
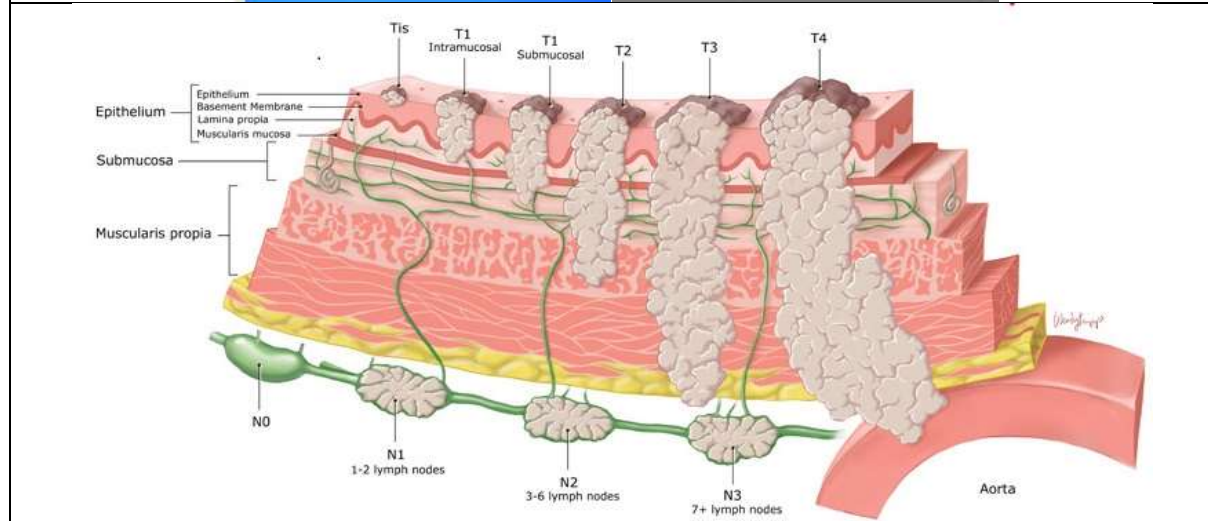
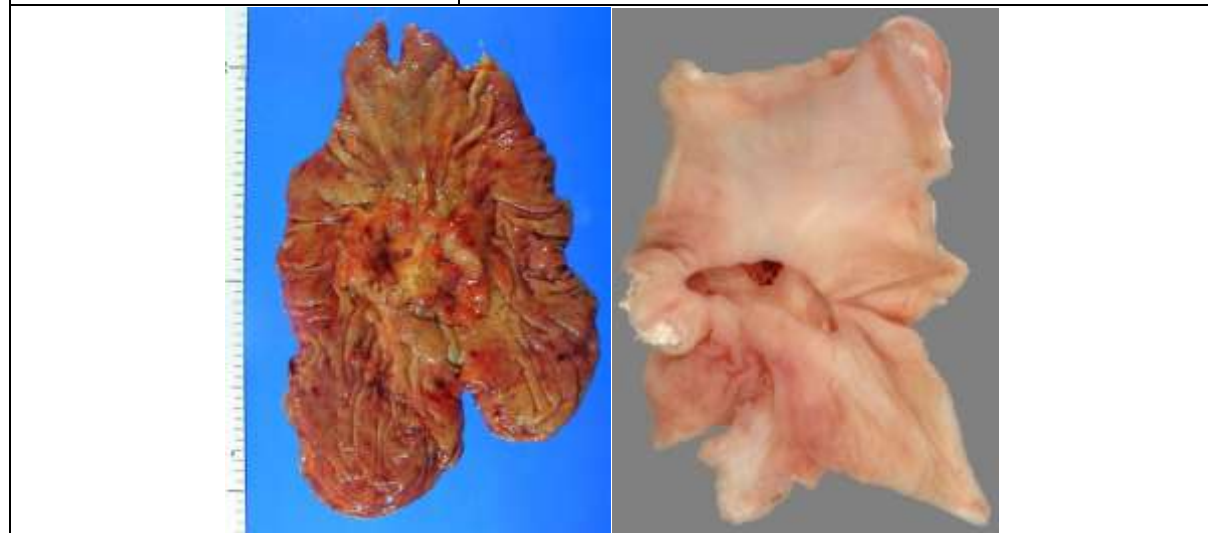
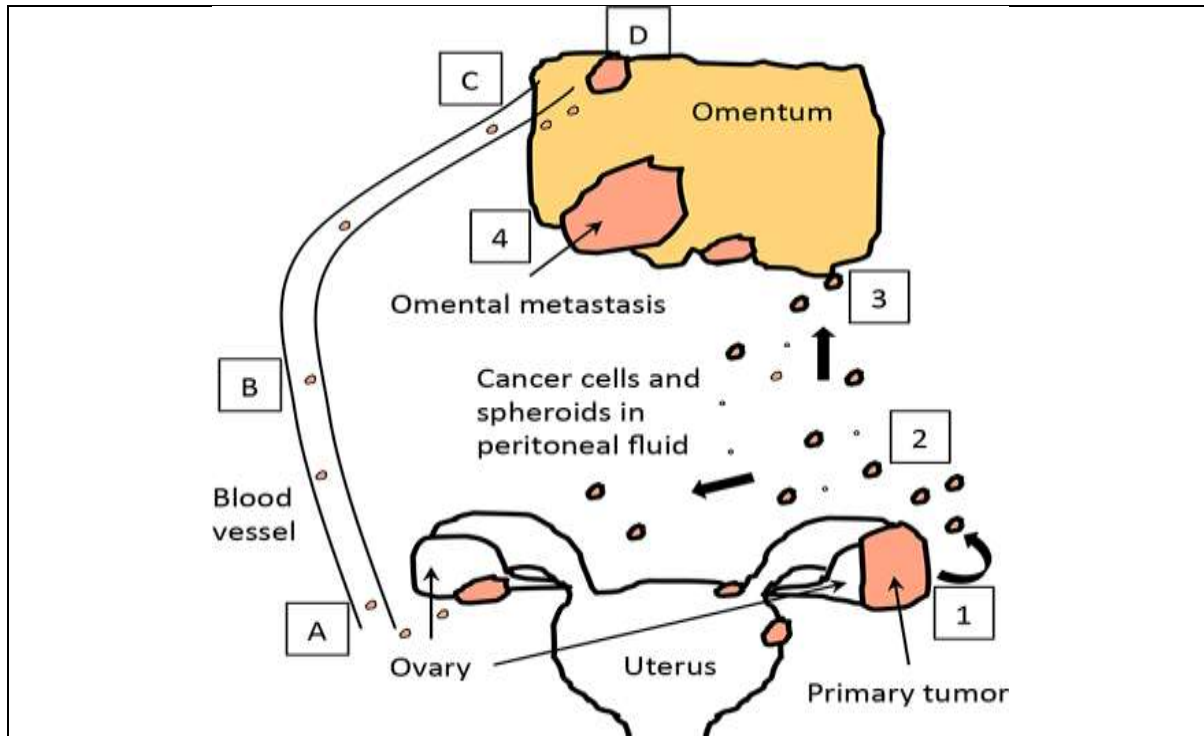


