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ثبكة المعلومات الجامعية







A. El-Sally

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

Thesis

Submitted in partial fulfillment for the degree of M.D. in Tropical Medicine

Ву

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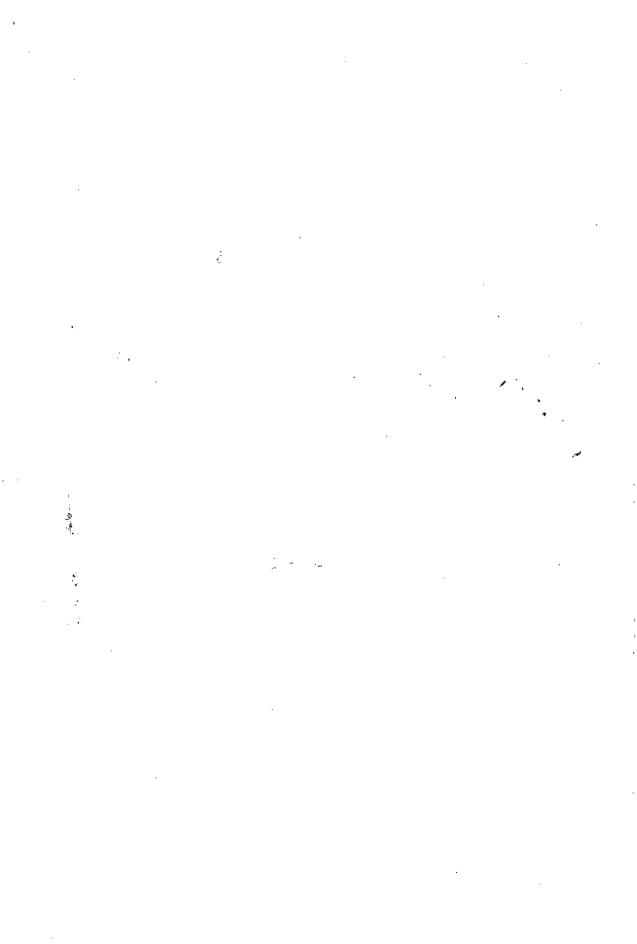
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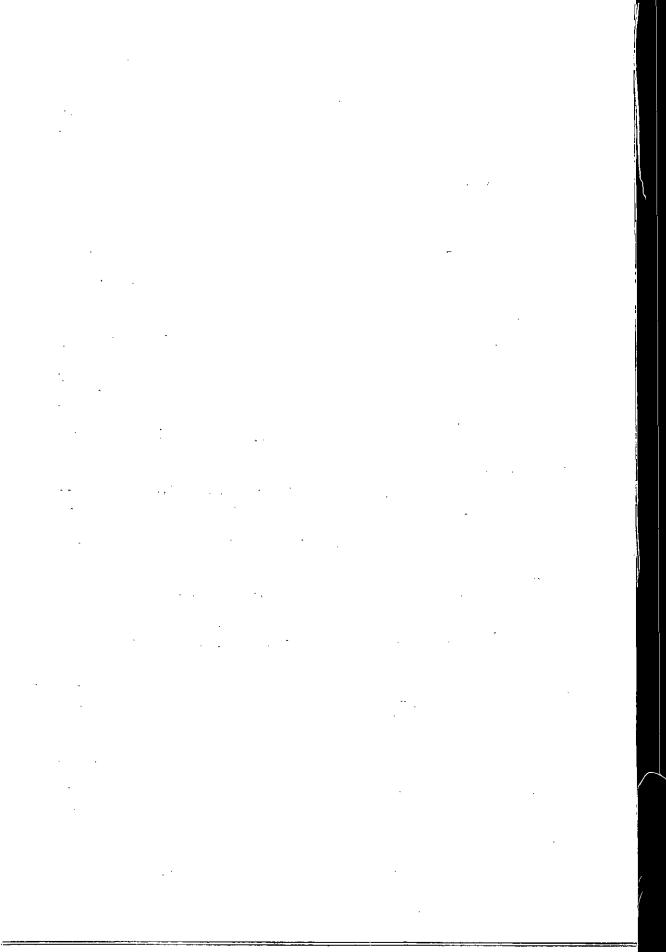
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يسم الله الرحمن الرحيم

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ِصِدِق الله العظيم [صورة طه ـ الآية ١١٤]



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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 (LOSRP) 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 LOSRP as well as percentage of peristaltic contractions and significantly higher percentage of lowamplitude contractions than those without. Patients of group IV with symptoms (dysphagia, heartburn and/or epigastric discomfort) had significantly lower LOSRP 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

	· · · · · · · · · · · · · · · · · · ·			
СС	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			