

Over view of Gastrointestinal and liver diseases In Saddam Center of Gastroenterology Six years of experience

Introduction:-

Saddam center for Gastroenterology and Hepatology was established in 1995. It is tertiary referral center.

The activities is divided into out patients and inpatients activities with various endoscopic and radiologic procedures.

Out come results include various types of activities, endoscopic, radiological, pathological and surgical.

The study is divided into 4 parts:-

1-out patients results.

2-Hospital admissions.

3-GIT cancers

4-Mortality studies Analysis of the different activities are shown in the following figures :-

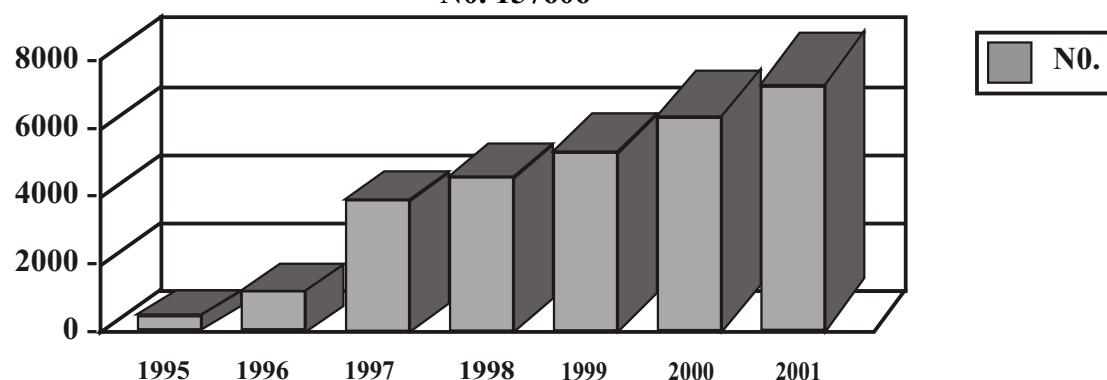
The data from our GIT center point to the following:-

1. Reflux disease of the esophageal is the leading causes for dyspepsia together with peptic ulcer disease.
2. Inflammatory bowel diseases mainly ulcerative colitis and to a lesser extent Crohn's disease are prevalent in our country.
3. The bulk of admissions are due to chronic liver disease followed by pancreaticobiliary diseases.
4. Celiac disease is frequent in both peaks in children and adolescent and occasionally at older ages.
5. Biopsy interpretation of inflammatory

bowel disease and malabsorption pause a problem because of the prevalence of infectious and parasitic disease in our country.

6. The value of diagnostic laproscopy in the evaluation of ascites is well established in shortening the hospital stay and in cost effective in reducing lengthy investigation.
7. Imaging techniques including U/S, CT, MRI, MRCP need a special standard for we have seen controversies in their evaluation.
8. Interventional endoscopy and radiology proved its value in managing biliary obstruction & esophageal obstruction , stone retrieval endoscopic hemostasis & polypectomy
9. GIT cancer is a serious rising problem, especially metastatic disease colorectal, pancreaticobiliary & gastric are the main causes We have seen it in younger ages with a tendency to be more undifferentiated.
10. lessons from the mortality in the G.I.T center the main causes are end stage liver disease and advanced malignancies.
11. EUS proved itself in the evaluation of sub mucosal lesion and we are training our self.
Training in different aspect of gastroenterology is needed in collaboration with national and international organization.

