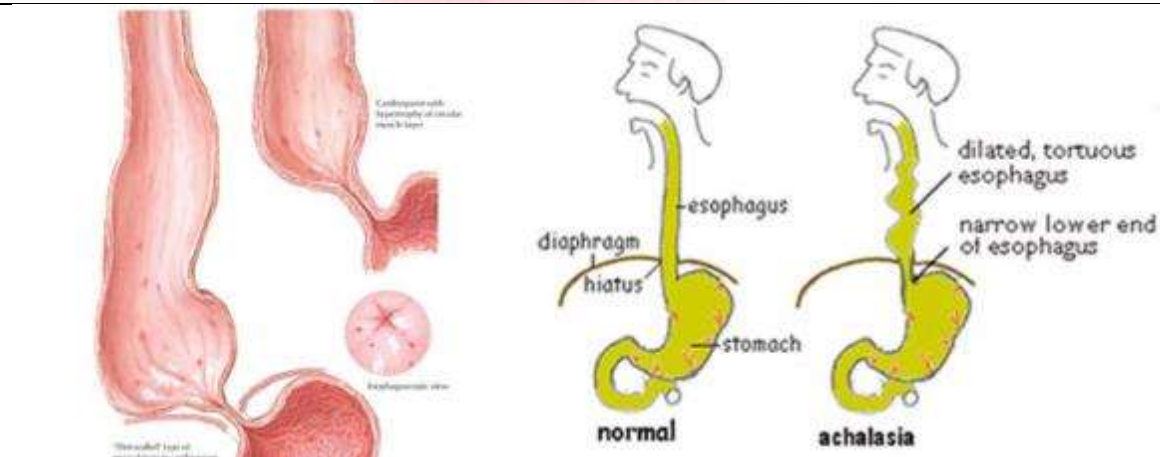
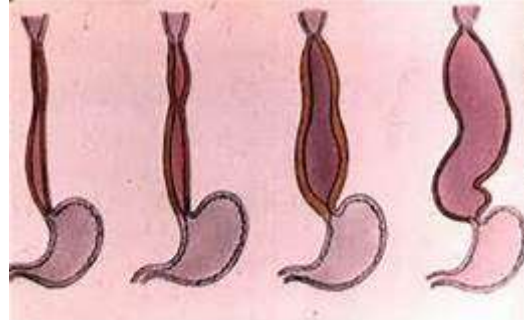


XVII. Diseases of the Digestive System

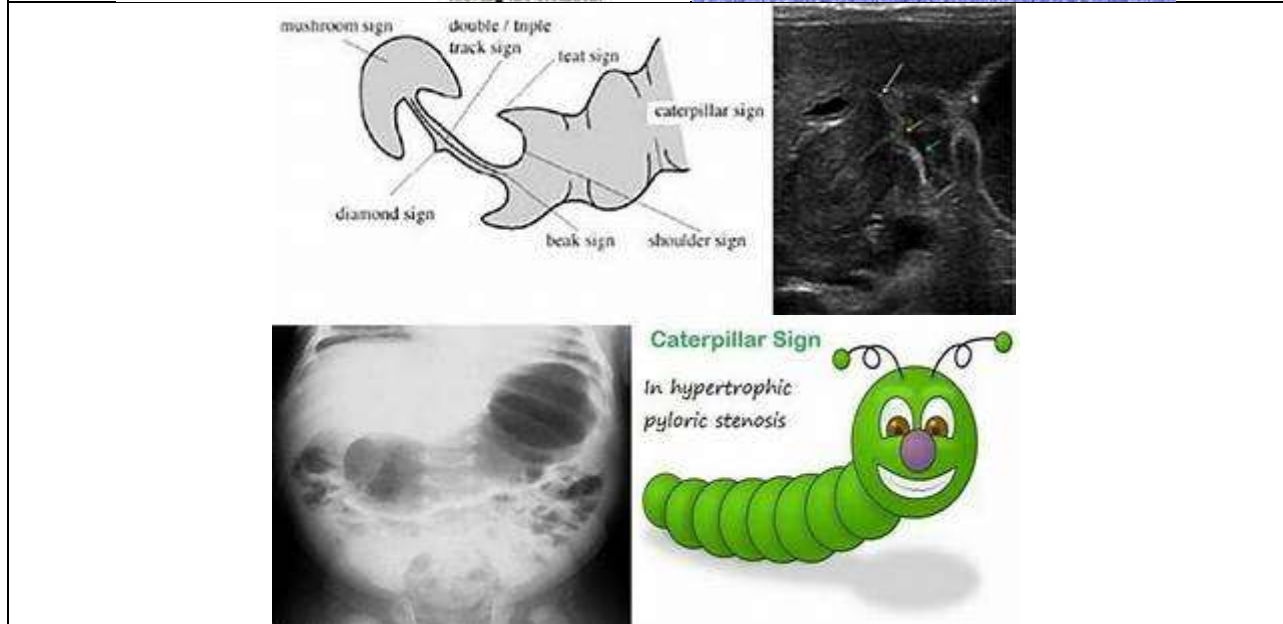
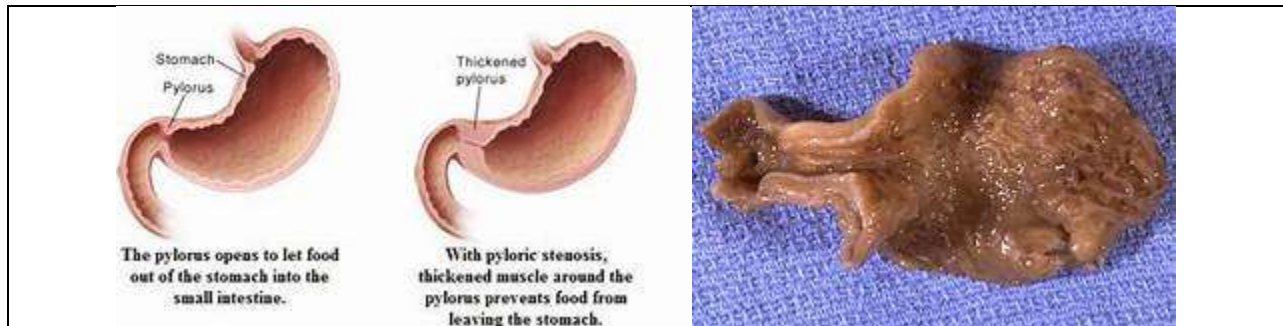
N.B.3:

