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ثبكة المعلومات الجامعية







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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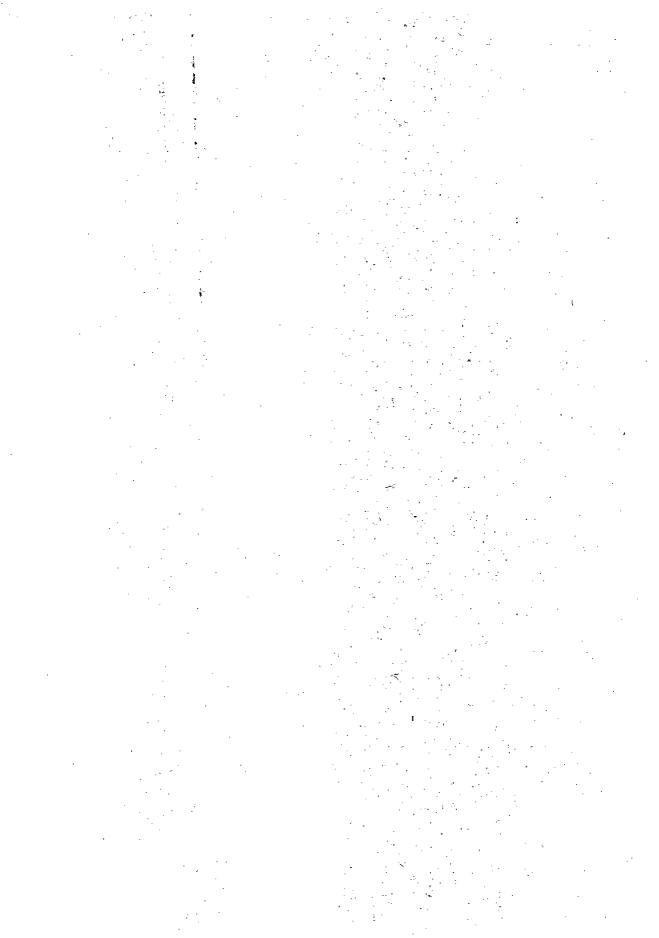
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TABLE OF CONTENTS

Subject	Page number
INTRODUCTION	1
REVIEW OF LITERATURE	
Anatomy of the biliary system	2-12
Anatomy of the pancreas	13-22
Diseases of the biliary system and the pancreas	23-50
Modalities used in the diagnosis of biliary and pancreatic diseases	51-75
History and future of EUS	76
Applications of EUS in	77-87
gastroenterology EUS in the biliary system and the pancreas	88-103
PATIENTS AND METHODS	104-109
RESULTS	110-161
DISCUSSION	162-178
SUMMARY AND CONCLUSION	179-181
RECOMMENDATIONS	182
REFERENCES	183-228
ARABIC SUMMARY	229-231



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The candidate

INTRODUCTION AND AIMOF THE WORK

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The principle aim in the management of panctreatico-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 cholangio-pancreatography resonance 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

ا بها سال

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.