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شبكة المعلومات الجامعية

التوثيق الالكتروني والميكرو فيلم

جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

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بالرسالة صفحات
لم ترد بالأصل

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STUDY OF OESOPHAGEAL MOTILITY AND GASTRO- OESOPHAGEAL REFLUX AFTER ENDOSCOPIC INJECTION SCLEROTHERAPY

W. I. P.

Thesis

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" و قل رب زدنى علما "

صدق الله العظيم

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ABSTRACT

The effect of endoscopic injection sclerotherapy (EIS) of oesophageal varices on oesophageal motility and gastro-oesophageal reflux was studied. Distal oesophageal manometry and 24-hour ambulatory pH monitoring were performed to 15 patients who underwent EIS (group IV), 16 patients with oesophageal varices without prior endoscopic treatment (group III), 11 patients with gastro-oesophageal reflux disease (group II) and 9 healthy subjects (group I). Lower oesophageal sphincter resting pressure (LOS RP) was significantly lower in group IV compared with groups I and III. Peristaltic contractions were significantly less prevalent in group IV compared with group I. Mean amplitude (MA) of peristaltic contractions was significantly lower in group IV compared with group III in the middle channel. Mean duration (MD) of peristaltic contractions was significantly longer in group IV compared with group I in all channels and compared with group III in the distal channel. The number of multi-peaked peristaltic contractions was significantly higher in group IV compared with the other 3 groups in distal as well as M&D channels. Patients of group IV with persistent dysphagia had significantly lower LOS RP as well as percentage of peristaltic contractions and significantly higher percentage of low-amplitude contractions than those without. Patients of group IV with symptoms (dysphagia, heartburn and/or epigastric discomfort) had significantly lower LOS RP and MA of peristaltic contractions in both distal and M&D channels, and significantly higher occurrence of pathological acid reflux than those without symptoms. MD of peristaltic contractions was significantly longer in patients with a number of sclerotherapy sessions ≥ 7 in both middle and M&D channels compared with those with a number < 7 . Also, a positive correlation was found between the number of sclerotherapy sessions and MD of peristaltic contractions in the middle channel. In spite of the significant distal oesophageal motility dysfunction found in group IV patients, no significant differences in all parameters of pathological acid reflux were found between group IV and groups I and III.

Key words: endoscopic injection sclerotherapy, oesophageal varices, oesophageal motility, gastro-oesophageal reflux, oesophageal manometry, ambulatory oesophageal pH monitoring.

LIST OF ABBREVIATIONS

cc	cubic centimeter
CREST	subcutaneous Calcinosis, Raynaud's phenomenon, Esophageal dysfunction, Sclerodactyly and Telangiectasia
DM	DeMeester
DOS	Diffuse Oesophageal Spasm
EIS	Endoscopic Injection Sclerotherapy
FT	Fraction Time pH <4
GOR	Gastro-Oesophageal Reflux
GORD	Gastro-Oesophageal Reflux Disease
ID	Internal Diameter
LAC	Low-Amplitude Contractions
LOS	Lower Oesophageal Sphincter
LOSP	Lower Oesophageal Sphincter Pressure
LOSRD	Lower Oesophageal Sphincter Relaxation Duration
LOSRP	Lower Oesophageal Sphincter Resting pressure
M&D	Middle and Distal
MA	Mean Amplitude
MD	Mean Duration
MV	Mean Velocity
NMP	Number of Multi-Peaked
NO	Nitric Oxide
NPC	Non-Propulsive simultaneous Contractions
OGD	OesophagoGastroDuodenoscopy
PC	Peristaltic Contractions
PHG	Portal Hypertensive Gastropathy
PIP	Pressure Inversion Point
RD	Relaxation Duration
RP	Resting Pressure
s	Second
SC	Simultaneous Contractions
SIHB	Symptom Index for HeartBurn
UOS	Upper Oesophageal Sphincter
VIP	Vasoactive Intestinal Polypeptide