Obstruction in the gastro-intestinal tract**1. Cardio-oesophageal obstruction:**

- Due to non-appropriate relaxation of the distal part of oesophagus at gastro-oesophageal junction due to deficiency of **Auerbach's plexus** → **achalasia and cardiospasm**.

**2. Gastric obstruction:**

- Congenital or acquired pyloric stenosis (or atresia), giant gastritis, tumours, foreign bodies and scarring.

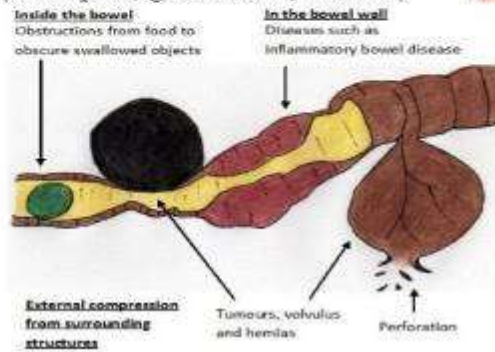


3. Intestinal obstruction:

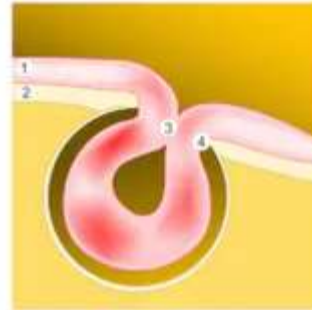
- The flow of intestinal contents is impeded (partially or completely till the ceasing even of the passage of flatus) → constipation, colicky abdominal pain, vomiting, collapse and abdominal distension followed by rigidity; severe and sudden in acute obstruction, mild in chronic and variable in acute on top of chronic (symptoms of acute + history and abdominal signs of chronic).
- **The cause may be paralytic or mechanical.**
- **(a) Paralytic obstruction (paralytic ileus):** Blocking of peristalsis due to neuro-muscular dysfunction resulting from inflammation of part of the bowel (pelvic peritonitis; appendicitis), or interference with the blood supply to a gross segment of bowel thrombosis and occlusion of mesenteric vessels → infarct of intestine) or post-operative trauma.
- **(b) Mechanical obstruction:**
 - (1) Outside the wall (strangulation by bands, adhesions, hernias **and apertures**), **volvulus, compression ... etc.**
 - (2) **In the wall (intussusception, diverticulitis, 'stricture, tumours etc.**
 - (3) **Within the lumen (gall stones, impacted faeces and enteroliths, foreign bodies, meconium ileus, imperforate anus and Ascaris worms.**

Other Cause of mechanical obstruction

- carcinomas (usually large-bowel obstruction)
- foreign bodies (fruit pits, gallstones, worms)
- compression
- stenosis
- tumors
- atresia.

