

**Gastrointestinal
Tract "GIT "
LECTURE [1]
Some Esophagus
Diseases**

**PROFESSOR DOCTOR
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2024 / 2025

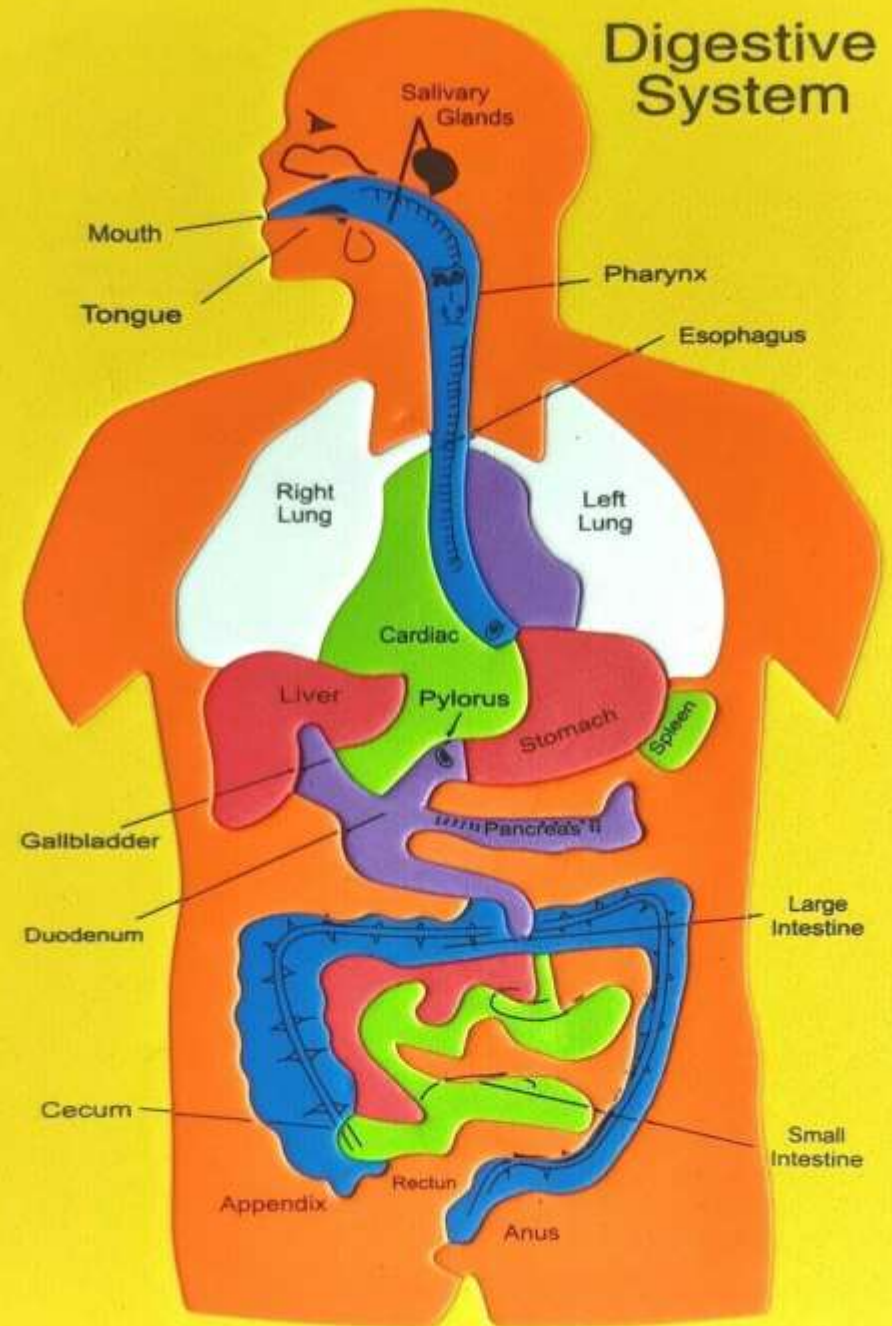
□ Digestive System=

runs from the Mouth to the Anus.