**Fig (1)- Out - Patients
N0. 157606**



**Fig-(2) - Out - Patients [OGD]
N0. 17405**

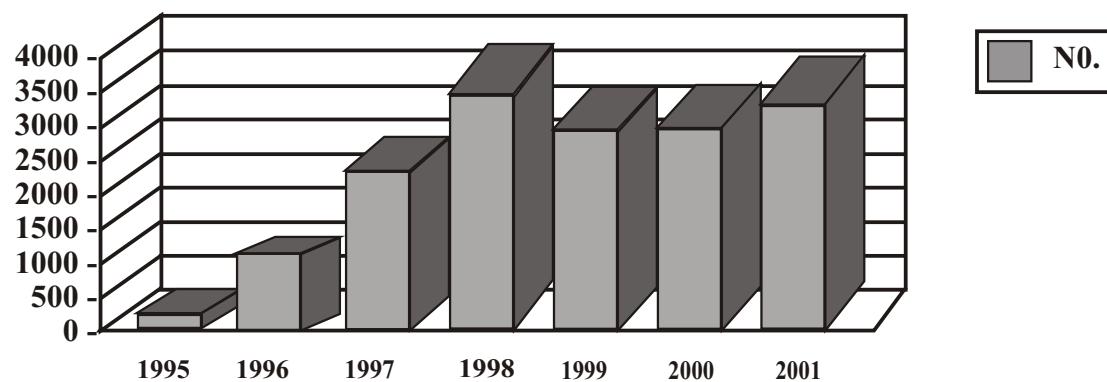
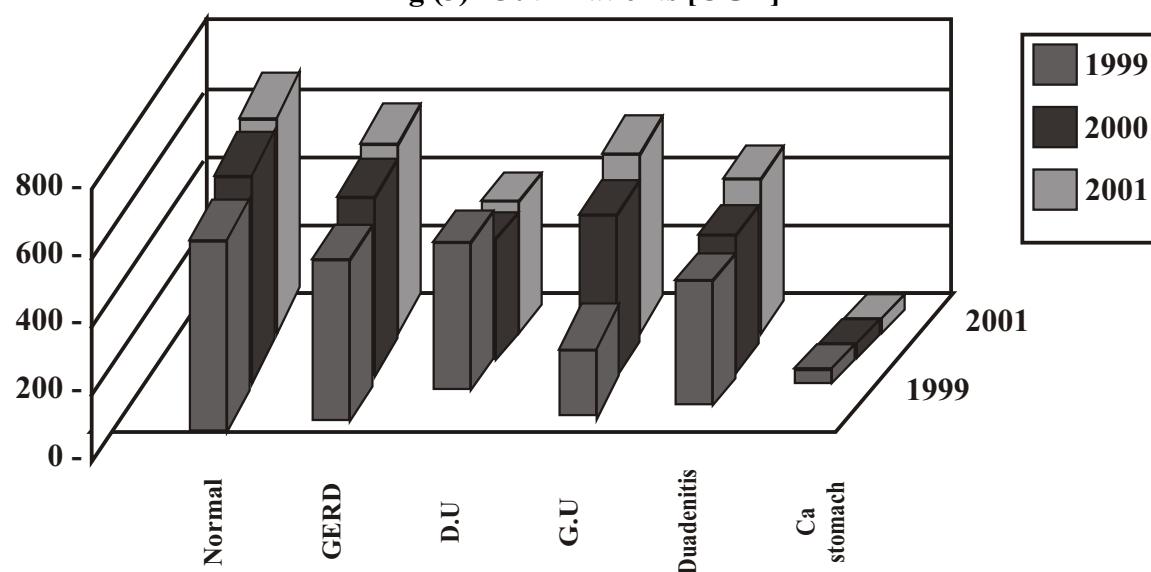
