

SURGICAL QUIZ

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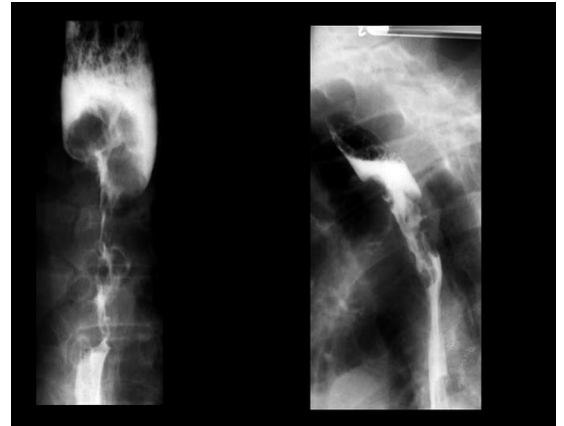
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65 years old male patient presented with retro sternal dysphagia, occasional food impaction, loss of weight, barium esophagogram was done.

What is the most likely diagnosis:

- A. Esophageal varices
- B. Esophageal carcinoma
- C. Reflux esophagitis
- D. Zenker's diverticulum



Send your answer to ejs@ess-eg.org

The correct answer and a short comment on the condition will be presented in the next issue of the journal.

The correct answer for previous Photo Quiz (Vol. 29, No. 1, January, 2010)

The right answer is (D): Malignant gastric ulcer

Clinical entities that can result in gastric outlet obstruction (GOO) generally are categorized into 2 well-defined groups of causes—benign and malignant.

The major benign causes of GOO are Peptic ulcer disease, gastric polyps, ingestion of caustics, pyloric stenosis, congenital duodenal webs, gallstone obstruction (Bouveret syndrome), pancreatic pseudocysts, and bezoars.

Pancreatic cancer is the most common malignancy causing GOO. Other tumors that may obstruct the gastric outlet include ampullary cancer, duodenal cancer, cholangiocarcinomas, and gastric cancer. Metastases to the gastric outlet also may be caused by other primary tumors.

Nausea and vomiting are the cardinal symptoms of gastric outlet obstruction. Vomiting usually is described as nonbilious, and it characteristically contains undigested food particles. In the early stages of obstruction, vomiting may be intermittent and usually occurs within 1 hour of a meal.

Plain abdominal radiographs, contrast upper GI studies (Gastrografin or barium), and CT scans with oral contrast are helpful in diagnosis. While, Upper endoscopy can help visualize the gastric outlet and may provide a tissue diagnosis when the obstruction is intraluminal.

The provided CT images show: 1- dilated stomach with retained food particles, 2-annular pyloric growth with irregular mucosa.



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