□ Gastro- Intestinal Tract (GIT) =

from the Inferior end of Esophagus (Abdominal

Portion= about 1.25 cm),
stomach, small intestine,
large intestine, to the
Anus.



Esophagus : المريء

- 1) A collapsible muscular tube
- 2) length = 25 cm
- 3) Joins pharynx to stomach
- 4) Greater part = in thorax.
- 5) 1.25 cm = in Abdomen.
- 6) Enters stomach through the
diaphragm.

Gastro-Esophageal Sphincter:

- ❑ physiologic sphincter = Circular smooth muscle at lower end of esophagus.
- ❑ food enters stomach.
- ❑ prevents stomach contents from regurgitation= going up to esophagus

تمنع رجوع محتويات

المعدة الى المريء

❑ The Closure of Sphincter is :

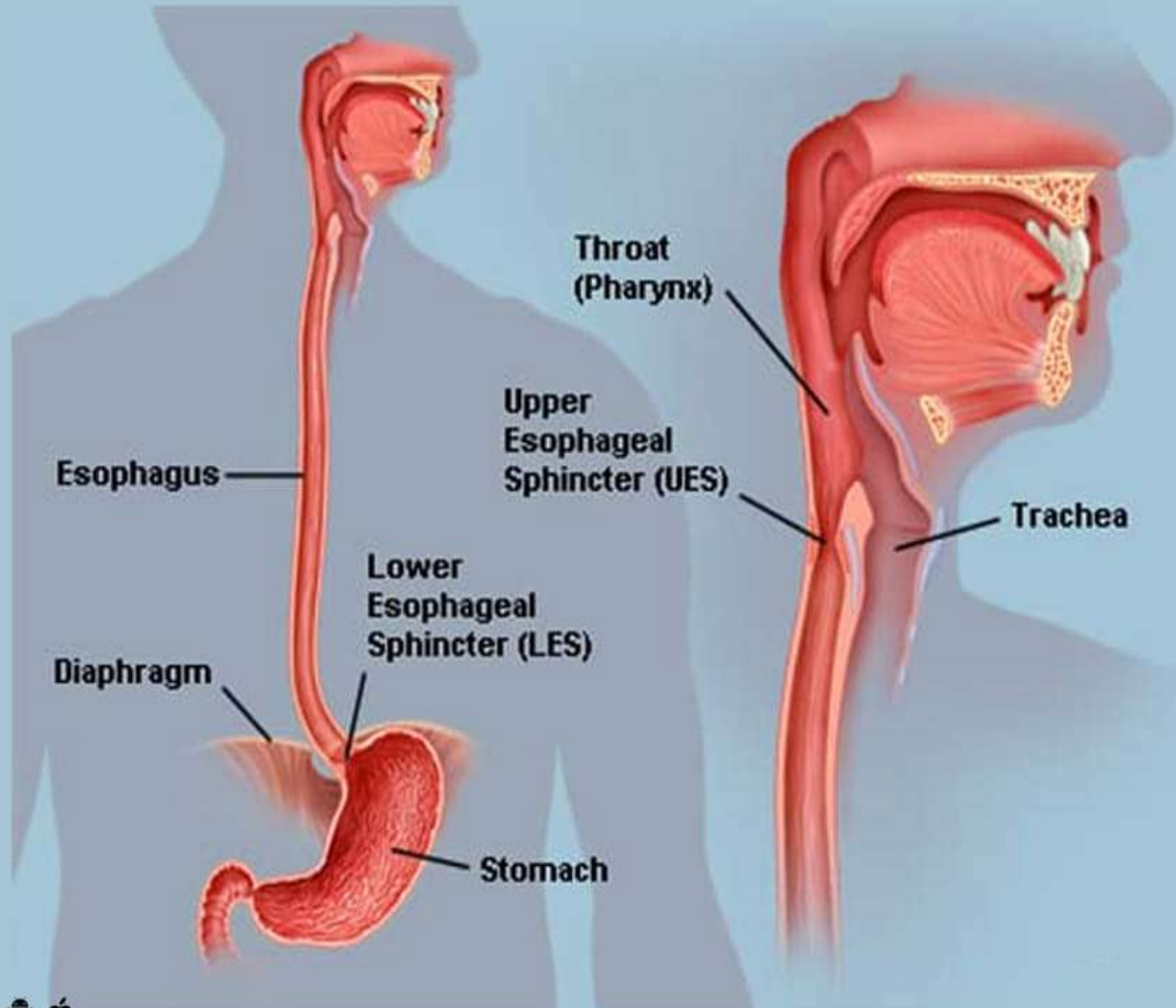
1. Increased: By Gastrin= stimulates hydrochloric acid =HCL=.

