Salwa Akl

بسم اللّه الرحمن الرحيم

مركز الشبكات وتكنولوجيا المعلومات

قسم التوثيق الإلكتروني

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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم باللّه العظيم أن المادة التي تم توثيقها وتسجيلها

علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

Salwa Akl

بعض الوثائق الأصلية تالفة
وبالرسالة صفحات لم ترد بالأصل

OESOPHAGEAL STRICTURES

Essay
Submitted for Partial Fulfillment of the
Master Degree in General Surgery

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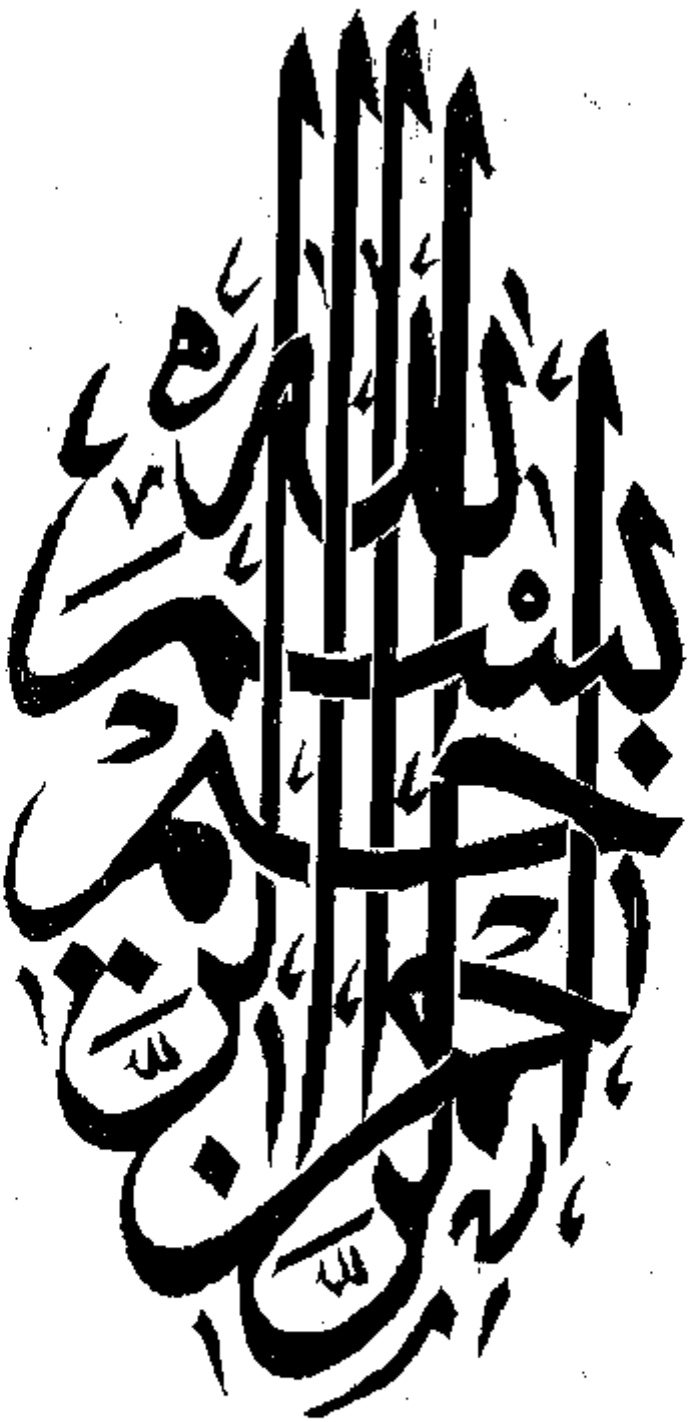
2000



ACKNOWLEDGMENT

Before all and above all, thanks to **ALLAH**, to whom I relate every success in my life.

I would like to express my deep thanks and gratitude to ***PROF. HAMED RASHAD,*** Professor & Head of General Surgery Department, Benha Faculty of Medicine, for his guidance, kind supervision encouragement and valuable comments.

