

# UNUSUAL UPPER GASTROINTESTINAL PROBLEMS

A TEN YEARS  
COLLECTION

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# *INTRODUCTION*

- Upper GI problems presenting as epigastric pain, nausea with or without vomiting are common but not all are caused by the common causes.

## CASES:

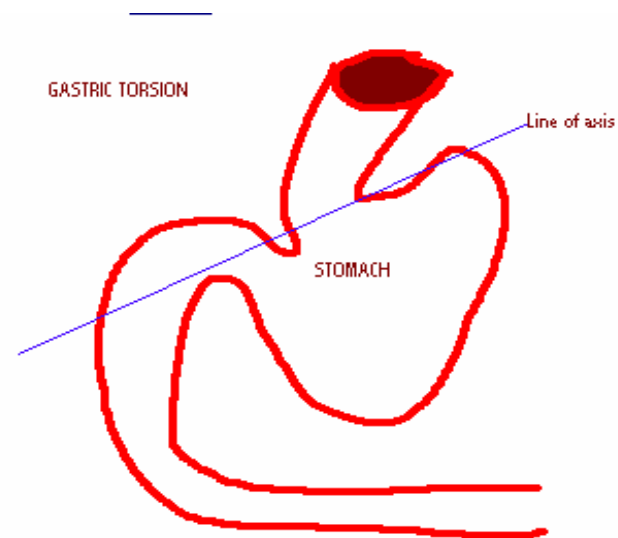
- Twelve cases were seen over the years namely;
  1. Chronic gastric torsion = 04 patients
  2. Intra luminal jejunal webs = 03 patients.
  3. Intra luminal Duodenal web = 01 patient.
  4. Vascular malformations = 02 patients.
  5. Multiple malrotations =02 patients.

## CHRONIC GASTRIC TORSION:

- They were all females.
- Presented with the same symptoms. Severe bouts of abdominal pain preceded by rumbling noises particularly in the evenings
- Diagnosed by barium meal. Which shows ptosis of the stomach

# CHRONIC GASTRIC TORSION:

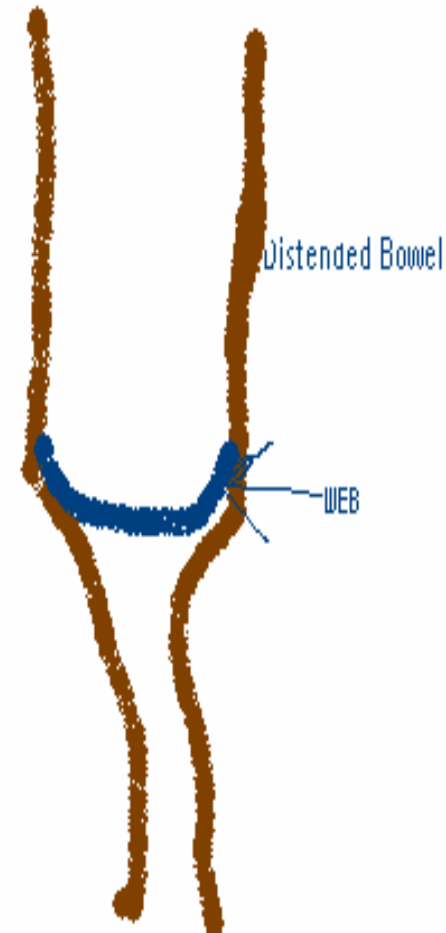
- In one patient surgical intervention was carried out.
- She had laxity of ligaments in her abdomen. The stomach was floating in the abdomen
- A partial gastrectomy was done.



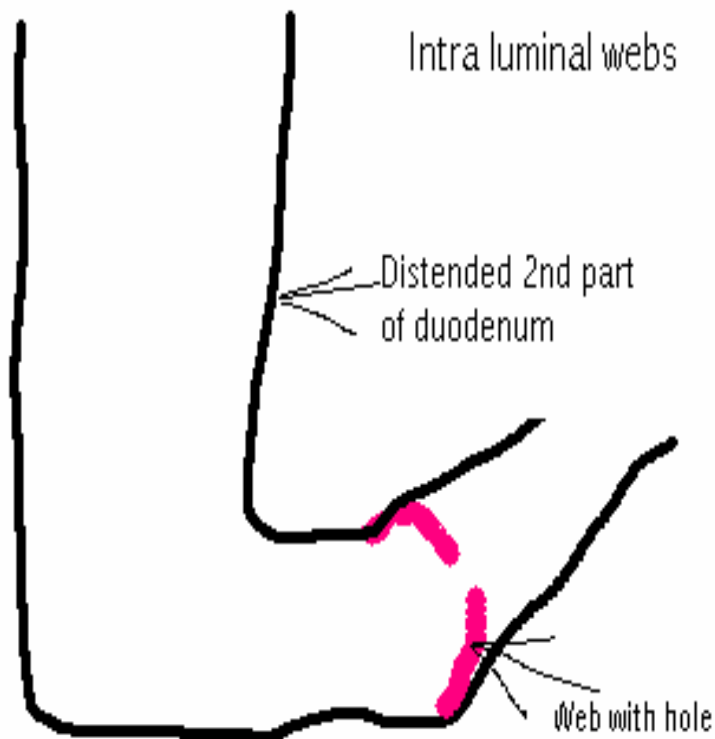
# CONGENITAL WEBS IN THE JEJUNUM

- Three patients were seen, one is presented:
- Neonate of two weeks old. with bilious vomiting and dehydration.
- A large stomach air bubble on x- ray.
- Laparotomy showed a distended stomach and duodenum up to the duodeno-jejunal junction  
Enterostomy revealed a web