تمنع رجوع محتويات المعدة الى المريء

2. Reduced: By Secretin, Cholecystokinin and Glucagon= تسهل

دخول الطعام للهضم بمحتويات المعدة من المريء

Esophagus

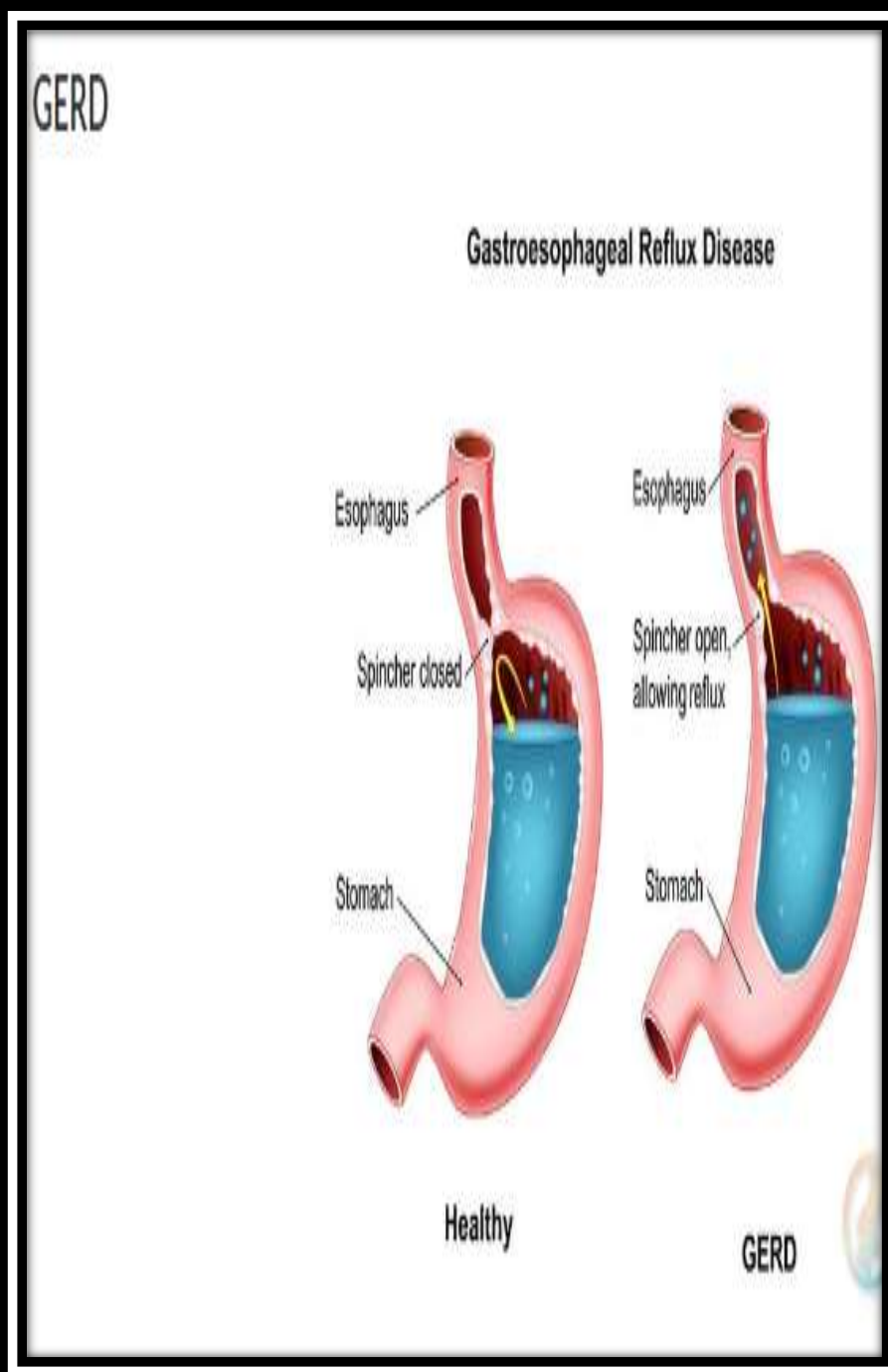


