



# Covered Perforativnye Ulcers Gastroduodenal Zone

**Shaposhnikov Veniamin Ivanovich\***

*Noncommercial educational private institution of higher education "Kuban Medical Institute Head. Chair of morphologic disciplines. Professor of surgical diseases, Vice Rector, Krasnodar, Russia*

**\*Corresponding author:** Shaposhnikov Veniamin Ivanovich, Noncommercial educational private institution of higher education "Kuban Medical Institute Head. Chair of morphologic disciplines. Professor of surgical diseases, Vice Rector, Krasnodar, Russia

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## Abstract

Of the 215 patients with gastroduodenal ulcer probodnymi zone 17 (7.9%) She wore covered nature. The author notes some difficulties in diagnosing this type of pathology. If you open probodenijah symptomatology are manifestnyj nature and errors in diagnosis is usually not observed, then covered the clinical picture had ulcers was wiped out in nature, requiring additional research methods, including x-ray, to recognize this pathology. An inexperienced clinician may resort to using gastrografii contrast barium dredge. As a result of the suspension enters the free abdominal cavity, which further accompanied by the development of severe adhesive disease. This cause of this serious pathology he watched from 2 patients operated in various hospitals of Kuban. The author describes a diagnostic algorithm of this pathology in 17 patients admitted in the hospital, or with acute cholecystitis, or other pathology, and only a few hours when they are accidentally fibro gastroduodenoscopy the true cause has been identified the emergence of pain in epigastralna area is covered with a perforated gastroduodenal ulcer zone.

**Keywords:** Gastroduodenal Ulcer Zone Covered Perforation; Diagnostic

The aim of the study was the definition of diagnostic methods to identify covered perforating ulcers of the stomach and duodenum (PPJaZhD).

## Introduction

Identification of covered probodnyh ulcers gastroduodenal zone represents some diagnostic difficulties. If you open perforations of ulcers leading clinical symptom is triad-Mond or (ulcerative amniasias, "pain in the abdomen, doskoobraznoe tension of the abdominal wall) and x-ray-presence of free gas in the abdominal cavity, when covered probodnoj ulcer all they are missing [1-3]. More-over, and other clinical symptoms are not defined, i.e. dullness, no liver kept blunting in sloping are-as of the abdomen and other [4,5,6]. Patients usually complain of mild pain in the area epigastralna, accompanied by diarrheal events malaise [7,8]. As their doctors have had the impression that the patient has occurred, or the aggravation of gastric ulcers or chronic cholecystitis [9,10]. Such patients are hospitalized in a therapeutic institution, and begin to be a typical survey, sometimes with the use of barium dredge that is blunder-its particles embedded in the peritoneum, and remain there, despite intensive abdominal lavage varying fluid. This leads to the development of a total of commissural process. To avoid this error, in the middle of the 20 centuries, Weber resorted to inflation of the stomach using gastric probe. This was accompanied by a

delaminating of agglomerated tissues in area of ulcers and gastric cavity air rushed to free abdominal cavity (usually under the left or right of the dome of the diaphragm). This manipulation it produced during rentgeno gastroscopy, which al-lowed him to clearly observe the screen air outlet outside the cavity of the body [1,5]. Something similar can be observed in fibro gastroduodenoscopy-as soon as the endoscopies begins to inflate the stomach for inspection of its walls, the patient occur severe abdominal pain that is associated with the forced penetration of air from the stomach cavity in free abdominal cavity. In such a situation urgently carry out a repeated review x-rays of the abdomen, and if, in the first survey of the air in the abdominal cavity is not detected, then now he's clearly defined [1,2,10]. So, the diagnosis is established. With this same purpose, some radiologists have resorted to the use of water-soluble contrast media.

## Material and Methods

For 3 years in 2-ohm ECHO KGCSMP were treating patients with 215 probodnymi ulcers stomach and duodenal ulcers, of whom 17 (7.9%) There were PPJaZhD. All of these patients, who were all men aged 31 to 67 years, was on the front wall, or duodenal ulcers (12), or pyloric stomach Division (5). At 9 (4.18%) these patients the disease began with the emergence of moderate pain in epigastralna

area, which was accompanied by vomiting. District therapists they suspected food poisoning and within days conducted appropriate outpatient treatment effect. By the end of the specified term of treatment in patients pain intensified, and at the same time appeared the strain in the right podreberie. With suspected acute cholecystitis, they were sent to hospital treatment. The remaining 8 (3.72%) disease patients developed similarly but when seeking medical help, through 6-12 hours from onset of symptoms, they immediately were suspected of acute cholecystitis. With this diagnosis were hospitalized in the surgery department. The first survey of all 17 patients was missing symptoms of irritation of the peritoneum. ULTRASOUND of abdomen radiography review pathology. For x-ray study of stomach using barium dredge, not steel, as in earlier Office underwent surgical treatment of patient with 2 adhesive ileus, which developed due to the falling mist abdomen (this error allowed doctors in other hospitals). In this situation, esophagogastroduodenoscopy was shown, but when I try to run it in all patients immediately arose strong abdominal pain. The procedure was discontinued. Within one hour from all 17 patients developed a picture of acute peritonitis. Repeat-ed survey radiography of abdominal cavity revealed the presence of free gas in it. Patient's emergency laparotomy was performed.

### The Result of The

During surgery in the abdominal cavity found muddy effusion. Around probodnoj the holes had inflammatory infiltrate, and it was partially obscured the top adjacent organs and tissues. All 17 patients carried out organ-preserving operations the results of the study. Of the 17 patients with PPJaZhD (5.9%) and 1 died the patient (from cardiovascular insufficiency). The overall mortality in probodnyh ulcers was 4.65% (of 215 patients died 10).

### Discussion

When examining the data received on time execution of operations on the stomach and duodenum from these 17 patients, it can be concluded that cover probodnoj ulcers occurred due to the adhesive around the process expressed ulcers, with the rapid development of inflammatory infiltration. This can happen only when expressed protective immunity when around the ulcer occurs hearth with positive electric potential, to which attracted surrounding organs, having all the negative potential, and fabric to stick together. So in vivo survival occurs. When stoking the stomach this protective barrier is destroyed. That's why even from ancient times people with abdominal pain otljozhivalis and ate almost nothing for a few days. Range that they at that time carried naked stomach ulcers. Apparently, positive role plays and reflex vomiting, during which adopted on the eve of food almost in full erupts

outward. Body cavity decompression promotes podsasyvaniyu surrounding organs to probodnyimi.

### Conclusion

As you know, the most informative diagnostic process ulcers gastroduodenal zones possess esophagus gastroduodenoscopy and x-ray studies. However, we observed patients with PPJaZhD these methods initially did not give the expected result. And this was due to the fact that when abdominal radiography review absent such Cardinal diagnostic test, as the detection of free gas in it. Increased pain in the abdomen that occurred during the execution of fibro gastroduodenoscopy can be attributed to the violent disintegration of infiltration air, which at this time vduvalsja in the stomach cavity. As a result of its contents from falling into the free abdomen, that led to the development of a peritonitis. Repeated survey radiography of abdominal cavity allowed recognizing the true cause of the critical deterioration of patients, i.e. the development of widespread peritonitis, which is when the hollow organ perforation took only locally limited form. Thus, the leading value in the diagnosis of PPJaZhD has repeated panoramic radiography of abdominal cavity, which is performed after the failed fibro gastroduodenoscopy. The use of barium dredge to diagnose ulcers of stomach stones leads to the development of heavy adhesive disease of abdomen (due to the introduction of particles of barium in thickness of the peritoneum).

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