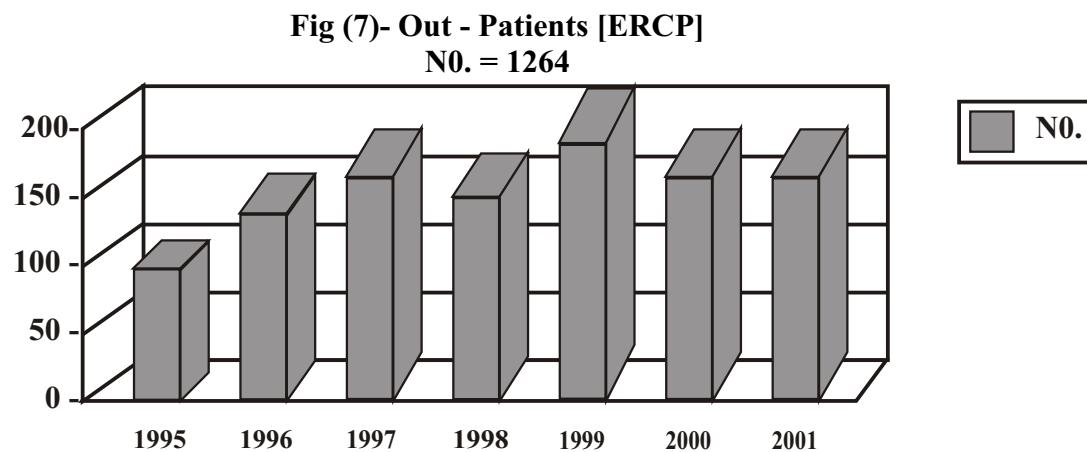
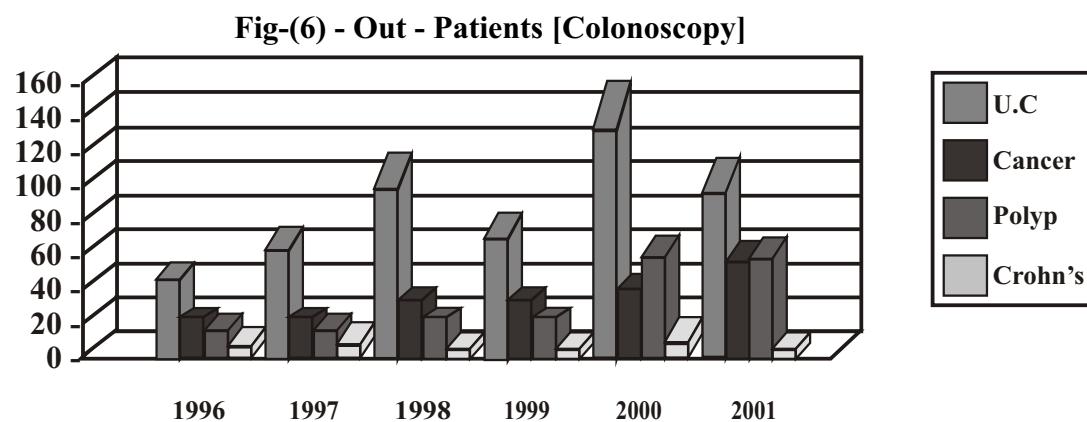
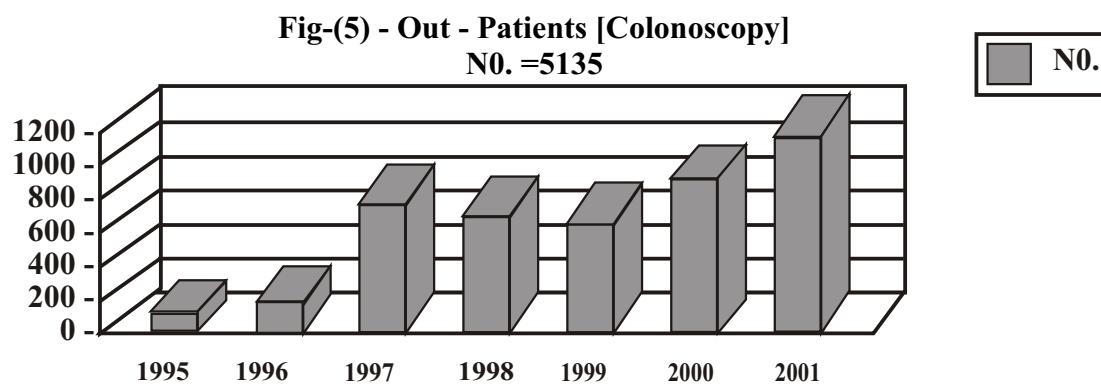
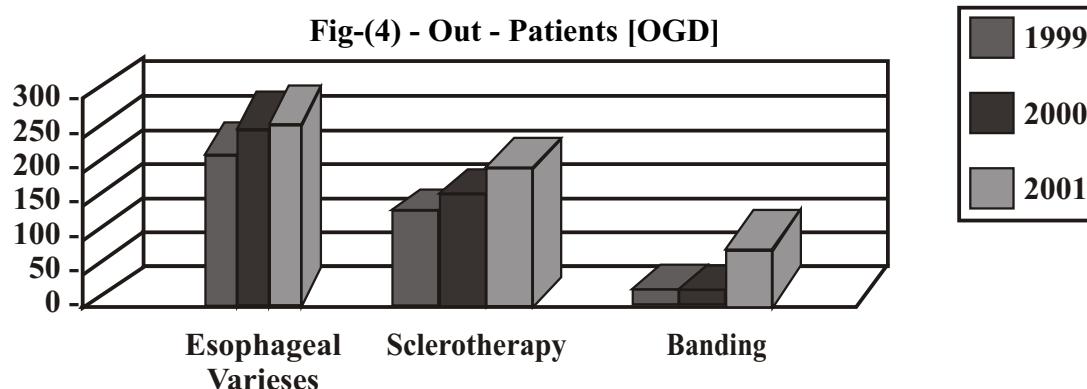
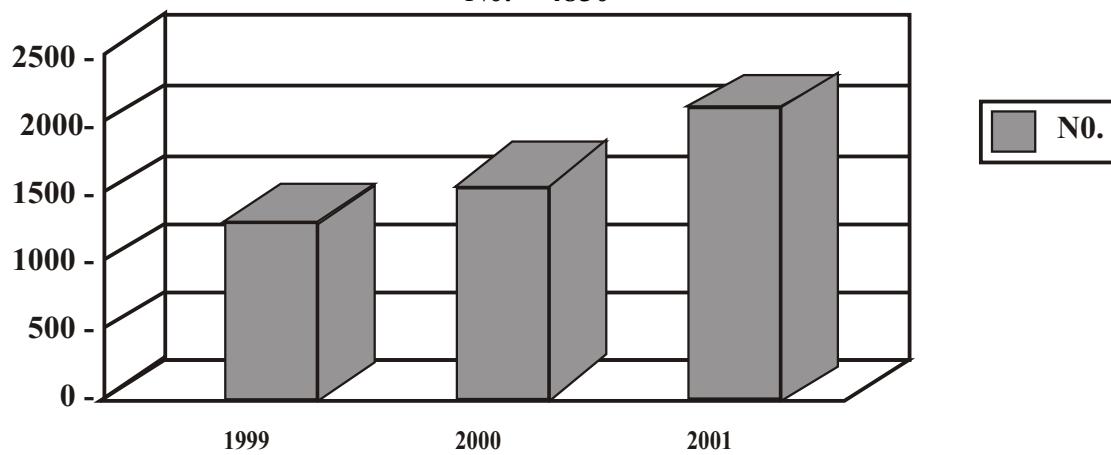


