

REVIEW ARTICLE

Practice of Gastroenterology and Hepatology

♣ Makki H Fayadh ; MRCP , FRCP; ♣♣ Tariq H H AL - Safi; MRCP

The Diagnosis and treatment of the common GIT and liver diseases and problems facing it are addressed as follows.

1-Acid related diseases :

A- Reflux esphagitis :

For short duration disease with highly suggestive symptoms a PPI trial is worth trying without the need for endoscopy. But for relapsing symptoms endoscopy is suggested(1).

B - Peptic ulcer disease : the standard treatment now is proton pump inhibitors (P.P.I) , like Omeprazole / or Lansoprazole. In addition to antibiotics for *Helicobacter pylori*(2).

e.g: 1-2 weeks antibiotic:(Metronidazol / Clarithromycin / Amoxycillin / Oral bismuth / and Tetracyclin), plus P.P.I, e.g : Omeprazole 20mg or Lansoprazole 30mg twice daily for two weeks , then maintainance doze for one month(3).

2-GIT bleeding :

A - bleeding esophageal varices : the standard treatment now is endoscopic sclerotherapy or endoscopic banding(4).

B - Bleeding duodenal or gastric ulcer: The initial treatment should be endoscopic therapy by either injection of alcohol or other sclerosing agents / adrenaline / saline or endoscopic heat probe or banding or endoscopic clipping(5-6).

3- Biliary and pancreatic Disease:

A - Retained stone in the common bile duct : there are several options which include endoscopic sphincterotomy with ballon or basket retrieval and lithotripsy when indicated(7).

B - Biliary and pancreatic obstruction: endoscopic drainage can be done either by

putting stents or putting nasobiliary drainage catheters(8-9).

4 - gastric and colonic polyps : endoscopic polypectomy can be done for lesions below around 3 centimeters in diameter ,saline assisted polypectomy can be done for that lesion by lifting it with saline injection to produce polypoid lesion amenable to resection(10).

5 - Feeding: endoscopic gastroenterostomy can be done for patients who can not eat for a variety of reasons(11).

6- Esophageal stenosis:

A-Dilatation for Achalasia can be done (12).

B-Botulinum toxin can be injected to relax the spastic lower end in achalasia (13).

C-Managment of malignant esophageal lesion can be managed endoscopically either by dilators or by stents specially self expandable stents (14).

D-A tunnel in obstructing tumors can be done by plasma coagulators or by lasers (14).

7- Focal liver lesions :

A - Ultrasonic guided fine needle Aspiration can be done.

B- Local alcohol injection is used to treat Hepatocellular carcinoma (15).

C- New modalities for the treatment of secondaries include:

③ Resection.

③ High frequency ultrasound ablation.

③ Freezing by probes either during operation or percutaneously.

③ Tumor embolization with lipiodol and Chemotherapeutic agents.

♣ Dr Makki H Fayadh ,consultant physician , Head of GIT & Hepatology center, Al-shaheed Adnaan Hosp. Tel:+964-1-414 1052, Fax; = 964-1- 415 4642 , Email:union3@uruklink.net

♣♣ Dr Tariq H H AL - Safi; Specialist in medicine & gastroenterology , GIT & Hepatology center , AL-Shaheed Adnaan Hosp., Baghdad, IRAQ. P. Box : 61103 , Tel: +964 - 1 - 4141052 , Fax: +964 - 1 - 4154642

8-The current treatment of chronic liver disease:

A- Chronic hepatitis B: interferon and lamivudine is promising (16).

B-Chronic hepatitis C: interferon with or without Ribavirin is promising (17).

C-Immune hepatitis : steroid and immuran is the standard treatment(18-19).

D-Chronic cholestatic disease:

③ Primary biliary cirrhosis: ursodeoxycholic acid is the treatment of choice.

③ Sclerosing cholangitis :ursodeoxycholic acid with or without dilation.

③ Liver transplantation is now the standard treatment of end stage Diseases (20).

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