**XVII. Diseases of the Digestive System**

<b>Carcinoma (ulcerative)</b>			
<b>Stomach:</b>	Shows a tumour inside it		
<b>The tumour:</b>	Near the pyloric region Infiltrating the wall (malignancy) with small serosal implants Ulcerating		
	<b>The ulcer:</b>	<b>Size:</b>	Greater than 5 cm.
		<b>Edges:</b>	Everted with heaping up of margins
		<b>Floor:</b>	Opaque greyish-white With yellow necrotic areas
		<b>Base:</b>	Has invaded the colon Shows perforation Is necrotic and shaggy.





**N.B.:**

**Spread of carcinoma of the stomach**

**1. Direct-continuity to:**

- Stomach and first part of duodenum.
- Transverse colon (and a fistula may result).
- Liver.
- Pancreas.
- Spleen.
- Oesophagus.

**2. Lymphatics to:**

- Regional lymph nodes.
- Supraclavicular lymph nodes (left side; Virchow - node).
- Other lymph nodes including the scalene nodes.
- Liver (through lymph nodes in porta hepatis).

**3. Implantation**

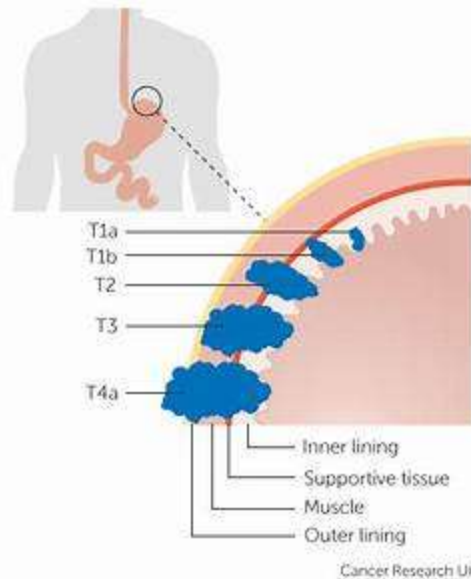
- Chiefly in mucoid carcinoma producing secondaries
- **by transcoelomic dissemination in:**
  - Peritoneum,
  - Omentum and
  - Pelvic colon.
  - Ovaries (**Krukenberg's tumour**).

**4. Blood stream (late) to:**

- Liver and lungs.
- Brain and bones.

## Clinical comparison of Gastric ulcer and Duodenal ulcer

Gastric Ulcer	Duodenal Ulcer
<ul style="list-style-type: none"> <li>• Occur in the stomach</li> <li>• Epigastric pain 1-2 hours after eating</li> <li>• Can cause hematemesis or melena</li> <li>• Heartburn, chest discomfort and early satiety are commonly seen</li> <li>• Can cause gastric carcinoma (mostly in the elderly)</li> </ul>	<ul style="list-style-type: none"> <li>• Occur in the duodenum</li> <li>• Epigastric pain 2-5 hours after eating</li> <li>• Can cause melena or hematochezia</li> <li>• Heartburn, chest discomfort are less common but may be seen</li> <li>• Pain may awaken patient during the night</li> </ul>



<b>Sarcoma</b>				
<b>Stomach</b>	<ul style="list-style-type: none"> <li>Shows a tumour and prominence of rugae</li> </ul>			
<b>The tumour</b>	<ul style="list-style-type: none"> <li>Bulky (large in size)</li> <li>Fungating</li> <li>Invading adjacent tissues (malignancy)</li> <li>Homogeneous grey (cut surface)</li> <li>Fleshy in appearance and consistence.</li> </ul>			

**N.B.I:** Sarcoma of the stomach is rare and may be: Myosarcoma; Fibrosarcoma.

**N.B 2 Tumours of the stomach**

**I. Benign**

1. Adenomatous polyp.
2. Fibroma; Neurofibroma.
3. Leiomyoma.
4. Lipoma.

**II. Malignant:**

1. Carcinoma (common especially in males).
2. Sarcoma (rare): Fibrosarcoma, leiomyo-sarcoma.
3. Malignant lymphomas.
4. Endothelioma.
5. Metastatic carcinoma.