Fig (3)- Out - Patients [OGD]

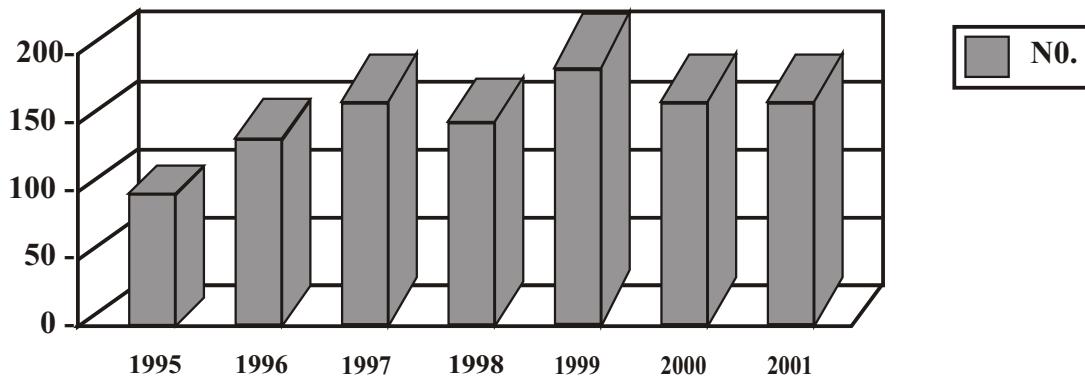




**Fig (8)- Out - Patients [U/S]
1999-2001]
N0. = 4850**



**Fig (9)- Out - Patients [FNA]
N0. = 1127**

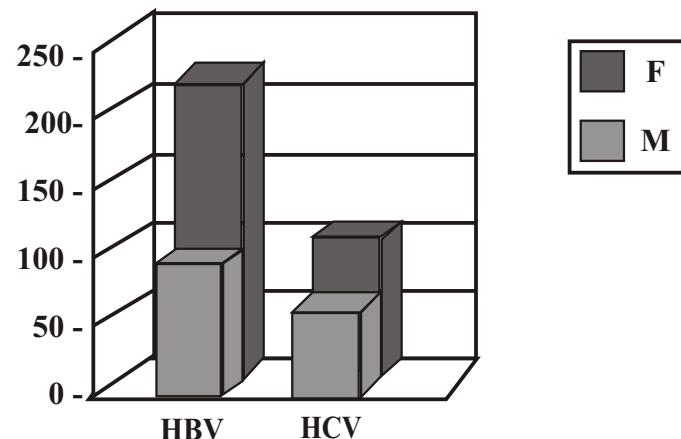
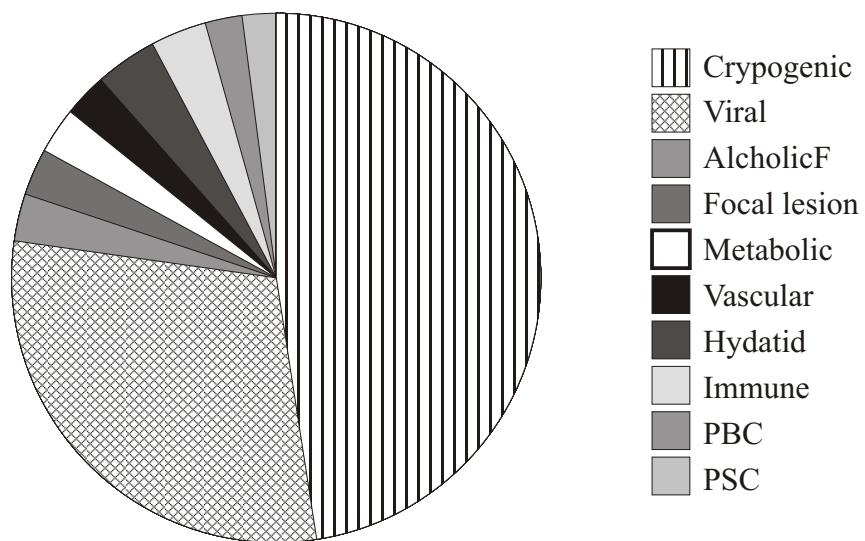
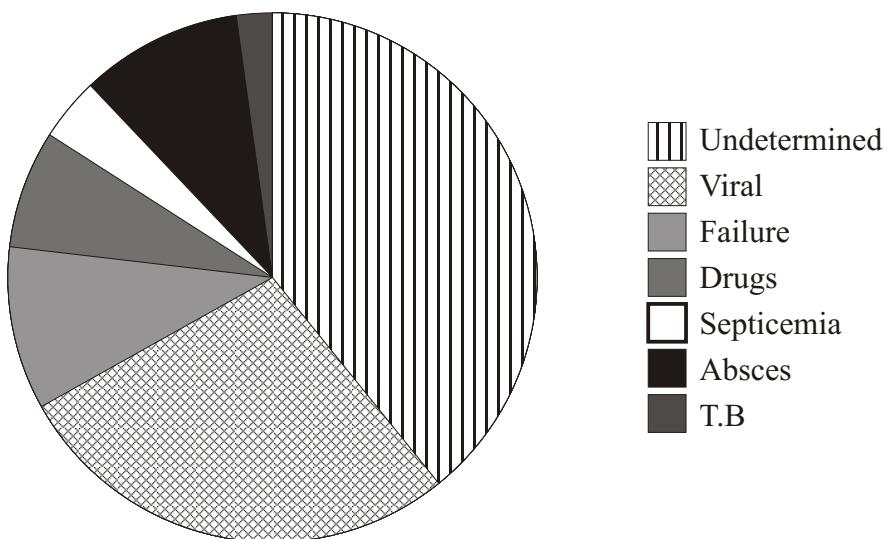


In-patients [1995-2001]

- ③ 5416 - Total admissions.
- ③ 1800 - Liver Diseases (33%).
- ③ 1186 -Cancers (22%).
- ③ 780 - Biliary Diseases (14%).
- ③ 500 - Intestinal Diseases (9%).
- ③ 115 - Esophageal Diseases (2%).
- ③ 100 - Pancreatic Diseases (1.8%).
- ③ Of 5416 patients admitted.
- ③ 1800 patients admitted with liver diseases (33%).
- 1800 patients with liver diseases**
- ③ Chronic Liver Diseases 1670 patients (93%).
- ③ Acute Liver Diseases 130 patients (7%),

