232 XVII. Diseases of the Digestive System

Pyloric Stenos	sis
Stomach:	 Is dilated (and distended) Thin-walled
Pyloric region:	 Is thickened Fibrosed Narrowed at the pyloric canal
Sphincter:	 Thickened Very firm in consistence

N.B.1:

• Pyloric stenosis may be congenital or acquired.

1. Congenital:

- In early weeks of life.
- More in males chiefly the breast-fed first-born child.

Causes:

- 1. Congenital abnormality (hypertrophy of the circular muscle of the pyloric canal; no disturbance of mucosa).
- 2. Neuromuscular incoordination \rightarrow narrowing of lumen.

Effects:

- Firmness and thickening of pyloric sphincter.
- Distension of the stomach.

2. Acquired:

In adults.

Causes:

- Scarring of healed chronic peptic ulcer.
- Carcinoma.

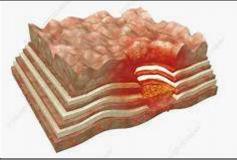
Effects:

- Persistent vomiting.
- Alkalosis due to loss of chlorides and acid.
- Gastric tetany,
- Renal failure.

N.B. 2

• A congenital anomaly, although present for a long time before being detected at adult life, is diaphragmatic hernia of part or the whole stomach.





Peptic Ulcer (chronic duodenal) III - 4,1.1852	
Duodenum	Shows an ulcer
The ulcer	At the first part of the duodenum
	Has encroached upon the pyloric area
	• Single (solitary)
	• Moderately-large (3 cm).
Edges:	Rounded in shape
	• Raised
	 Overhanging
	• Smooth
	• Firm in consistence
Floor:	• Deep
	Pale greyish-white
	Markedly fibrous

N.B.:

- Chronic peptic duodenal ulcer is commoner than that in the stomach specially so in adult males.
- The common site is the first part of the duodenum (anterior wall or less commonly posterior wall) (occasionally in the second part).

Complications:

- 1. Haemorrhage.
- 2. Perforation \rightarrow septic peritonitis.
- 3. Stenosis.



Figure 128
Nature Gastric Ulcerative
Carcinoma (perforating)
Specimen No. III-3.5521
Reference P. 231



Figure 129
Nature Stenosis (pylorus)
Specimen No.III-3.811
Reference P. 232



Figure 130
Nature Chronic Peptic
Ulcer (duodenum)
Specimen No.III-4,1.1852
Reference P. 232

