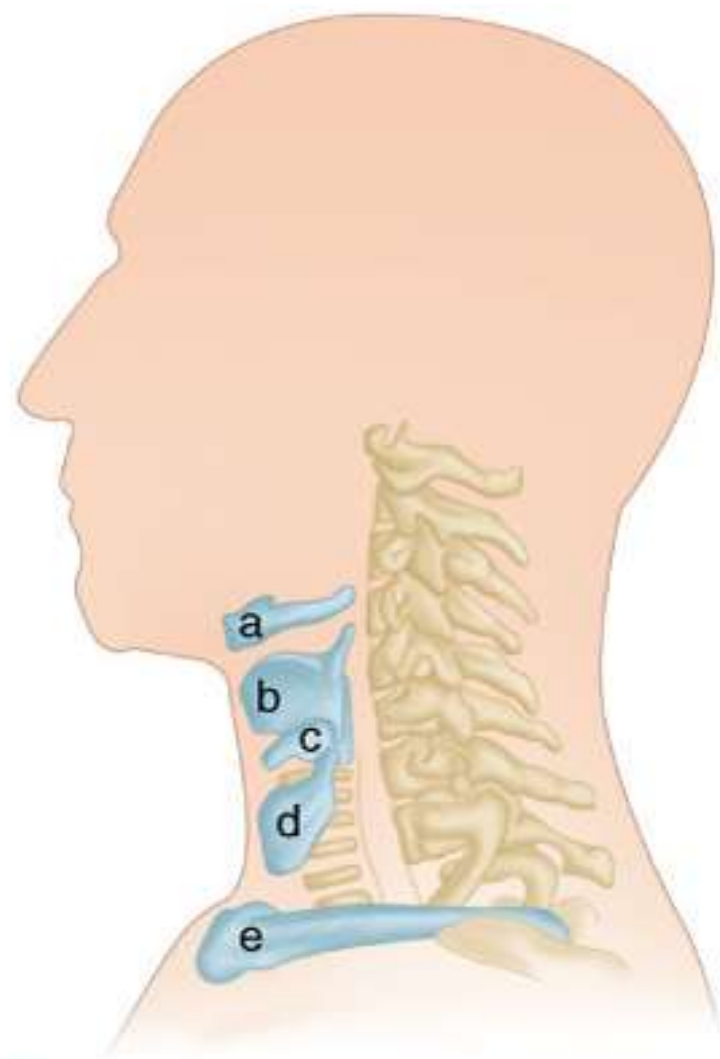


Haematemesis

Dr Naeem Zia

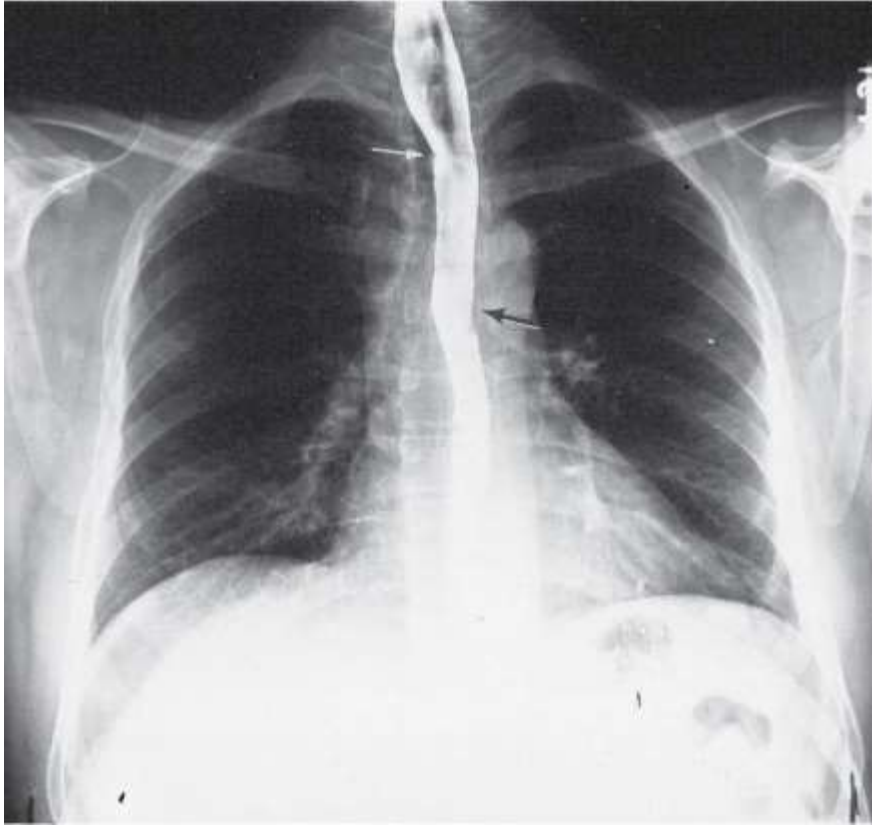
FCPS, FACS, FRCS

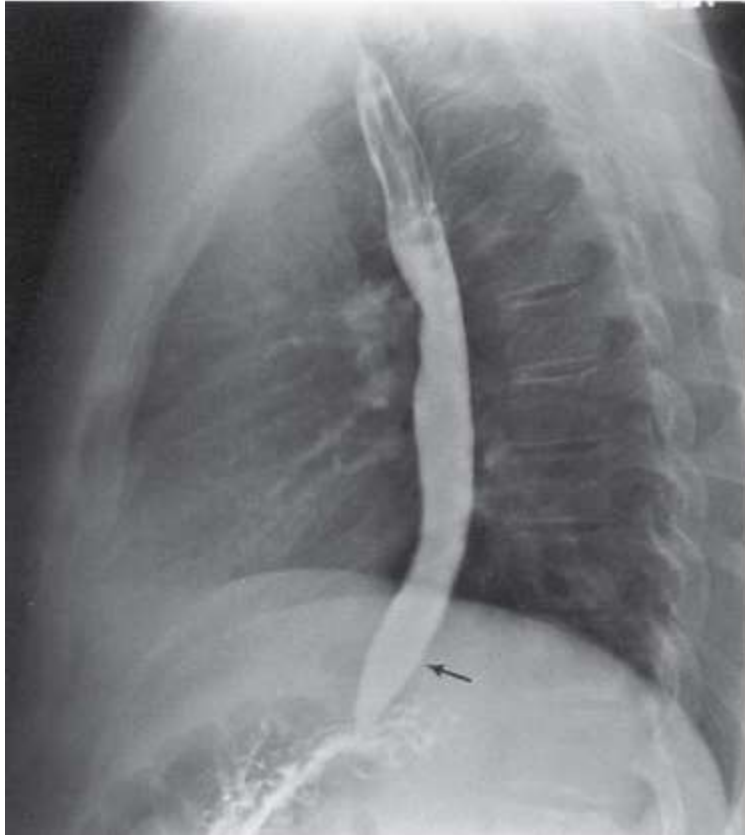
- At the end of the lecture the student should be able to
- Describe Anatomy of oesophagus and stomach
- Describe Physiology of oesophagus and stomach
- Enumerate different conditions leading to hematemesis
- Propose Investigations of patient with hematemesis
- Out line Management plan