Fig (10)- Chronic liver disease - viral

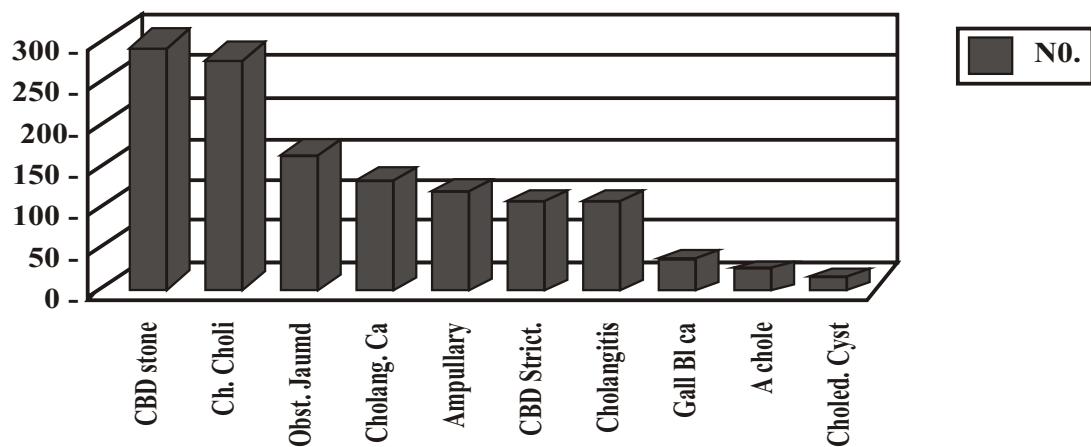
- ③ Viral diseases - 483 patients (29%)
- ③ Male = 360 (75%)
- ③ Female = 123 (25%) with a M/F ratio(2.92)
- ③ HBV - 298 patients (61%)
- ③ HCV - 158 patients (39%)

**Fig (11) - Results - Chronic Liver Disease****Fig (12) - Results - Acute Liver Disease**

Biliary diseases 1995-2001

- ③ 1169 patients (21.5%) of admission.
- ③ 854 females and 315 males with a F/M ratio = 2.7
- ③ Endoscopic therapy were done in 53%.
- ③ Different surgical interventions were carried out in the center in 34%.
- ③ Lap-chole- 267 patients.
- ③ Diagnostic Laparscopy-271 patients.
- ③ Laparatomy -133 patients.

Fig-(13) - Biliary disease



Pancreatic diseases 1995-2001

- ③ 260 patients (4.8 %) of admissions.
- ③ 167 males and 93 females with a M/F ratio = 1.8
- ③ Large pancreatic duct stones - 5 cases.

Fig (14)- Pancreatic diseases

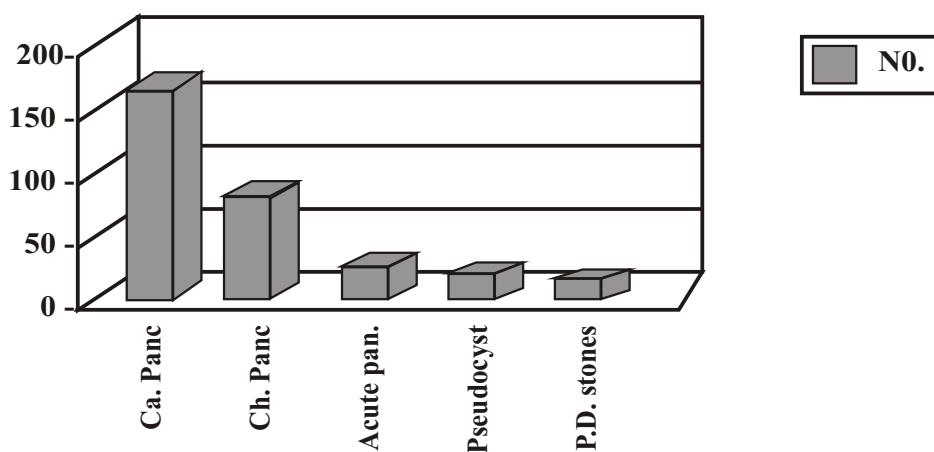
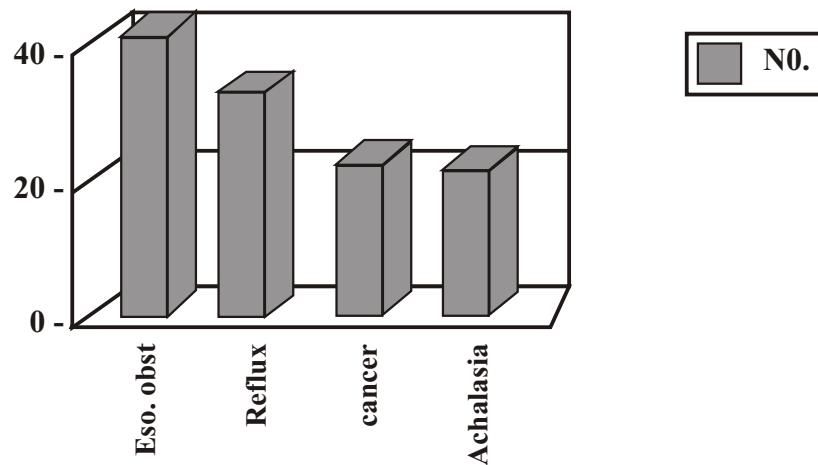


