

## The use of ultrasound by the Gastroenterologist Wuppertal hospital – Germany

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Editorial

Unbelievable for younger colleagues , but true : it is only since 30 or 32 years , that the surgeon was the only one to have insight into the abdomen-so quite often , it was him to find and to tell others what really was the diagnosis in a given patient who had to be submitted to such an “explorative laparotomy”.

Things have changed considerably – due to the combined use of first sectional imaging – especially abdominal ultrasonography -, and second due to gastrointestinal endoscopy.

In the most of Europe , not only endoscopy , but as well ultrasonography is performed by the gastroenterologist himself. I feel this- like those who do so – to be a most appropriate way of having immediate , precise , and highly informative insight into the abdomen on my own. High quality endoscopy is well established and performed in many GI-centers in the Middle East .The second part –clinical ultrasonography -of our routine dual work up of a patient’s problem might still deserve a more detailed consideration and a plea for training and integrative application. So what means clinical ultrasonography in modern gastroenterology today?

After the patient’s history taken , ultrasonography is an integrated part of the physical examination of the patient –rendering real time sectional images from all abdominal organs; the multiple slices of sectional images give – as a whole – an actuarial three dimensional status of the individual anatomy and pathology .

Simply , you can look into and read the abdomen like an open book .

And basically , this is not difficult, especially with up to date ultrasound machines of the middle or high end class.

This equipment renders detailed realtime pictures from all parenchymatous organs – liver , pancreas , spleen /lymphnodes-, and from all fluid containing organs and structures- gall bladder, urinary bladder ; abdominal and parenchymal vessels of all type irrespective to their fluid content ,blood, bile, pancreatic juice, urine , intestinal fluid contents).

Especially the combination of ultrasound imaging and subsequent endoscopy by one and the same gastroenterologist turned out to be highly beneficial for the patient, the clinician in charge , and the national health budgets.

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