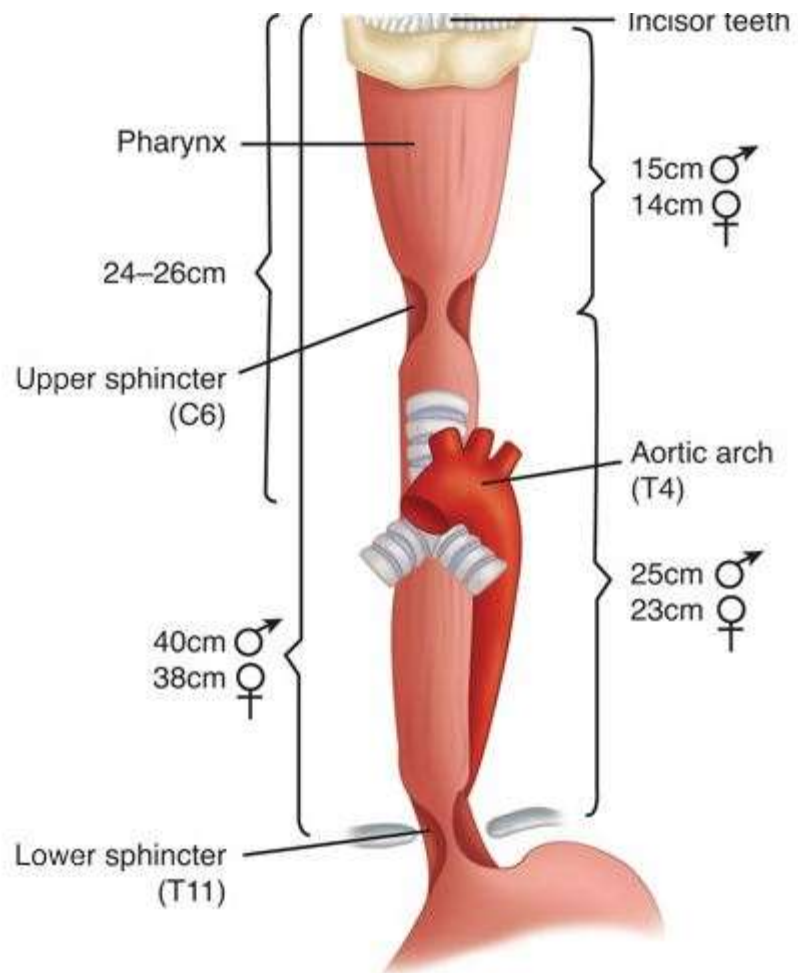


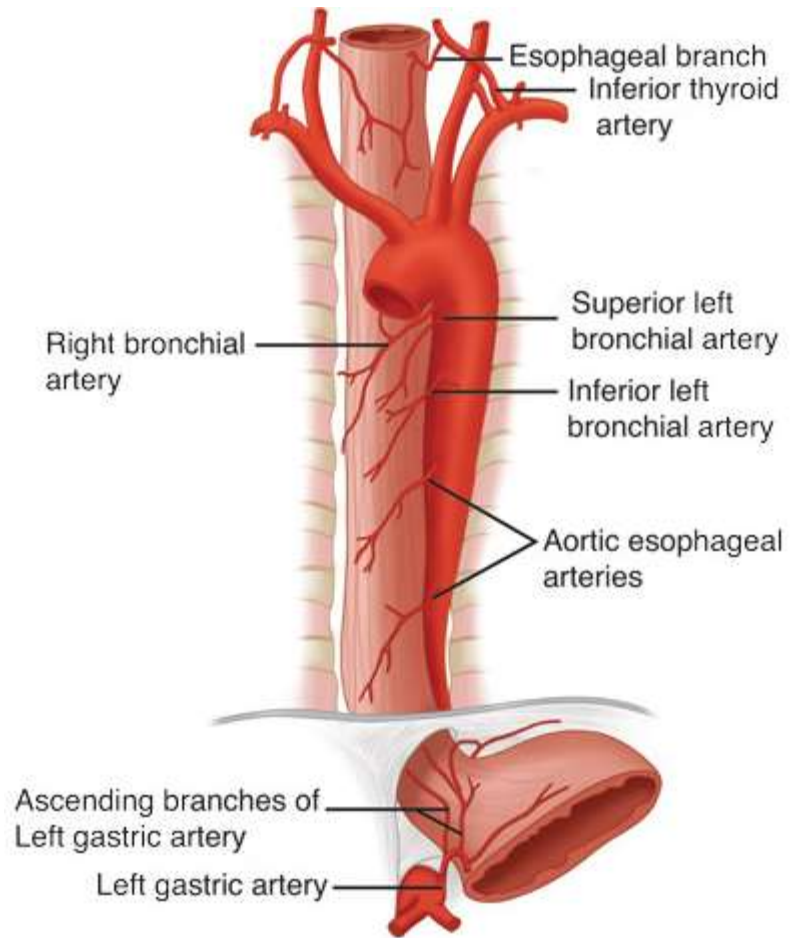