Fig (15) - Esophagus

Intestinal diseases

- ③ 500 patients (10%) of total admissions
- ③ 260 males and 240 females - M/F ratio = 1.08
- ③ Inflammatory Bowel Diseases - 170 patients (34%).
- ③ Intestinal Malabsorption (Coeliac Disease) 100 patients (20%)

GIT cancer

- ③ Of 5416 patients admitted.
- ③ 1186 patients had malignant diseases (22%).
- ③ 617 male patients.
- ③ 569 female patients.
- ③ M/F ratio = 1.08.

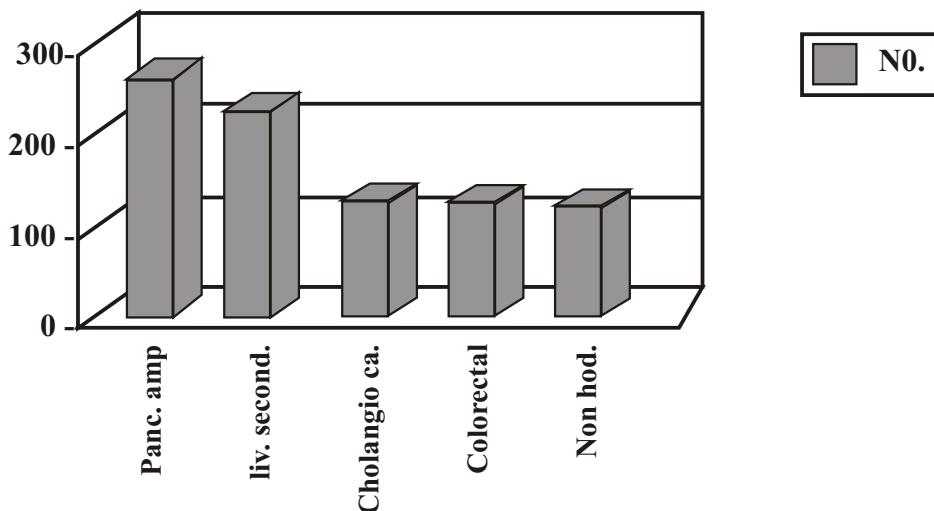
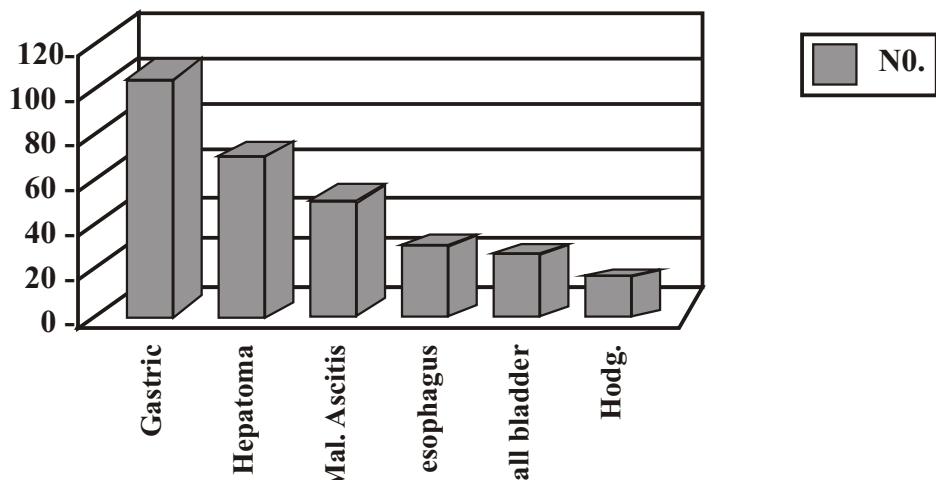
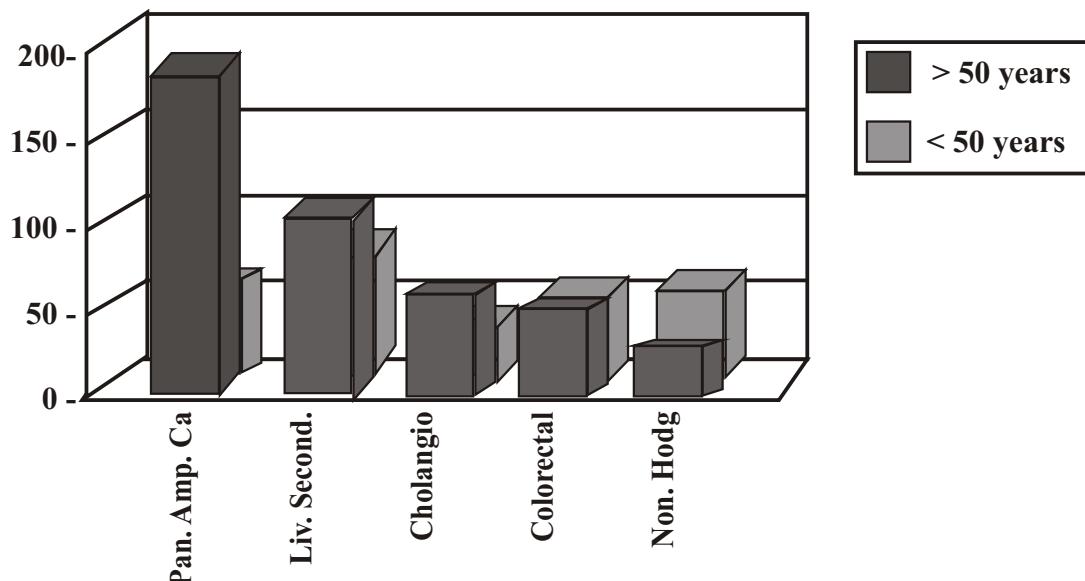
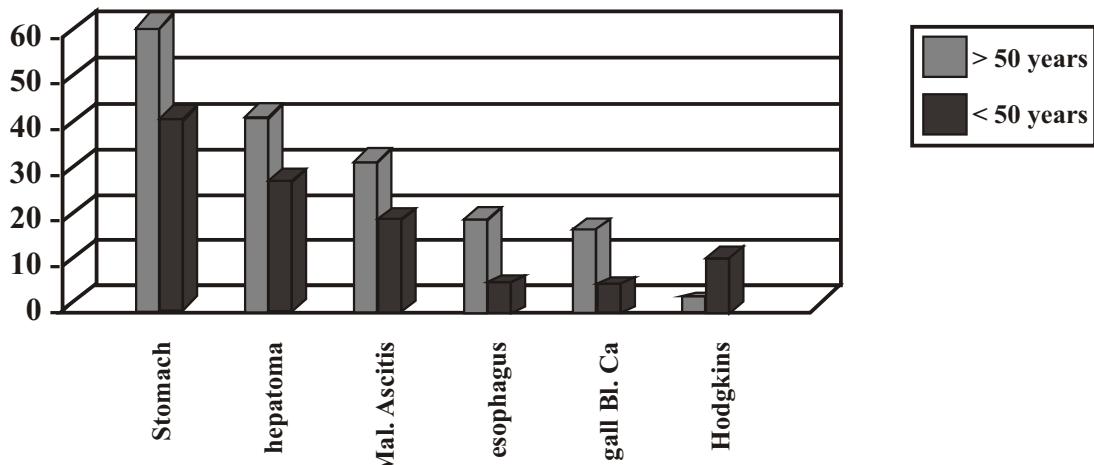
Fig (16) - G.I.T. Cancers 1995 - 2001

