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SPECTRUM OF GASTRIC OUTLET OBSTRUCTION AT TERTIARY CARE HOSPITAL

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Abstracxt:

OBJECTIVE: *To determine the spectrum of gastric outlet obstruction at tertiary care hospital.*

PATIENTS AND METHODS: *This is a clinical observational investigation including 50 instances of gastric outlet obstacle. The important and explicit cases were chosen while the rejection criteria were pediatric age gathering, pyloric or prepyloric atresia, mucosal stomach, duodenal atresia and stenosis, outside bodies, bezoars and worms. An intricate investigation of these cases with respect to the history, clinical highlights, standard and uncommon examinations were finished while the frequency / percentages (%) and means ±SD computed for study variables.*

RESULTS: *during one year study period total fifty patients with gastric pyloric obstruction were studied. the frequency for male and female population was 30 (60%) and 20 (40%) with mean ± SD for age of male and female individuals was 48.72±8.42 and 50.92±6.95 respectively. gender male 35 (70%)and female 15 (30%), type of lesion cicatrised duodenal ulcer 32 (64%), antral carcinoma 18 (36%), clinical presentation pain 15 (30%), vomiting 11 (22%), anorexia 09 (18%), weight loss 07 (14%), haemetemesis 05 (10%), malena 03 (6.0%), signs pallor 11 (22%), visible gastric peristalsis 13 (26%), succussion splash 11 (22%), palpable mass 09 (18%), dehydration 06 (12%), blood group A 32 (64%), B 08 (16%), AB 07 (14%) and O 03 (6.0%).*

CONCLUSION: *upper GI endoscopy, barium feast and USG are the investigational apparatuses to analyze gastric outlet block.*

KEYWORDS: *Stomach, Gastric and Outlet obstruction.*

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INTRODUCTION:

From the stance of pathology, the term pyloric stenosis is generally mistaken atleast in grown-up patients, since the site of block is once in a while arranged at the pylorus itself yet is all the more regularly set quickly proximal to the spinchter where the conclusion of carcinoma is most plausible or all the more distally in the duodenal knob where the reason is perpetually a duodenal ulcer [1,2]. The absence of consistency in criteria in tolerating an instance of gastric outlet deterrent lead to contrasts in occurrences and clinical highlights in various focuses, still, any of the accompanying can be utilized to analyze gastric outlet block. Shot spewing of undigested nourishment devoured earlier day, noticeable gastric peristalsis (VGP), gastric succussion sprinkle 3-4 hours after the last supper, substantial hypertrophied stomach, postponed discharging of stomach on barium feast examines, a gastric buildup of in excess of 500 ml in a grown-up, a suction of in excess of 400 ml on saline burden test [3-6]. Regular causes being, intrinsic hypertrophic pyloric stenosis in babies and constant cicatrized duodenal ulcers and antral carcinoma in grown-ups, there are number of other uncommon causes [7]. Cicatrised DU was the most well-known reason for gastric outlet deterrent yet because of more extensive utilization of H_2 blockers and PPIs, better medicinal services offices with new examinations in the armamentorium, its frequency is on decrease and is supplanted via carcinoma stomach which is identified early in view of early investigatory mediations and in a few nations as a piece of screening program. In this investigation 50 cases have been chosen to incorporate assortment of instances of gastric outlet deterrent in grown-up populace regarding hypertrophic pyloric stenosis, generous peptic ulcer and gastric carcinoma.

