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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

**ENDOSCOIPIC RETROGRADE
CHOLANGIOPANCREATOGRAPHY VERSUS
ENDOSCOIPIC ULTRASONOGRAPHY IN DIAGNOSIS
OF PANCREATICO-BILIARY DISORDERS**

Thesis
Submitted for partial fulfillment of M.D. degree
In Tropical Medicine

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Acknowledgment

I wish to express my sincere thanks and gratitude to **Professor Dr Afaf Massoud**, professor and head of the Tropical medicine department, Ain Shams, university, for her kind support, patience and encouragement to me allthrough the present work.

My best thanks and respect to **Professor Dr Salah Saif El Din**, professor of the Tropical medicine department, Ain Shams university for his valuable and meticulous supervision and for the time he spent in revising this thesis and his advices to me in a fatherly trend.

My best appreciation and gratitude for **Professor Dr Omaina Ismail El Lamey** professor of Internal Medicine department, Ain Shams university for her generous and fruitful help she offered me.

It was my honour to work with **Dr Mahmoud Abdel Megid Othman**, assistant professor of Internal Medicine department, Ain Shams university who was responsible for the practical part of the thesis, I owe him a lot in improving my technical skills, in improving my clinical and endoscopic approach to the patient.

My great thanks to **Dr Mohga Ali Reda**, assistant professor of Tropical Medicine department, Ain Shams university, for her brotherly and caring concept with me.

I owe **all members of the Tropical Medicine department and the nurses of the Internal Medicine endoscopy unit** a lot for their help and assistance.

At last but not the least, my appreciation and gratitude **for all my family members** to whom I dedicate this work.

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INTRODUCTION AND AIM OF THE WORK

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The principle aim in the management of pancreatico- biliary diseases is to establish the cause, identify its nature, verify its extent and to put a therapeutic strategy to deal with. Unfortunately, the clinical and biochemical features commonly overlap and may coexist, in which appropriate decisions can hardly be taken.

Modern biliary and pancreatic imaging modalities are outstanding in this aspect. These include abdominal ultrasonography, computed tomography, radioisotope scanning, endoscopic ultrasonography, magnetic resonance cholangio-pancreatography , angiography, percutaneous transhepatic cholangiography and endoscopic retrograde cholangiopancreatography. These modalities widely vary in their sensitivity, specificity, indications, contraindications and complications especially the invasive ones. However, some of these modalities may offer a therapeutic option as well as its diagnostic privilege.

THE AIM OF THIS STUDY is to evaluate the efficacy of endosonography and endoscopic retrograde cholangiopancreatography in the diagnosis of diseases of the pancreas and the biliary tree.

REVIEW OF LITERATURE

EMBRYOLOGY AND ANATOMY OF THE BILIARY SYSTEM AND THE PANCREAS

Introduction:

The extra-hepatic biliary tree has more anomalous structures and relationships than any other area of the body. This also applies for the vascular structures supplying the liver and the biliary tree. (Lindner, 1987). The classic anatomic description of the biliary tree applies to only one third of the individuals (Sarr and Cameron, 1987).

Embryology of the pancreas and biliary system:

At about the fifth week of intrauterine life, the embryo shows the beginning of outpouching from the ventral surface of the primitive gastrointestinal tract, just distal to the junction of the foregut and midgut. This outpouching results in formation of the two lobes of the liver, the intra and extrahepatic biliary tree, the gall bladder, cystic duct and the dorsal posterior half of the head of the pancreas and uncinate process. At this time, a dorsal sacculation leaves the primitive bowel tube at a slightly more superior level to become the anlage of the remainder of the pancreatic head as well as the neck, the body and the tail of the pancreas. (Anson and Mc Vay, 1984)

The rotation of the ventral pancreatic bud is to the left and dorsalward and encompasses an arc of about 180 degrees. This rotation allows the ventral pancreatic bud to fuse with the dorsal one to form the complete pancreas.