Fig (17) - G.I.T. Cancers**Fig (18)- Age****Fig-(19) - Age**

Mortality 1995 - 2001

- ③ 419 patients (7.7% of total admission) died through the period from 1995 - 2001.
- ③ 269 males and 150 females with a ratio of 1.8.
- ③ Mean age were 38 years with a range between 3 - 89 years.

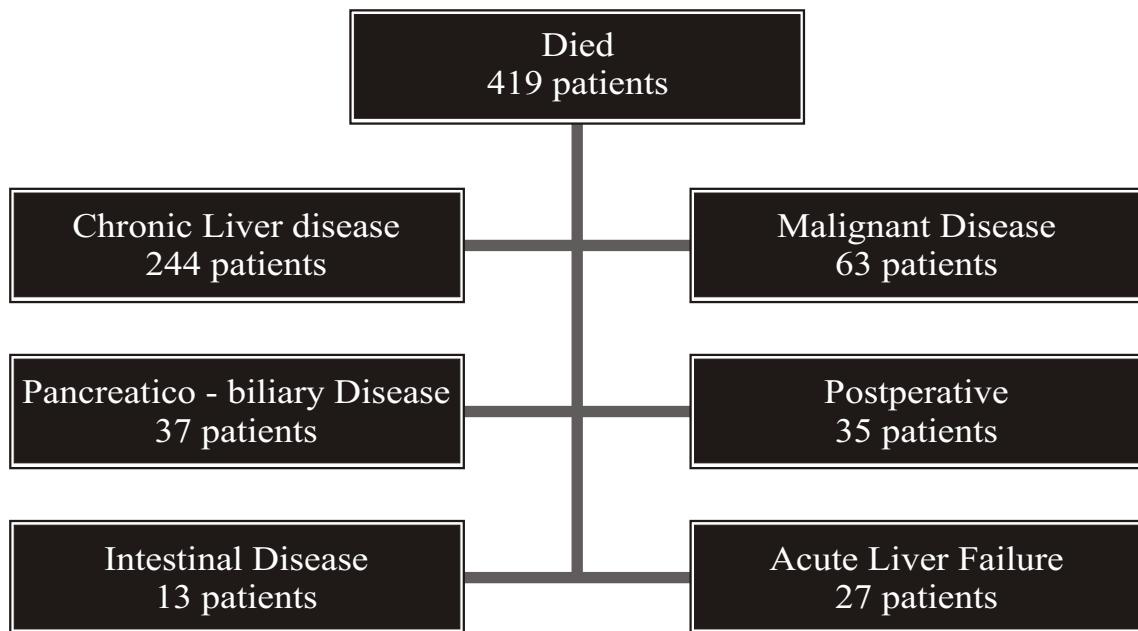
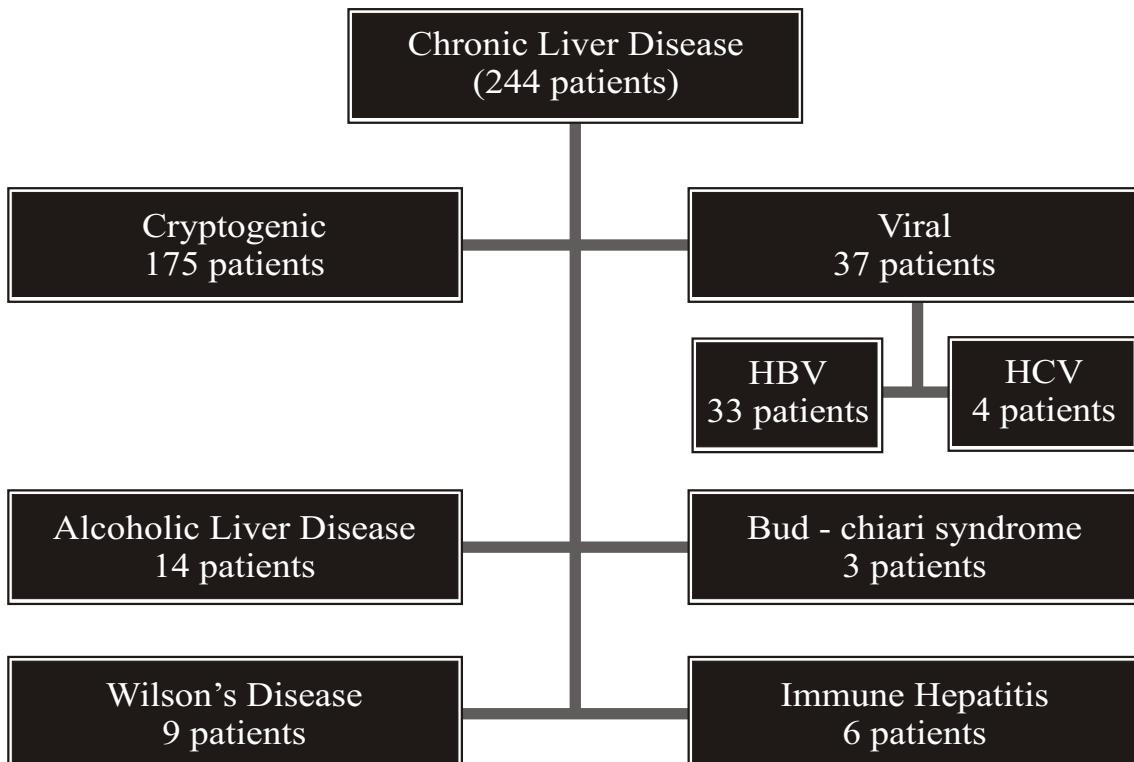


Fig-(20) - Chronic Liver Disease



High mortality may be explained by the following :-

- ③ Saddam center for gastroenterology is a referral center.
- ③ Seriously ill patients were referred from different parts of the country in very late presentations.
- ③ Proper intensive care and monitoring is lacking.
- ③ Liver support system is not available.
- ③ Some of the Interventional radiological techniques are lacking.
- ③ Lack of some important Endoscopic therapeutic accessories such as sclerosing agents, fibrin glue, histoacryl, expandible stents, dilators.
- ③ Liver transplantation is not available.
