MedLife Clinics

ISSN: 2689-5943

Short Communication

Diagnostics of Chronic Disorder Duodenal Passage in Patients with Stopped Ulcer Bleeding

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Abstract

The anatomical relationship of the lower-horizontal part of the duodenum, the aorta and the superior mesenteric artery determines the organic form of chronic impairment of duodenal patency in patients with stopped bleeding from gastric ulcer and duodenal ulcer, which requires surgical correction.

Keywords: Peptic ulcer; Bleeding; Chronic violation; Duodenal patency

Introduction

Understanding the pathogenesis of gastric ulcer and duodenal ulcer from the perspective of refluxes, as a consequence of chronic violation of duodenal patency, does not contradict the existing theories of ulceration, but only assigns them a certain place [1]. But practical medicine does not pay attention to this approach and the question remains open [2].

Purpose: To reveal the presence of chronic impairment of duodenal patency in patients with gastric ulcer and duodenal ulcer complicated by bleeding.

Materials and Methods

In 155 patients suffering from gastric ulcer and duodenal ulcer, with bleeding, at the age from 29 - 61 years, clinical manifestations of chronic duodenal obstruction were revealed: heartburn, speech in the mouth, belching, regurgitation of food, periodic vomiting. Fibro gastroduodenoscopy was performed in all 155 patients. To determine arterio mesenteric compression, the distance between the aorta and the superior mesenteric artery was carried out at the level of the inferior-horizontal part of the duodenum using ultrasound and computed tomography. Ultrasound examination was carried out both deity and inspiration on the Sim 7000 apparatus. Computed tomography was carried out on a general electric computer tomograph of the ST 9000 series by a scanning method of 10 mm to 5 mm and a scan thickness of 10 mm to 5 mm.

Results and Discussion

In 155 patients with peptic ulcer disease and ongoing bleeding, various clinical manifestations were revealed that are characteristic in our experience for chronic disorders of duodenal patency: heaviness in the abdomen after eating - in 88%, belching with air - in 87%, regurgitation with food - in 62%, burning (heartburn) in the epigastrium - in 59%, burning (heartburn) behind the sternum - in 58%, bitterness in the mouth - in 95%. When determining the degree of arterio mesenteric compression, results were obtained showing a pronounced degree of compression of the lower-horizontal part of the duodenum by the superior mesenteric artery (the diameter of the duodenum is normally 25 mm - 35 mm - 40 mm) - less than 20 mm. Arterio mesenteric compression of 5 mm to 10 mm was found in 73(47%), 11 mm to 15 mm - in 33(21%), 16 mm to 20 mm in 50(32%) patients. Endoscopic signs of chronic violation of duodenal patency largely depended on the formulation of tasks for the doctor of the endoscopic service to identify this pathology. When performing fluoroscopy of the duodenum with a probe without hypotension, signs of chronic impairment of duodenal patency were noted in 42% to 90% of studies. When performing floor manometry using the open catheter method, an increase in intracavitary pressure was revealed in the vast majority of patients with peptic ulcer disease complicated by bleeding: in 142(92.2%) - in the duodenum, in 111(71.6%) - in the stomach. Isolated hypertension in the duodenum was revealed in 11(7%) patients, hypertension in the duodenum 12 with discharge into the stomach - in 144(93%) patients. The diameter of the duodenum is normally at least 30 mm. It was found that in all 155 patients with gastric ulcer and duodenal ulcer complicated by bleeding, the distance between the superior mesenteric artery and the aorta at the level of the lower horizontal part of the intestine is less than 20 mm, which is due to external compression. With the deduction of the thickness of the anterior and posterior walls of this section of the duodenum, its lumen is determined even less, and this suggests a violation of its emptying. From 59% to 72% of patients have such clinical manifestations as heartburn, bitterness in the mouth, belching, regurgitation of food, and occasional vomiting. When performing fibro gastroduodenoscopy in 59% to 72% of them, dehiscence of the cardia, the gatekeeper, reflux esophagitis, and duodenogastric reflux were revealed. A study of the duodenum with a probe without hypotension revealed in 42% to 90% duodenogastric reflux, antiperistalsis in the horseshoe of the duodenum, delayed contrast in the middle third of the lower-horizontal part of the duodenum, and its later emptying (later than 40 seconds), high Section III duodenojejunal junction, ejunoduodenal reflux or antiperitoneal disease in the jejunum with a delay in the treitz ligament. Floor-by-floor manometry recorded hypertension in

Citation: Martynov Vladimir L, Kolchin DG, Kurilov VA, Trukhalev VA. Diagnostics of Chronic Disorder Duodenal Passage in Patients with Stopped Ulcer Bleeding. Med Life Clin. 2020; 2(3): 1020.

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Publisher Name: Medtext Publications LLC

Manuscript compiled: Oct 08th, 2020

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the duodenum in 142(92.2%), in the stomach in 111 patients (71.6%). Isolated hypertension in the duodenum was revealed - in 11(7%), hypertension in the duodenum with discharge into the stomach - in 144(93%) patients.

Conclusion

In patients with gastric ulcer and duodenal ulcer, complicated by bleeding, according to anatomical indicators of arterio mesenteric compression with clinical, endoscopic, radiological, manometric confirmation, a chronic violation of duodenal patency requiring surgical correction was diagnosed in 100% of organic nature.

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