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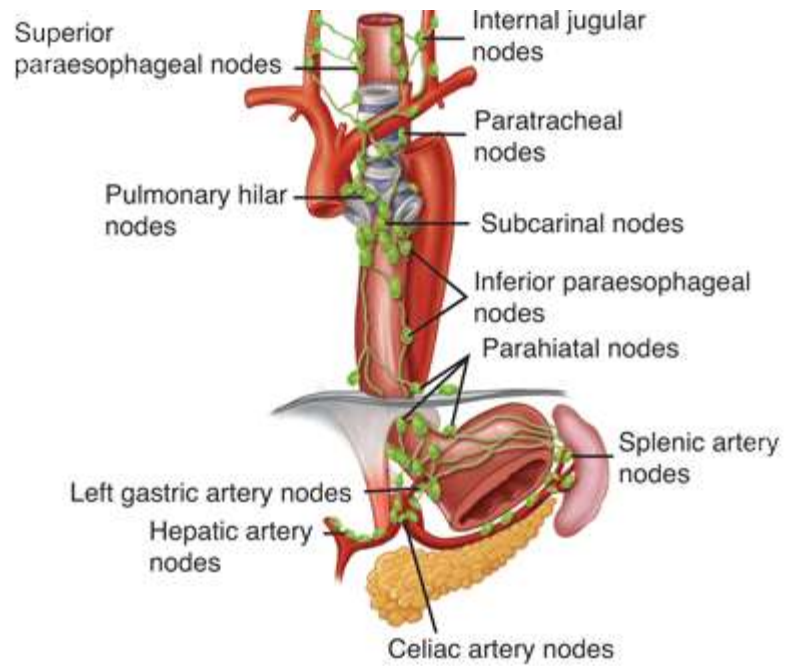


