uveitis and episcleritis
- ankylosing spondylitis & Sacoilitis
- peripheral arthritis
- Sclerosing cholangitis, steatosis, cholelithasis
- Venous and arterial thromboembolism
- Autoimmune hemolytic anemia
- Skin disorders such as erythema nodosum and pyoderma gangrenosum
- Renal calculi, uretric obstruction, fistulas.
- Metabolic bone disease

Chronic diarrhoea

- IBS
- Infections
- Drugs
- Malabsorption
- Bowel resection
- Autonomic neuropathy
- Faecal impaction
- Ca
- Thyroid disorder.

constipation

- Diet
- IBS
- Drugs (Ca^{2+} & Fe^{2+})
- Intestinal obstruction
- Immobility
- Thyroid, hypercalcemia.

Malignancy

- Weight loss
- Blood loss
- Nausea
- Vomiting
- Abdominal pain
- Constipation/ change in bowel habits.
- Diarrhoea/ change in bowel habits
- muscle wasting, fatigue and general wasting.
- Lymph nodes enlargement.





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Chronic liver disease

- Viral
- Drugs
- Metabolic
- Autoimmune.



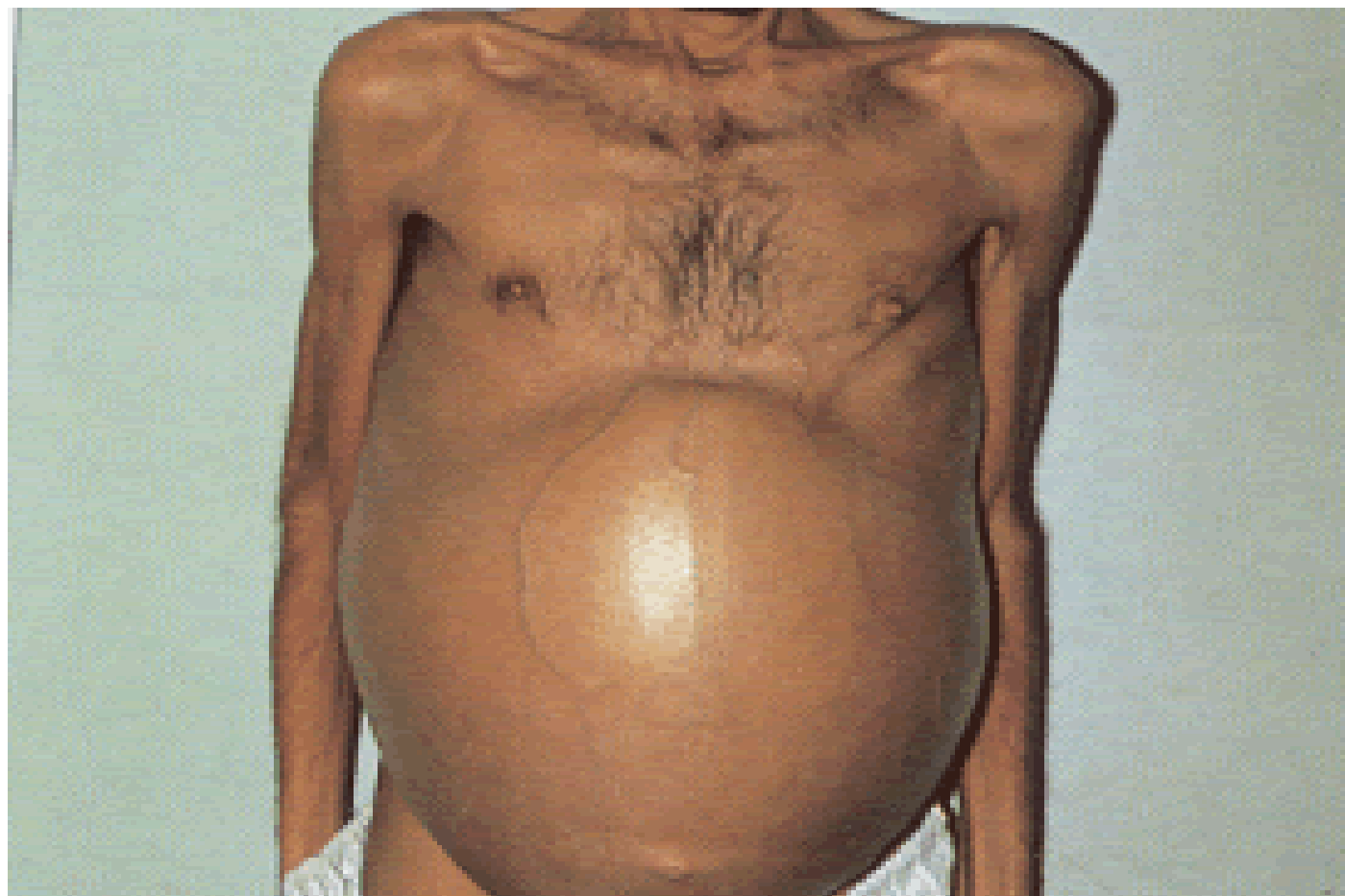
Cirrhosis (CLD)

Ch Liver Disease

- Jaundice
- Pruritis
- Signs of portal hypertension
- Splenomegaly
- Ascities
- Collateral veins
- Encephalopathy
- Flapping tremor
- Lower limbs swelling
- Large liver
- Small liver
- Fetor
- Lymph glands
- Scratch marks
- Bruises
- Gi bleeding
- Paroride enlargement
- Gynaecomastia
- Needle marks
- Palmar erythema
- Dupuytren contracture
- Clubbing
- Leukonychia
- Testicular atrophy
- haemorrhoids