INTRA LUMINAL  
WEBS



# CONGENITAL WEB IN THE DUODENUM

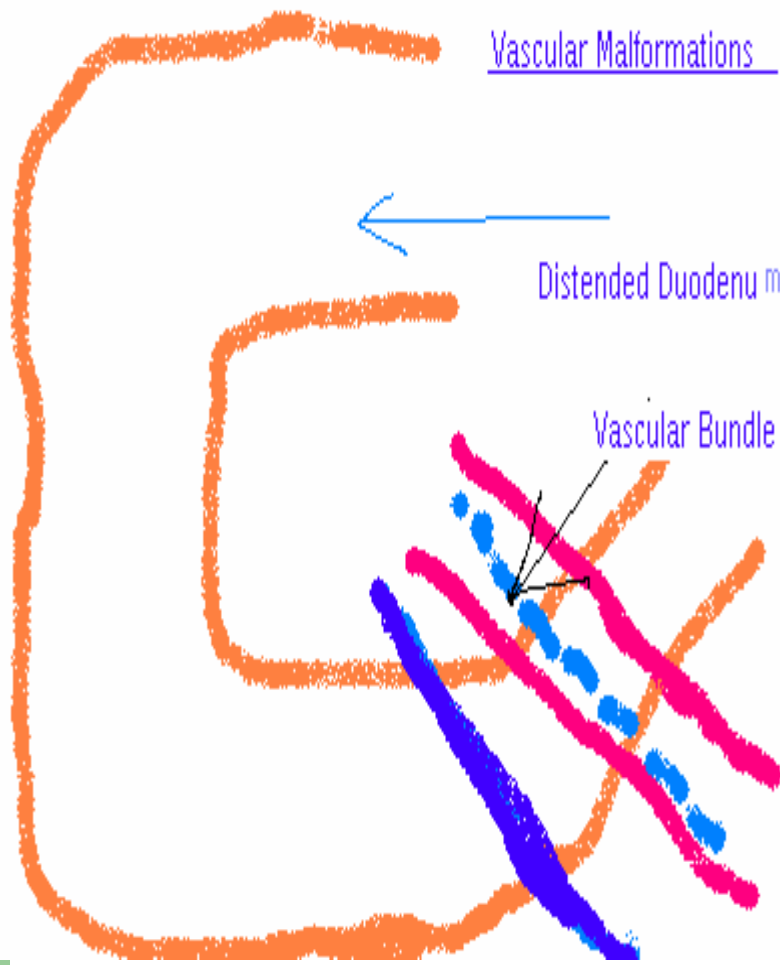


- This was a five year old boy with a history of vomiting and belching.
- Had visible peristalsis and succussion splash.
- Laparotomy showed a distended stomach and duodenum.
- Enterostomy revealed a web with a small central opening.

# VASCULAR ABNORMALITY

- A 27 year old Caucasian female presented with long standing history of vomiting and upper abdominal pain.
- Laparotomy showed distended 1<sup>st</sup> & 2<sup>nd</sup> part of Duodenum, 3rd part compressed by large vascular bundle
- Procedure – Divide and anastomose the Duodenum above the bundle.

# VASCULAR ABNORMALITY.



- The right colic artery crosses the structures of the posterior abdominal wall to join the marginal artery near the superior end of the colon. **Sometimes it gets replaced by an enlarged ileocolic artery and vein taking an irregular course**

# VASCULAR ABNORMALITY

- 45year old male with chronic severe abdominal pain was worse soon after meals,
- sometimes vomited
- pain was colicky in nature.
- Initially treated as PUD
- at Laparotomy he was found to have a large fossa arising from the ligamentum of Treitz. In this fossa was half of his small bowel.
- The opening to the fossa traversed anteriorly by the arteries supplying the Sigmoid colon. Posteriorly and inferiorly by the Superior Mesenteric vein causing partial obstruction.