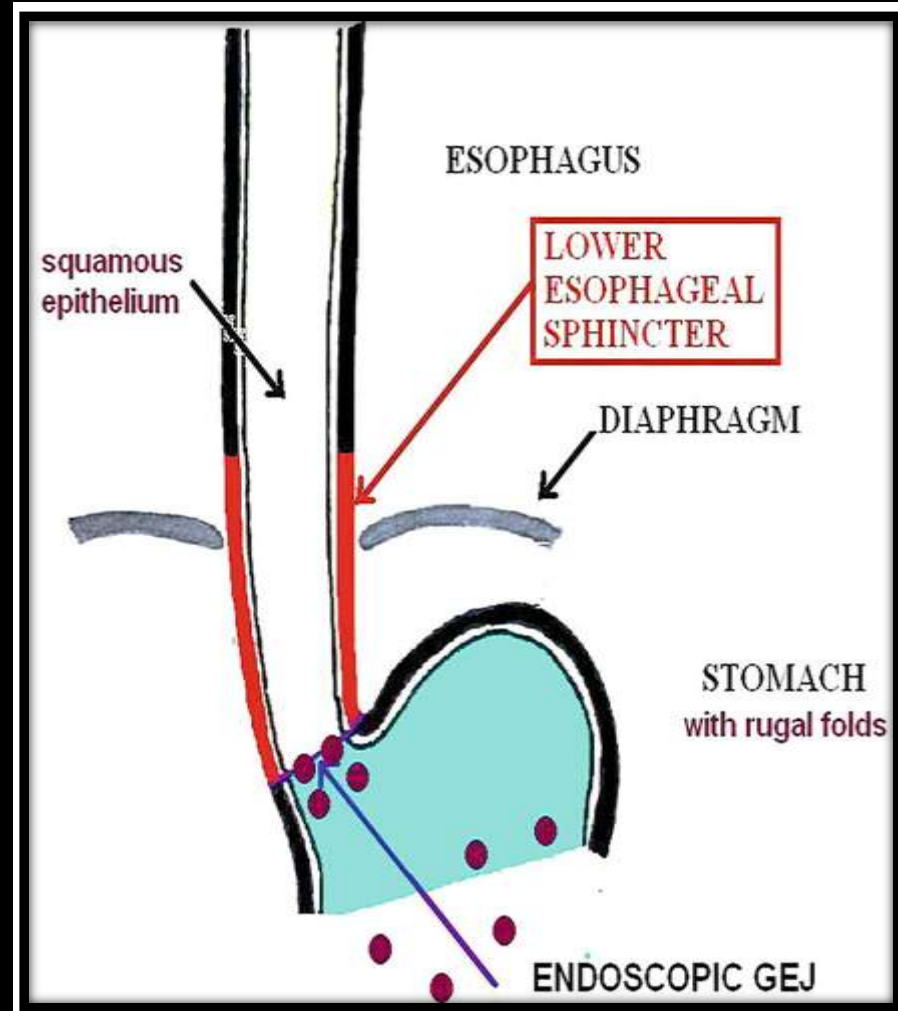
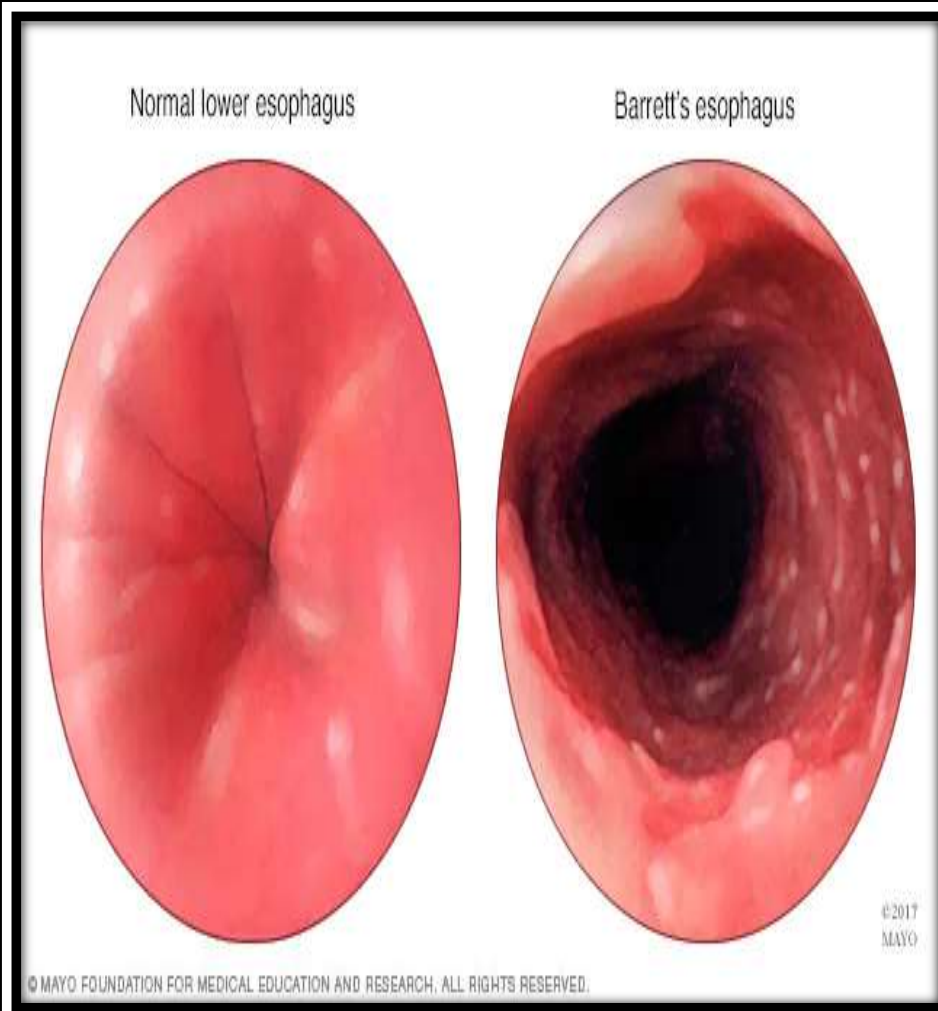
Gastro- Esophageal Reflux Disease (GERD)