I would like to express my deep thanks to ***PROF. AHMED MAHMOUD ALI***, professor & head of Cardiothoracic Surgery, Benha Faculty of Medicine, for his planning, constant guidance, continuous help and kind supervision.

I am greatly honored to express my deepest gratitude and thanks to my ***PROF. MOHAMED AMEIN SALEH,*** Professor of General Surgery, for his kind encouragement, faithful support, unlimited help throughout my career and his valuable precious instructions during the preparation of this work.

I wish to express may very special thanks and consideration to my ***DR. MOHAMED EL-SAYED EL-HAGARY***, Assistant Professor of General Surgery, for wonderful guidance, his continuous encouragement, intense constant follow up and for the long time he spent checking, correcting and updating my work.

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LIST OF ABBREVIATIONS

CES	Congenital oesophageal stenosis
CMV	Cytomegalo virus.
CTM	Combined treatment modalities.
EA	Esophageal atresia
ECOG	Oeastern cooperation oncology group
EORTC	European Organization for Research &Treatment of Cancer
EUS	Endoscopic ultrasonography
EUS-FNA	Endoscopic ultrasonography- fine needle aspiration
FEV1	Forced expiratory volume in 1st second
FMS	Fibro muscular stenosis
5-FU	5- fluorouracil
GERD	Gastroesophageal reflux diseases
HGD	High grade dysplasia
HPZ	High pressure zone
H2RA	Histamine 2 receptor antagonist
HSV	Herps semplix virus
LASER	Light amplification by stimulated emission of radiation
LES	Lower oesoplaseal sphincter
LGD	Low grade dysplasia
Nd:YAG	Neodymium: Ytrium-Aluminum-Garnt
PIP	Pressure inversion point
PPI	Proton pump inhibitor
SART	Standard acid reflux test
SEMS	Self expanding metal stents
THE	Transhiatal oesophagectomy
UES	Upper oesophageal sphincter

OESOPHAGEAL STRICTURES

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INTRODUCTION AND AIM OF THE WORK

OESOPHAGEAL STRICTURES

Introduction:

Sweet 1970, defined the oesophageal strictures as follows, "The term stricture is applied to any unyeilding cicatritial stenosis caused by the contraction of scar tissue, in contradistinction to the stenosis which results from edematous swelling, a new growth, external compression or a congenital anomaly". This is a quite satisfactory definition, only we want to remark that cicatricial stenosis can occur as a congenital anomaly. By this collective definition the following causes of oesophageal stenosis can be excluded:

1- Oesophageal motility disorders e.g., achalasia.

2- Extraoesophageal compressing lesions.

3- Intraluminal swelling encroaching on the oesophagus but not congenital strictures.

(Haller and Bachman, 1984)

Allen et al. (1990) defined oesophageal stricture endoscopically as a narrowing of the oesophageal lumen that prevents passage of the endoscope or allows only a forceful passage.

A stricture of the oesophagus causes a particular problem for the affected patient; dysphagia, or difficulty in swallowing. This symptom predominates whatever the underlying cause of the stricture, benign or malignant. Relief of dysphagia is the ultimate goal in the treatment of oesophageal stricture, and there have been major changes in recent years in instruments and techniques to achieve this purpose. Methods involved

can be broadly classified into mechanical, thermal, or chemical ***(Haller & Andrews, 1981).***

Mechanical methods are usually employed for benign stenosis, while all three types of therapy have been applied for recanalization of malignant strictures. The underlying principle for all of these methods is one of controlled force. The goal of opening the oesophageal lumen must balanced against the imperative to avoid damage to normal tissues, with particular care to insure that most headed injury to the oesophagus is perforation ***(Haller and Bachman, 1984)***.

AIM OF THE WORK

The aim of this work is to review the literature discussing different etiologies, pathology and clinical presentation of the oesophageal lesions causing oesophageal strictures, as well as including methods of diagnosis and treatment, different old & recent techniques, to reach this purpose.