# A CASE OF MULTIPLE MALROTATIONS

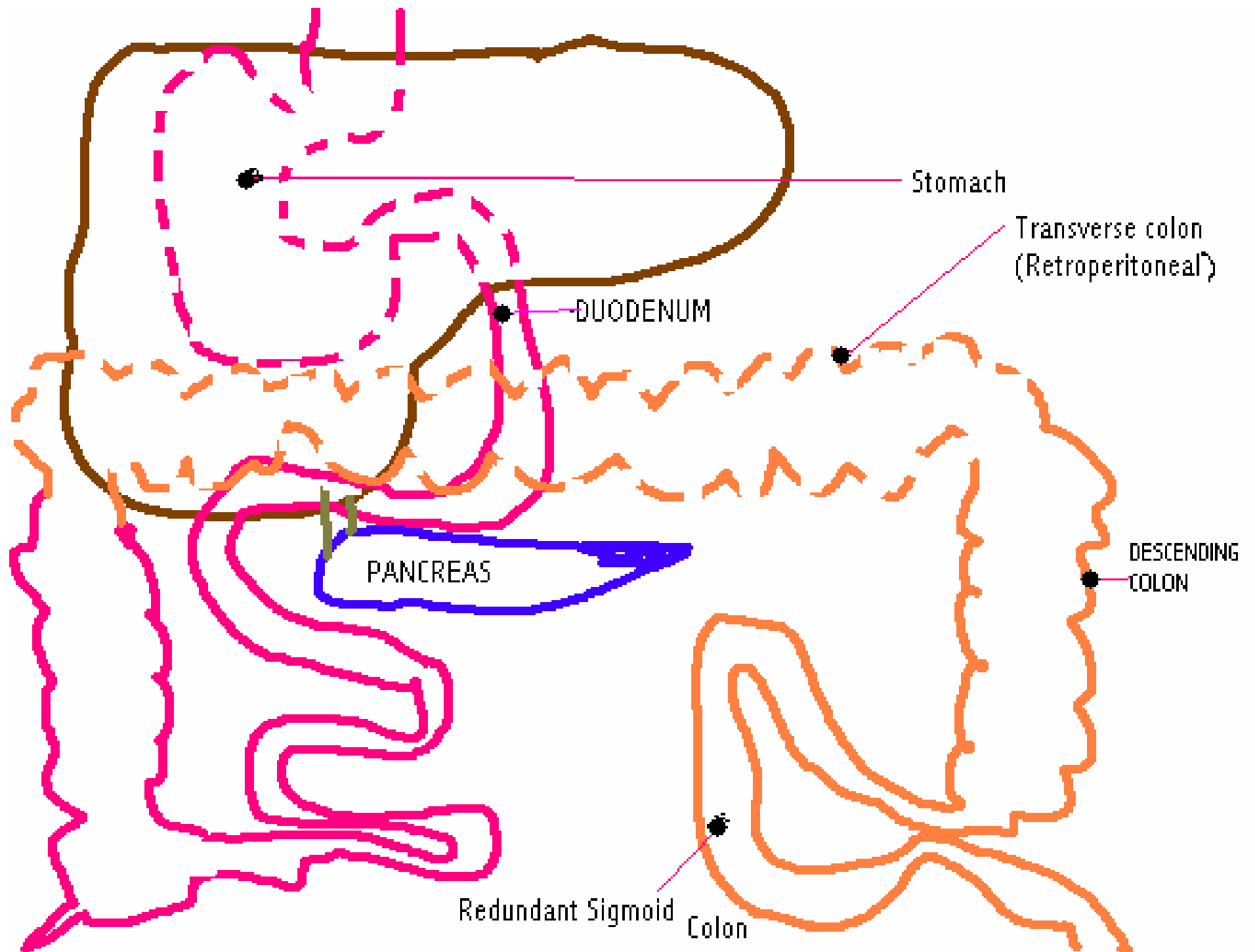
- 56 year old miner
- Presented as severe epigastric pain.
- Gastrosocopy was done The orientation of the stomach during gastrosocopy was confusing,
- He had a large ulcer which was deemed malignant- Biopsy was taken.
- Laparotomy was planned for.

# A CASE OF MULTIPLE MALROTATIONS

At Laparotomy the following was found:

- 1. The stomach was rotated and was found lying under the liver.
- 2. The C of the duodenum was facing towards the right.
- 3. The pancreas was lying below the third part of the duodenum
- 4. The duodenum was floating in the abdomen and the transverse colon was lying retroperitoneally.
- 5. No tumor could be found when the stomach was opened.

He also had a massive redundant sigmoid colon. Histology – no tumour



## What to do?

- Nothing could be done surgically
- He was treated for PUD
- He did well, followed up until he retired from the mines.

# MULTIPLE MALROTATIONS

- Female 3 years old presented with a history of an acute on chronic abdominal pain.
- At Laparotomy, found to have a floating ascending colon.
- small bowel mesentery freely rotated on its axis.
- The 4<sup>th</sup> part of the Duodenum was elongated and wrap around the rotated mesentery.

# Discussion

- Upper abdominal pain and vomiting are common presentations of upper GI pathology.
- Common things are always common.
- Once in a while Unusual pathology may present with these common complaints.
- Usually the simplest procedures will do the job rarely a complex procedure would need to be done.
- Sometimes you can do nothing about the problem.