- ☐ **Most common**
- ☐ **Reflux of stomach acid** into the esophagus
→ symptoms of **=heartburn** حرقه وجالي
- ☐ **If continues** → **inflamed esophageal mucous membrane**
- ☐ **Later=** → **risk of adenocarcinoma** → **change squamous epithelium to columnar**

☐ The Causes:

- 1) Failure of the contraction of lower esophageal sphincter.
- 2) Central / Abdominal obesity.





Most people with Barrett's Esophagus is most ofte have Gastro-Esophageal Reflux Disease= GERD for at least 10 years + heart burn and regurgitation of stomach contents +Difficulty swallowing food + Less commonly, chest pain)
= flat pink lining of esophagus become red and thickened
= damaged by acid reflux=

**Thank
You For
Your
Attention**

**Any
questions
?**



Gastrointestinal al Tract "GIT "

LECTURE [2]

Some Stomach Diseases

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Learning Objectives:

- 1) Review Some Stomach Diseases**
- 2) Review the causes of peptic ulcer disease.**
- 3) Describe the presentation of a patient with peptic ulcer disease.**
- 4) Summarize the treatment options for peptic ulcer disease.**

Stomach=

J- shaped =lies

under the lower left ribs
margin region then enter
into the epigastric region
till above the umbilical
regions

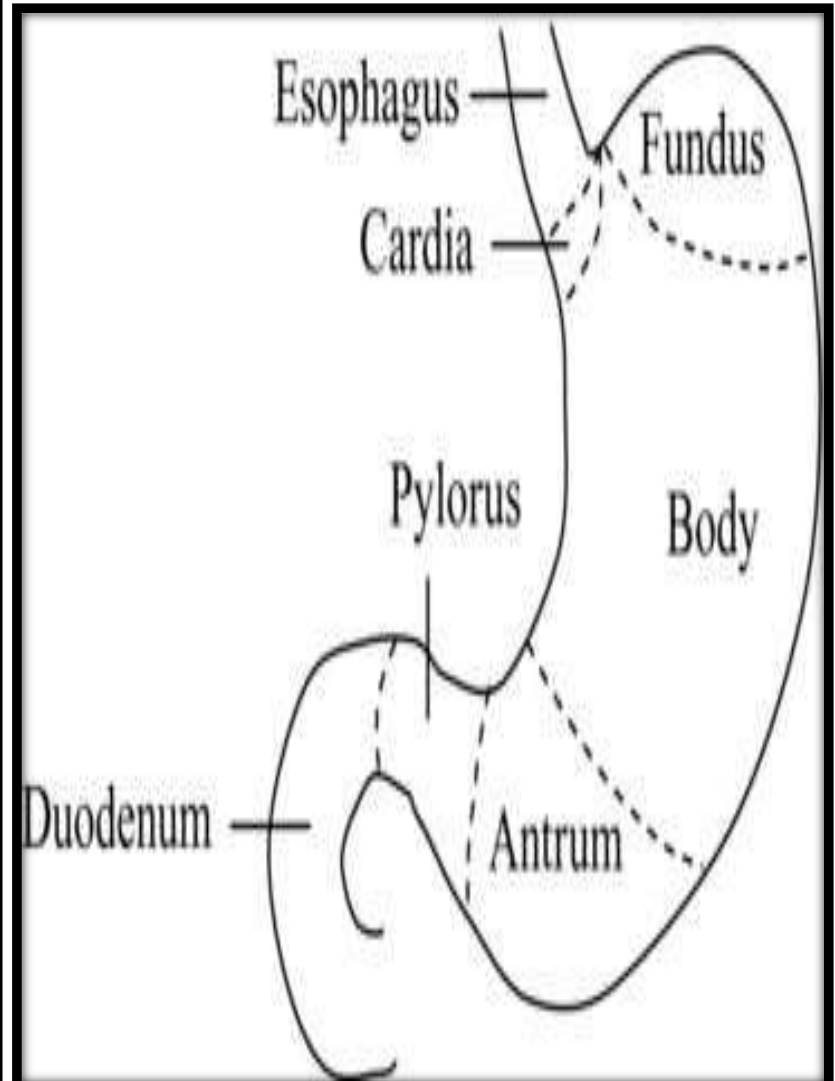
=Connecting

esophagus above and small
intestine

2 openings: the cardiac and
pyloric orifices

2 curvatures:
greater and lesser
curvatures

Regions Of The Stomach



Stomach Main Functions

1. **Storing food (=adult capacity =1500 mL).**
2. **Mixes the food [Bolus** لقمه شبيهه بالكره او القرص **: a ball-like mixture of food and saliva forms in mouth] = mixes with gastric juices= reduced size and known as Chyme=** كتله شبه سائله من الطعام المهضوم جزئيا **===**
3. **Controls the rate of delivery of chyme to small intestine (=efficient digestion and absorption).**

Hiatal Hernia (HH)

Typing:

□ According to Content:

□ **Type 1 = sliding HH = vast majority = stomach intermittently slide up into the chest (through a small opening in the diaphragm).**