Jaundice



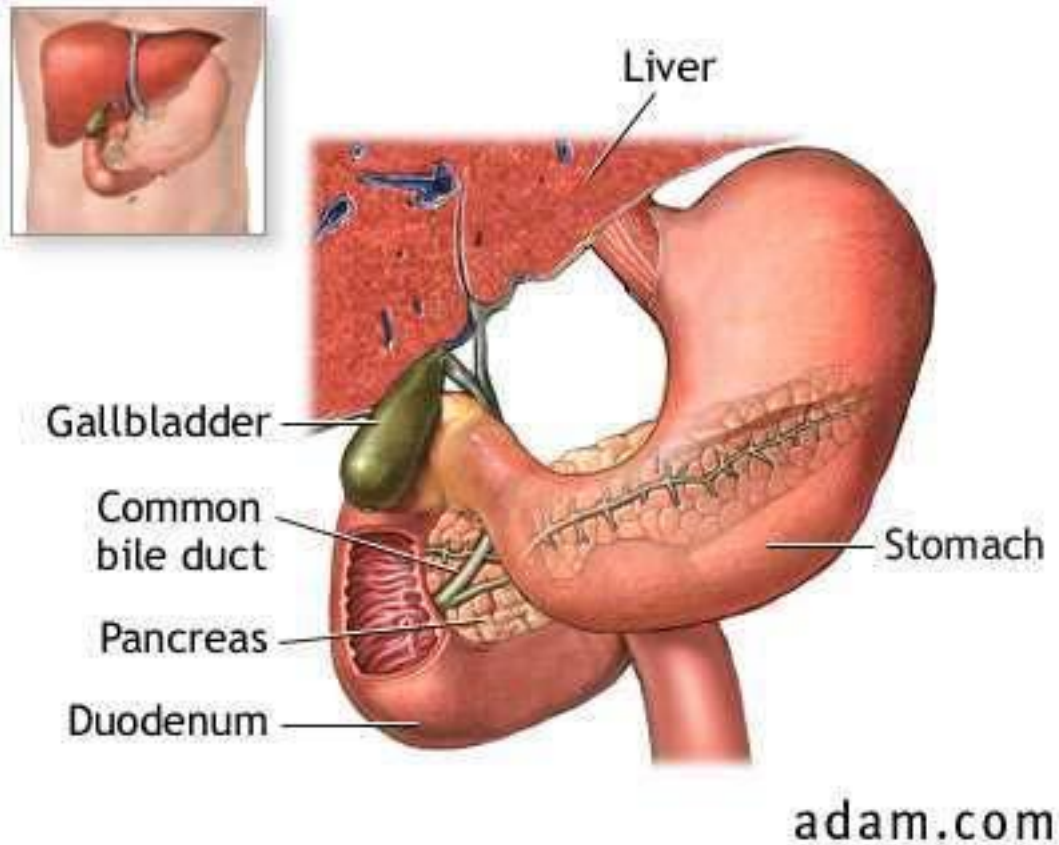






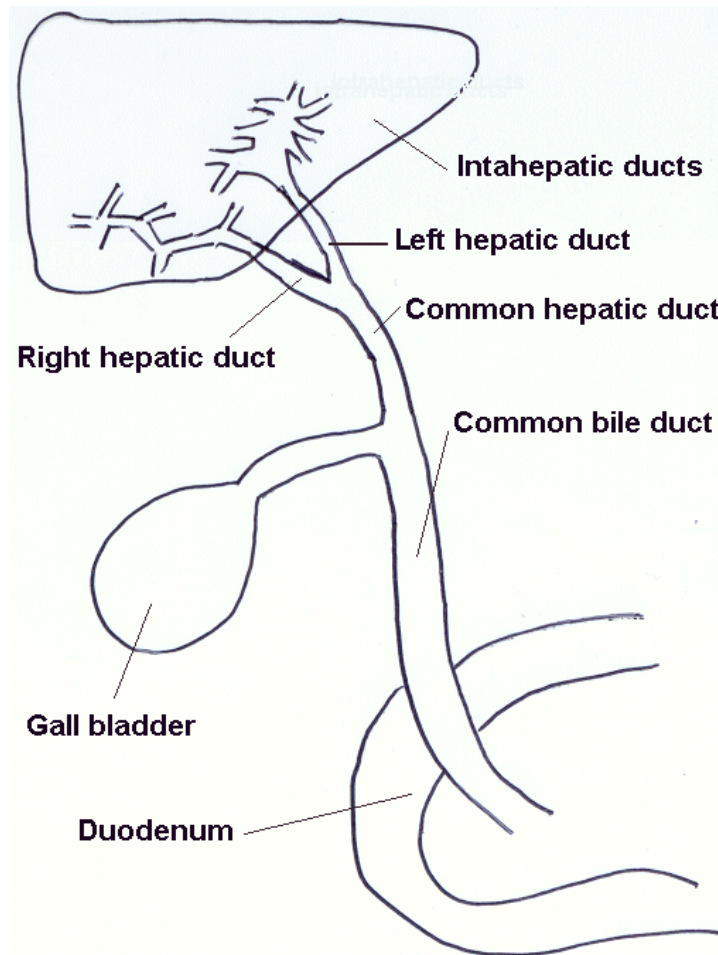


Biliary disorders



- Gall stones
- Acute cholecystitis
- Choledocholithiasis
- Acute cholangitis
- Tumors gall bladder, pancreas, biliary.

Anatomy



Biliary Diseases

- Pain: right hypochondrium, shoulder scapula.
- Constant, severe last for few hours, episodic, may precepitated by fatty meal.
- Nausea & vomiting.
- Fever and chills
- May be jaundiced, dark urine, light color stool.



The End