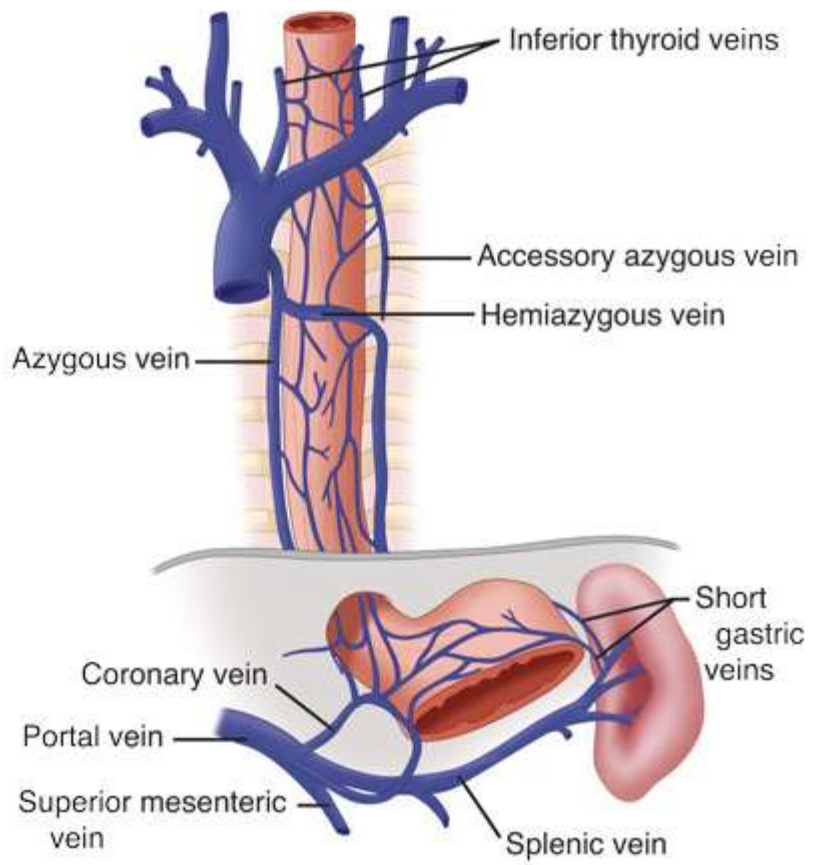












Common causes of haematemesis

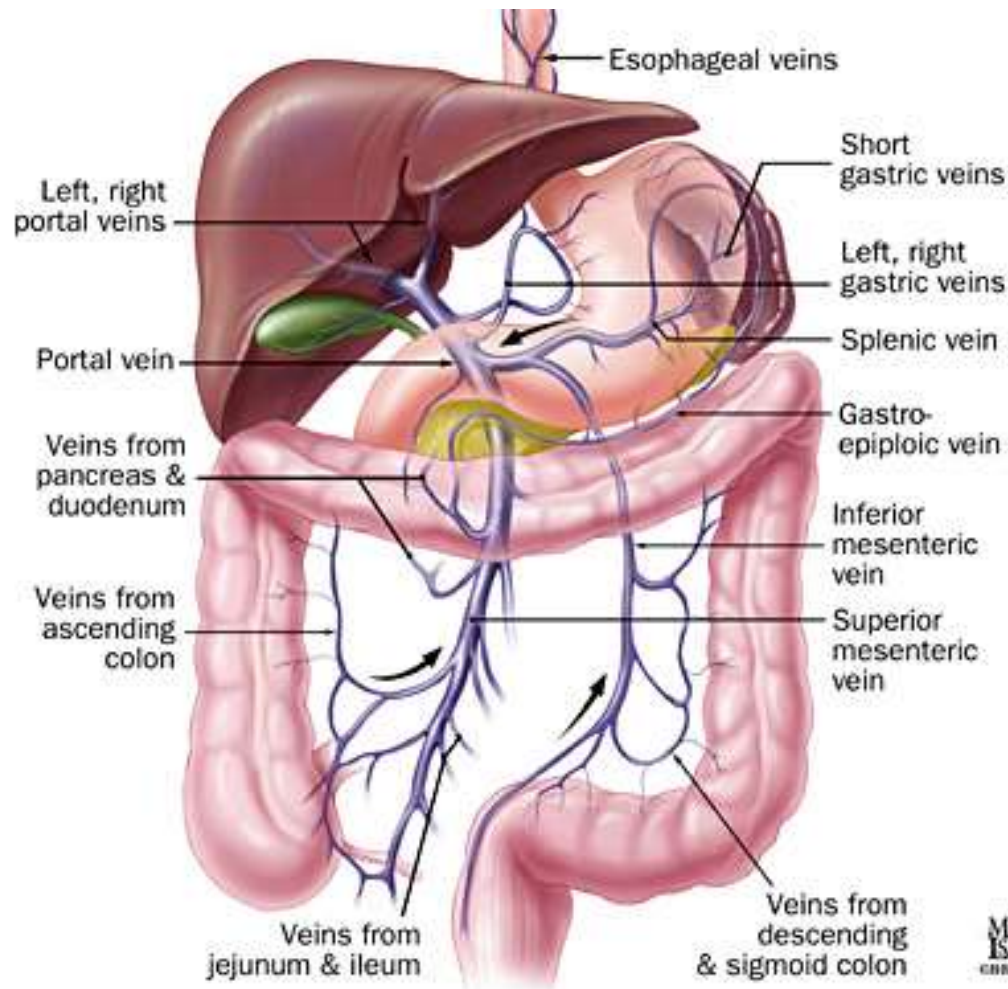
- Peptic ulcer: gastric or duodenal
- Acute gastric erosions/gastritis
- Carcinoma of the stomach
- Mallory-Weiss syndrome
- Oesophageal varices



So what might be happening in our patient?



The portal venous system: blood goes from the guts to the liver



Hepatic portal vein pressure

Pressure = output (flow) x resistance, so..

pressure increases due to an increase in flow or resistance

What might cause an increase in resistance?