- ③ Shortage of surgical training in complicated hepatobiliary, pancreatic operations and liver resections.

Dr. Makki H. Fayadh ·

Dr. Amira H. Shubbar ·

Dr. Hussain A AL-Hilli·

Dr. Maad M Abdul-Rahman·

Dr. Shawgi Yousif·

Dr. Saaeb S. AL-Gaylani ·

Dr. Salah AL-Deen Abdul Nabi·

Dr. Faisal A. AL-Bayati·

Dr. Subhi F AL-Janabi·

Dr. Lowai Adwar

Dr. Nawal M. AL-Khalidi·

Dr.Taha A. AL-Karboli·

Dr. Ali A H AL-Hamdani·

Dr. Raghad J AL-Akayshi·

Dr. Mazin H. Kamil·

Dr. Muhammad Rajaa·

Dr. Yassir H. AL-Karaghouli·

Dr. Muther Sarsam·

Dr. Yassin Hamed·

Dr.Jassim Muhsen Ghadban·

Dr.Raydh Asmar Zaidan ·

Dr.Muhammad Yahya Shafeek·

Dr.Samar Saad Abdul Hussein ·

Dr.Bassim A. Asker·

Dr.Laith Raoof AL-Hadad·

Dr.Sabir Aulawi Rakum·

Dr.Monther AL-Saad ·

Dr.Gassan Ali Muhsen·

Dr.Muhammed Raghib Fakry ·

Dr.Aswad AL-obeidy·

Dr.Hamid Jabir Muhsen·

Dr.Ammar Ibraheem ·

Dr.Fadhil AL-Aboudy·

Dr.Nadir Edmon Eadam·

Dr.Ali Nasir Hussein AL-Khalidy