□ **Type 2+ 3 + 4 = para-esophageal HH**

□ According to size:

- smaller hernia = 2-3 cm
- medium hernia = 4-5 cm.
- large hernia = 5 cm+





Stomach cancer:

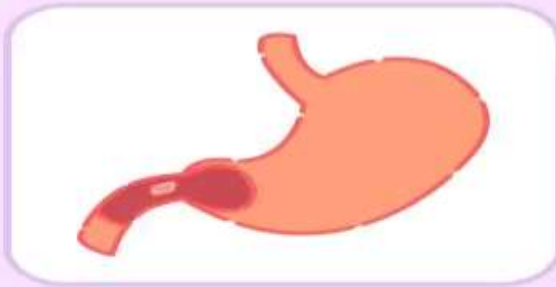
- **Stomach Cells grow and divide abnormally**
- **Begin anywhere in the stomach**
- **But mostly begin in inner surface =This type= adenocarcinoma of the stomach**
- ❑ **Treated by gastrectomy**
- ❑ **Because= Malignant Tumor Cells in the primary site to travel to different parts of the stomach→Because→Mucosal and Submucosal Lymphatic Vessels of the stomach are in continuity.**

Peptic ulcer disease =

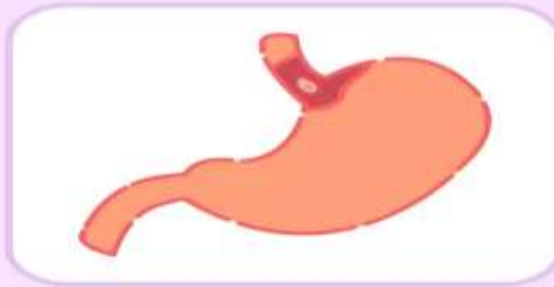
- ❑ **Defined as the mucosal break of the upper gastrointestinal tract due to acid peptic digestion resulting in ulcer formation.**
- ❑ **Ulcers may range in size from several millimeters to several centimeters.**
- ❑ **Usually occurs in the stomach and proximal duodenum.**

What Are The Types Of

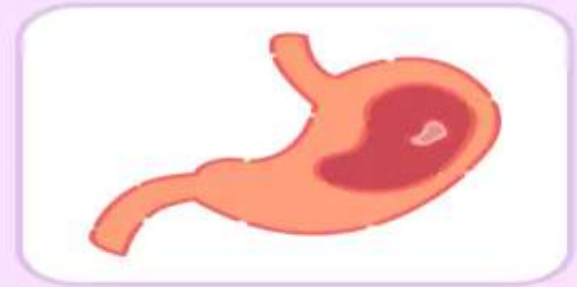
Peptic Ulcer Disease



Duodenal Ulcers



Esophageal Ulcers



Gastric Ulcers

:Types of Peptic Ulcer

Duodenal

Gastric

Oesophageal

Zollinger Ellison syndrome (severe peptic ulcer+gastric hyperacidity, gastrinoma: islet cell tumor in pancreas)

Curling's ulcer

"peptic" refers to pepsin: a stomach enzyme that breaks down protein.

Number of PUD :

A. 90% = Focal ulcers

B. 10% = Multiple ulcers.

:Zollinger-Ellison syndrome

A large amount of excess acid is produced in response to the overproduction of the hormone gastrin, which in turn is caused by tumors on the pancreas or duodenum.

