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STUDY OF UPPER GASTROINTESTINAL MOTILITY IN CONNECTIVE TISSUE DISORDERS

Thesis

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

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LIST OF ABBREVIATIONS

% of GRV	: Percent of gastric residual volume.
% of simult.	: Percent of simultaneous contractions
Amp.(tables)	: Amplitude
D (tables)	: Dysphagia
G.emp.time:	: Gastric emptying time
H.burn:	: Heart burn
LES% of relax.	: Lower oesophageal sphincter percent of relaxation.
LESP:	: Lower oesophageal sphincter pressure.
MCTD:	: Mixed connective tissue disease.
Perist. lower 2/3	: Amplitude of oesophageal peristalsis in lower 2/3.
Perist. uppr 1/3	: Amplitude of oesophageal peristalsis in upper 1/3.
PSS or SSC	: Progressive systemic sclerosis.
RA	: Rheumatoid arthritis.
S.area fast.	: Surface area of fasting antrum.
S.area Max.	: Surface area maximum antrum.
SLE	: Systemic lupus erythematosus.

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ARABIC SUMMARY.

INTRODUCTION AND AIM OF THE WORK

INTRODUCTION & AIM OF THE WORK

Gastrointestinal motility can be defined as all the mechanical phenomena that contribute to the passage of food bolus from the mouth to the anus.

The study of the gastrointestinal tract (GIT) motility in general and the gastro-oesophageal motility in particular plays an important diagnostic role that can explain the underlying pathophysiologic mechanisms of many GIT dyspeptic symptoms e.g. heart burn, bloating, flatulence, nausea, anorexia, retching, dysphagia etc., that are frequently present in patients with connective tissue diseases without any organic lesions (*Stanghillini et al, 1996*).

The gastrointestinal tract (GIT) is one the target organs to be involved in patients with connective tissue (C.T) disorders (*Sjogren, 1994*), many patients with various C.T disorders have variable degrees of GIT dyspeptic symptoms that can be due to disturbances in GIT motility in these patients. **So, the aim of this work was: to evaluate gastroesophageal motor behavior in patients with various C.T disorders.**

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REVIEW OF LITERATURE

