SAWA UNIVERSITY

اسس الطب الباطني
COMMON GIT DISORDERS

Sawa University — جامعـــــة ســـــــاوة الاهلية

College of health and medical techniques — كليـــــة التقنيـــات الصحيـة والطبيـة

Department of — قسم تقنيـــات التخديـــــر

Anesthesia.....2nd..... Stage — ..... المرحلـــــــــــة ..الثانية

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نظـــــــري — Theoretical

محاضرة رقم ..13..... — Lecture No. 13……..

PEPTIC ULCER DISEASE (PUD)

(Definition, Etiology, Pathogenesis)

- Localized mucosal defect in stomach/duodenum.
- Causes: H. pylori, NSAIDs, stress, smoking.
- Acid–mucosal imbalance → mucosal injury.
- Genetic predisposition may play a role.
- Pathogenesis: increased acid, reduced defense.
- Gastric ulcers linked to impaired mucosal protection.
- Duodenal ulcers linked to excess acid secretion.
- Risk factors: alcohol, steroids, Zollinger–Ellison syndrome.

(CLINICAL FEATURES, DIAGNOSIS, MANAGEMENT, PREVENTION)

- Epigastric pain (burning, relieved by food/antacids).
- Complications: bleeding, perforation, obstruction.
- Diagnosis: endoscopy, H. pylori testing (urea breath, stool antigen).
- Treatment: PPIs, H. pylori eradication (triple therapy).
- Avoid NSAIDs, smoking, alcohol.
- Surgery for complications (perforation, bleeding).
- Prevention: hygiene, rational NSAID use.
- Long-term follow-up for recurrence.

GASTROENTERITIS

- (Definition, Etiology, Pathogenesis)
- Acute inflammation of stomach & intestines.
- Causes: viruses (rotavirus, norovirus), bacteria (E. coli, Salmonella).
- Transmission: contaminated food/water, poor hygiene.
- Pathogenesis: mucosal damage → fluid/electrolyte loss.
- Toxins (e.g., cholera toxin) increase secretion.
- Common in children & travelers.
- Seasonal outbreaks (summer, rainy season).
- Risk factors: malnutrition, immunosuppression.

GASTROENTERITIS

(Clinical Features, Diagnosis, Management, Prevention)

- Sudden diarrhea, vomiting, abdominal cramps.
- Dehydration: dry mouth, sunken eyes, hypotension.
- Diagnosis: stool culture, rapid antigen tests.
- Management: oral rehydration solution (ORS), IV fluids if severe.
- Antibiotics only for bacterial causes.
- Zinc supplementation in children.
- Prevention: handwashing, safe food/water.
- Vaccines: rotavirus for infants.

CHOLERA

- (Definition, Etiology, Pathogenesis)
- Acute diarrheal illness by Vibrio cholerae.
- Transmission: contaminated water/food.
- Cholera toxin → ↑ cAMP → massive fluid secretion.
- Rapid onset, epidemic potential.
- Endemic in poor sanitation areas.
- Pathogenesis: small intestine hypersecretion.
- No mucosal invasion.
- Risk: floods, refugee camps.

CHOLERA

(Clinical Features, Diagnosis, Management, Prevention)

- Profuse watery diarrhea (“rice-water stools”).
- Severe dehydration, shock, death if untreated.
- Diagnosis: stool culture, rapid dipstick tests.
- Management: ORS, IV fluids (Ringer’s lactate).
- Antibiotics: doxycycline, azithromycin.
- Prevention: safe water, sanitation.
- Oral cholera vaccines available.
- Public health measures during outbreaks.

TYPHOID FEVER

- (Definition, Etiology, Pathogenesis)
- Systemic infection by Salmonella typhi.
- Transmission: fecal–oral via contaminated food/water.
- Bacteria invade intestinal mucosa → bloodstream.
- Pathogenesis: Peyer’s patch hyperplasia, necrosis.
- Incubation: 1–2 weeks.
- Endemic in developing countries.
- Risk: poor sanitation, unsafe food.
- Chronic carriers (gallbladder).

TYPHOID FEVER

(Clinical Features, Diagnosis, Management, Prevention)

- Step-ladder fever, abdominal pain, constipation/diarrhea.
- Rose spots on trunk, hepatosplenomegaly.
- Diagnosis: blood culture (gold standard), Widal test.
- Treatment: antibiotics (ceftriaxone, azithromycin).
- Supportive care: fluids, nutrition.
- Complications: perforation, hemorrhage.
- Prevention: vaccines (Vi polysaccharide, Ty21a).
- Sanitation & food hygiene essential.

VIRAL HEPATITIS

(Definition, Etiology, Pathogenesis)

- Inflammation of liver due to viruses A–E.
- Hep A/E: fecal–oral transmission.
- Hep B/C/D: blood, sexual, vertical transmission.
- Pathogenesis: immune-mediated hepatocyte injury.
- Acute vs chronic forms.
- Hep B/C → chronic liver disease.
- Hep D requires Hep B coinfection.
- Global health burden.

VIRAL HEPATITIS

(Clinical Features, Diagnosis, Management, Prevention)

- Symptoms: jaundice, malaise, anorexia, dark urine.
- Diagnosis: serology, LFTs, viral markers.
- Management: supportive for A/E.
- Antivirals for B/C (tenofovir).
- Prevention: vaccines for A & B.
- Safe practices: blood screening, hygiene.
- Complications: cirrhosis, hepatocellular carcinoma.
- Surveillance in chronic cases.

CIRRHOSIS

- (Definition, Etiology, Pathogenesis)
- End-stage chronic liver disease.
- Etiology: alcohol, hepatitis B/C, NAFLD.
- Pathogenesis: fibrosis → nodular regeneration.
- Distorts architecture → portal hypertension.
- Progressive, irreversible.
- Risk factors: obesity, toxins.
- Common cause of liver failure.
- High mortality if untreated.

CIRRHOSIS

(Clinical Features, Diagnosis, Management, Prevention)

- Symptoms: ascites, varices, jaundice, encephalopathy.
- Diagnosis: LFTs, imaging, biopsy.
- Management: diuretics, beta-blockers, lactulose.
- Treat underlying cause.
- Liver transplant definitive.
- Prevention: alcohol avoidance, hepatitis vaccination.
- Surveillance for HCC.
- Nutritional support.

GASTROESOPHAGEAL REFLUX DISEASE (GERD)

- (Definition, Etiology, Pathogenesis)
- Chronic reflux of gastric contents into esophagus.
- Etiology: LES dysfunction, obesity, pregnancy.
- Pathogenesis: acid injury → esophagitis.
- Risk: hiatal hernia, smoking.
- Common in adults.
- Chronic course, relapsing.
- May progress to Barrett’s esophagus.
- Lifestyle factors important.

GERD

(Clinical Features, Diagnosis, Management, Prevention)

- Symptoms: heartburn, regurgitation, nocturnal cough.
- Diagnosis: endoscopy, pH monitoring.
- Management: lifestyle changes (weight loss, avoid triggers).
- PPIs mainstay therapy.
- Surgery: fundoplication if refractory.
- Prevention: avoid late meals, elevate head of bed.
- Complications: strictures, Barrett’s, adenocarcinoma.
- Long-term monitoring needed.

Thank you