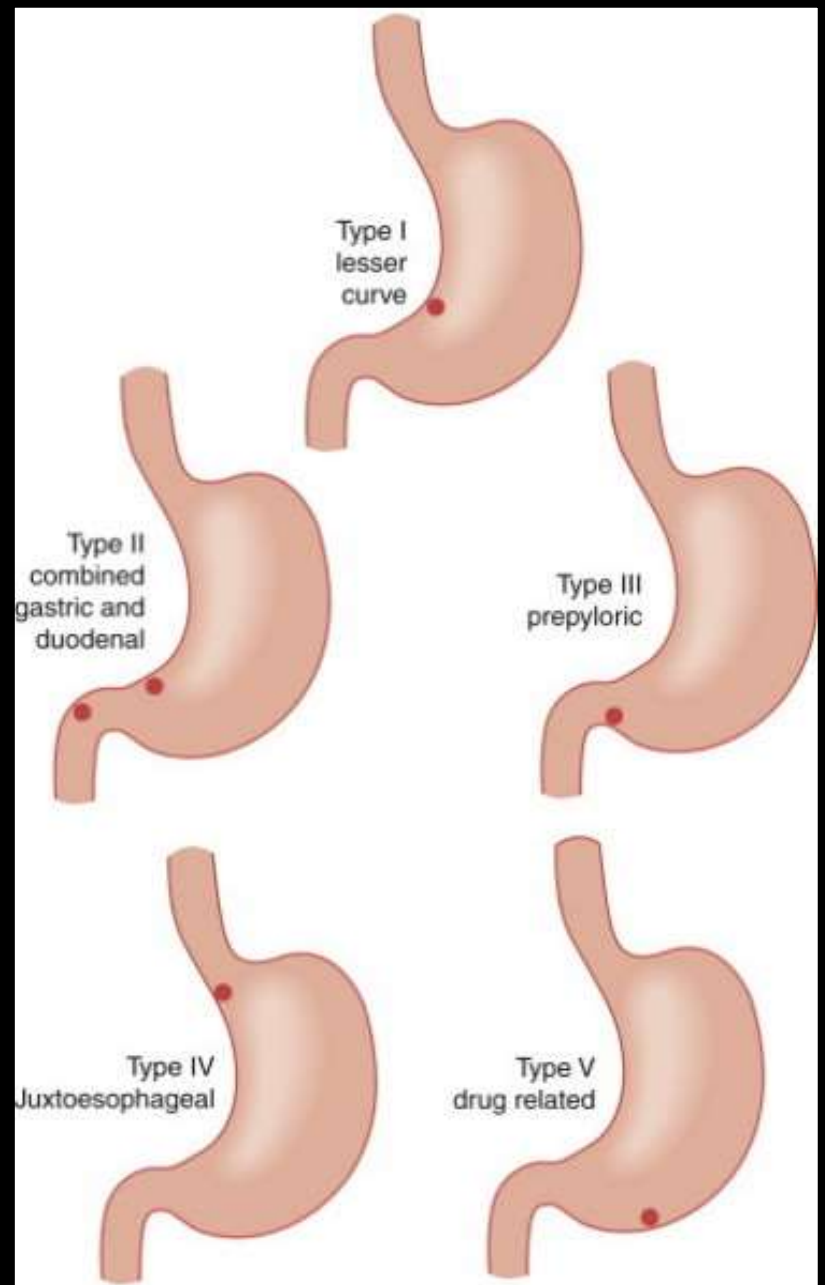


Curling's ulcer

Curling's ulcer is an **acute** peptic ulcer of the duodenum resulting as a complication from severe burns when reduced plasma volume leads to sloughing of the gastric mucosa.

TYPE	LOCATION
I	Gastric body, lesser curvature
II	Body of stomach + duodenal ulcer
III	Prepyloric
IV	High on lesser curvature
V	Anywhere (medication induced)

INCIDENCE
55%
20%
20%
<5%
<5%



PUD Etiology

- A. **H. pylori= in 80% of duodenal and gastric ulcers.**
- B. **NSAIDs use.**
- C. **Greater Risk of Developing PUD:**
 - 1) **2 / 3 = men**
 - 2) **Older adults**
 - 3) **First-degree relatives = 3-folds**
 - 4) **Psychological and physical stress**
 - 5) **High Intake of Coffee / Colas / Spicy Foods / Caffeine**
 - 6) **Heavy Smokers**
 - 7) **Heavy alcohol drinkers**
 - 8) **Higher in Blood Group O**
 - 9) **Use of (NSAIDs) drugs**
 - 10) **Use of Bisphosphonate (Alendronate) to treat osteoporosis**

**You
For
Your
Attenti**

**Any
questio
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