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## STUDY OF UPPER GASTROINTESTINAL MOTILITY IN CONNECTIVE TISSUE DISORDERS

Thesis

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33 M.D. degree in Internal Medicine

By

Howaida El Sayed Mansour El Sayed

51341

**Under The Supervision Of** 

Prof. Dr. Ali Moenis Yassin

Professor of Internal Medicine
Faculty of Medicine, Ain Shams University

Prof. Dr. Mohamed Abd El Rahman Mousa

Professor of Internal Medicine Faculty of Medicine, Ain Shams University

Prof. Dr. Mohamed Salah El Dien Abd El-Baki

Professor of Internal Medicine Faculty of Medicine, Ain Shams University

Prof. Dr. Hesham Ezz El Dien Saeed

Professor of Internal Medicine
Faculty of Medicine, Ain Shams University

Dr. Abd El-Azim El Hefni,

Lecturer in Internal Medicine
Faculty of Medicine, Ain Shams University

Faculty of Medicine
Ain Shams University
1999

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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.

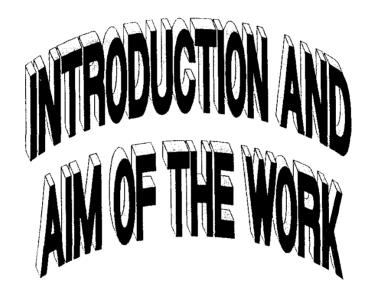
S. area fast. : Surface area of fasting antrum.

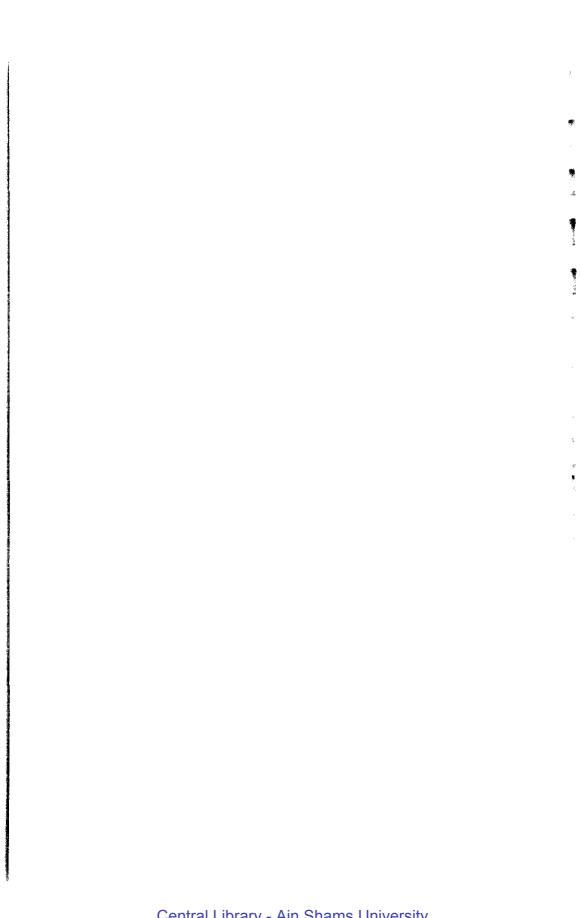
S.area Max. : Surface area maximum antrum.

SLE : Systemic lupus erythematosus.

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### 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.