PATIENTS AND METHODS:

This is a clinical observational investigation including 50 instances of gastric outlet obstacle. The important and explicit cases were chosen while the rejection criteria were pediatric age gathering, pyloric or prepyloric atresia, mucosal stomach, duodenal atresia and stenosis, outside bodies, bezoars and worms. An intricate investigation of these cases with respect to the history, clinical highlights, standard and uncommon examinations were finished. Ever, subtleties were noted about introducing grievances, span, and history of corrosive peptic malady, smoking and liquor abuse. Exhaustive investigation of the discoveries of physical examination done, which included hydration status, VGP, mass, succussion sprinkle, hepatomegaly and ascitis. Related conditions like weakness, hypertension and diabetes were overseen properly before medical procedure. Unique examinations like serum electrolytes, barium supper contemplate, upper GI endoscopy and ultrasonography of the midriff and pelvis were finished. Any of the accompanying criteria was utilized to analyze a case to have gastric outlet impediment shot heaving of undigested nourishment devoured earlier day, VGP, gastric succussion sprinkle 3-4 hours after the last dinner, unmistakable hypertrophic stomach, postponed discharging and dilatation of stomach on barium supper contemplates, trouble in arranging tube on upper GI endoscopy, a gastric buildup of in excess of 500 ml in a grown-up and showing at task of terribly limited gastric outlet.

RESULTS:

During two year study period total fifty patients with gastric pyloric obstruction were studied. The frequency for male and female population was 30 (60%) and 20 (40%) with mean ± SD for age of male and female individuals was 48.72±8.42 and 50.92±6.95 respectively. The demographical and clinical profile of study population is presented in Table 1

TABLE 1: THE DEMOGRAPHICAL AND CLINICAL PROFILE OF STUDY POPULATION

Parameter	Frequency (N=50)	Percentage (%)
AGE (yrs)		
20-29	05	10
30-39	08	16
40-49	12	24
50-59	14	28
60-69	06	12
70+	05	10
GENDER		
Male	35	70
Female	15	30
Type of lesion		
Cicatrised duodenal ulcer	32	64
Antral carcinoma	18	36
Clinical presentation		
Pain	15	30
Vomiting	11	22
Anorexia	09	18
Weight loss	07	14
Haemetemesis	05	10
Malena	03	06
SIGNS		
Pallor	11	22
Visible gastric peristalsis	13	26
Succussion splash	11	22
Palpable mass	09	18
Dehydration	06	12
BLOOD GROUP		
A	32	64
B	08	16
AB	07	14
O	03	6.0

DISCUSSION:

The commonest reason for gastric outlet deterrent is cicatrized duodenal ulcer. The following commonest cause is carcinoma of pyloric antrum. The qualities are near the qualities seen by H. Ellis arrangement [8]. The occurrence of gastric outlet hindrance auxiliary to cicatrized duodenal ulcer in Ballint and Spence ponder is 80.5%, which is more than present arrangement. The occurrence of gastric outlet deterrent auxiliary to carcinoma pyloric antrum is 11.02%, which is not exactly introduce arrangement. Men dwarfed ladies by 3.5:1 when contrasted with 5.5:1 seen by Yogiram B, et al [9].This higher frequency in guys, worldwide can be clarified as in light of more utilization of gastric aggravations by guys contrasted with females. Obvious gastric peristalisis and succussion sprinkle were progressively conspicuous in threat [10]. The exceptionally high frequency of unmistakable gastric peristalsis in the present arrangement because of the late introduction of the patients to the achieving medical clinic subsequent to taking treatment for a considerable length of time together in fringe focuses. Blood gather 'O' was regular in cicatrized duodenal ulcer patients [6%] pursued by blood bunch A [64%]. This is critical as people of blood bunch 'O' are around multiple times bound to create corrosive peptic sickness than people of other blood gatherings. Blood amass 'A' was normal in threatening cases [55.5%].

CONCLUSION:

The present examination is a clinical observational investigation of gastric outlet obstacle. In spite of the fact that a huge no of patients are required to be concentrated to arrive at firm resolutions, in view of the information and results got in the present investigation, the accompanying ends can be drawn. males are all the more ordinarily influenced with gastric outlet obstacles in grown-ups, spewing and obvious gastric peristalsis are the most widely recognized and steady side effect and indication of gastric outlet hindrance and upper GI endoscopy, barium feast and USG are the investigational apparatuses to analyze gastric outlet block.

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