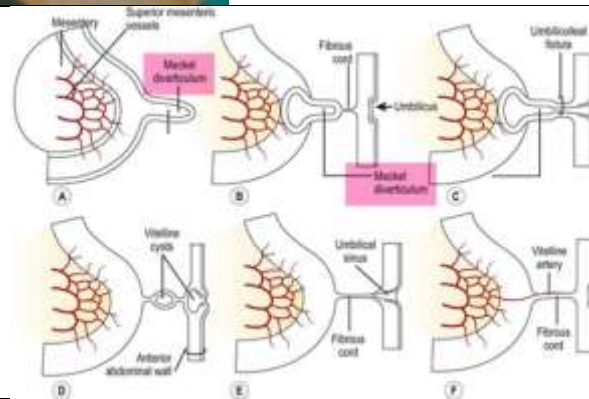
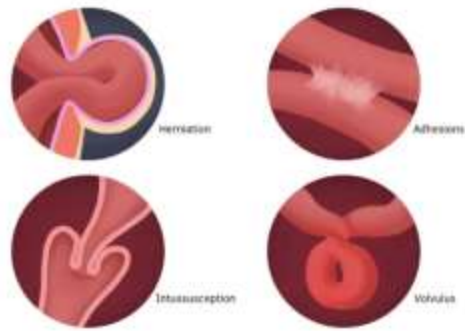
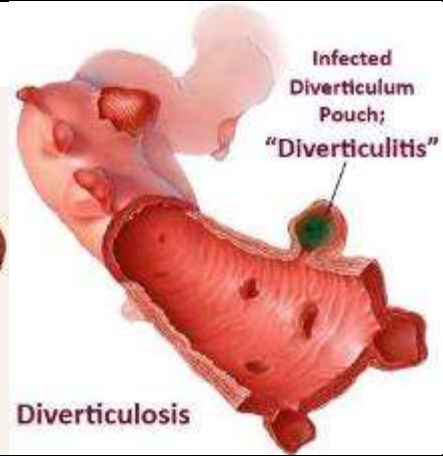


Herniation

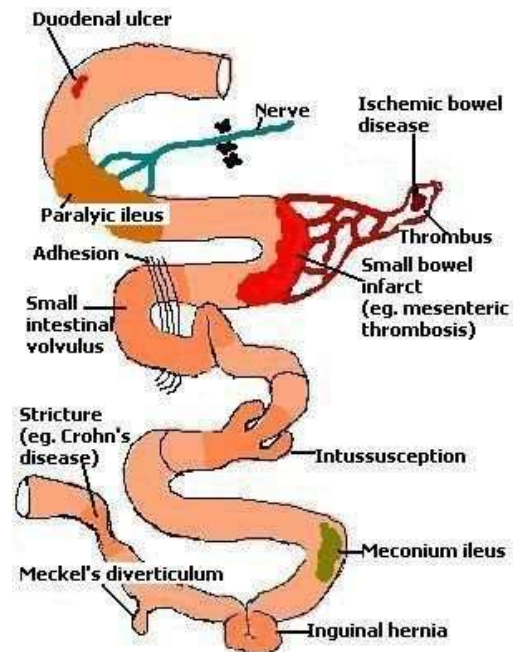


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CAUSES OF SMALL INTESTINAL BLEEDING AND OBSTRUCTION



- **Effects:**
- **(a) Acute obstruction** (sudden and complete in the small intestine) → distension of the paralyzed intestine above the obstruction with fluid and bacteria → vomiting → dehydration → haemoconcentration and alkalosis. Later on → effusions in serous cavities, haemorrhages, oedema and ecchymosis in gastro-intestinal tract and lungs, necrosis, infarction or gangrene of intestine, stercoral ulceration, rupture of intestine → *peritonitis and death*

- **(b) Chronic obstruction:**
 - **Below obstruction** → collapsed-intestine.
 - **Above obstruction** → wall is hypertrophied then is dilated and distended with faecal material → catarrhal inflammation and stercoral ulcers (alternating-attacks of constipation and diarrhoea) and when the ulcers perforate → peritonitis.
- Chronic obstruction occurs more in the large intestine, is gradual and incomplete; the blood supply may not be interfered with as the common causes are fibrous adhesions, tumours, pressure from outside wall.
- Ascaris worms, diverticulitis, enteroliths, stricture and hyperplastic type of tuberculosis.

