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بسم الله الرحمن الرحيم

مركز الشبكات وتكنولوجيا المعلومات

قسم التوثيق الإلكتروني



Salwa Akl



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
على هذه الأقراص المدمجة قد أعدت دون أية تغييرات



Salwa Akl



بعض الوثائق الأصلية تالفة
وبالرسالة صفحات لم ترد بالأصل



ESOPHAGEAL STRICTURES

Essay

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
الْحَمْدُ لِلَّهِ الَّذِي
خَلَقَ السَّمَوَاتِ وَالْأَرْضَ
وَالَّذِي يُضَوِّبُ الْمَوْتَ
وَالَّذِي يُخْرِجُ الْمَوْتَ
وَالَّذِي يُخْرِجُ الْمَوْتَ

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LIST OF ABBREVIATIONS

CES	Congenital oesophageal stenosis
CMV	Cytomegalo virus.
CTM	Combined treatment modalities.
EA	Esophageal atresia
ECOG	Eastern 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 1 st second
FMS	Fibro muscular stenosis
5-FU	5- fluorouracil
GERD	Gastroesophageal reflux diseases
HGD	High grade dysplasia
IIPZ	High pressure zone
H2RA	Histamine 2 receptor antagonist
HSV	Herps simplex virus
LASER	Light amplification by stimulated emission of radiation
LES	Lower oesophageal sphincter
LGD	Low grade dysplasia
Nd:YAG	Neodymium: Yttrium-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 unyielding cicatricial 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 be 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.