Increase in portal pressure:

- A blocked portal vein: thrombosis or tumour
- Liver disease: cirrhosis, tumour, infection (e.g schistosomiasis)

What would happen if the portal venous pressure increases? (Portal hypertension)

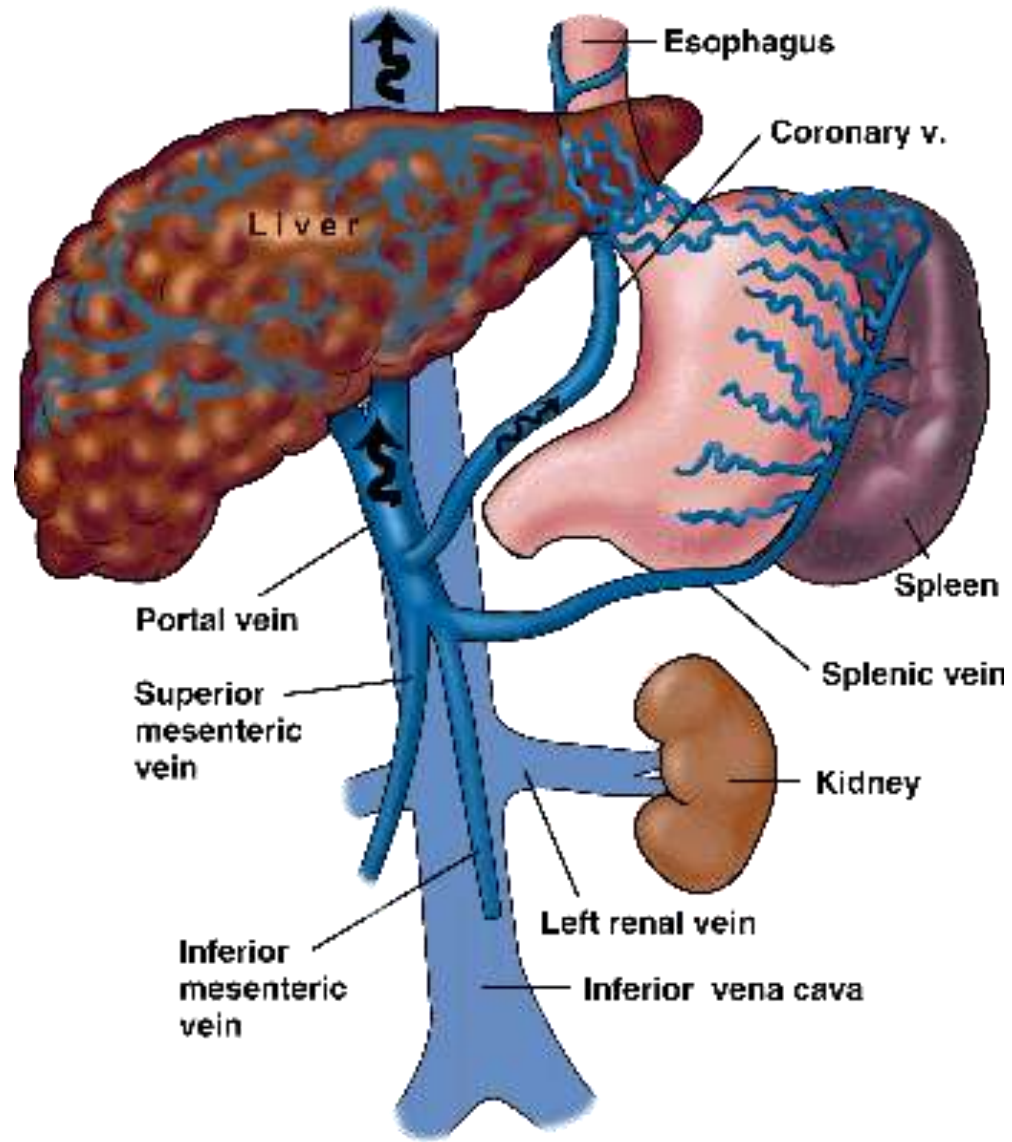
In portal hypertension..

- Portal flow slows
- Vessels dilate due to back-pressure
- Flow may go elsewhere: anastomoses open up:

At the base of the oesophagus

At the umbilicus

At the haemorrhoidal plexus



Anastomosis with oesophageal veins

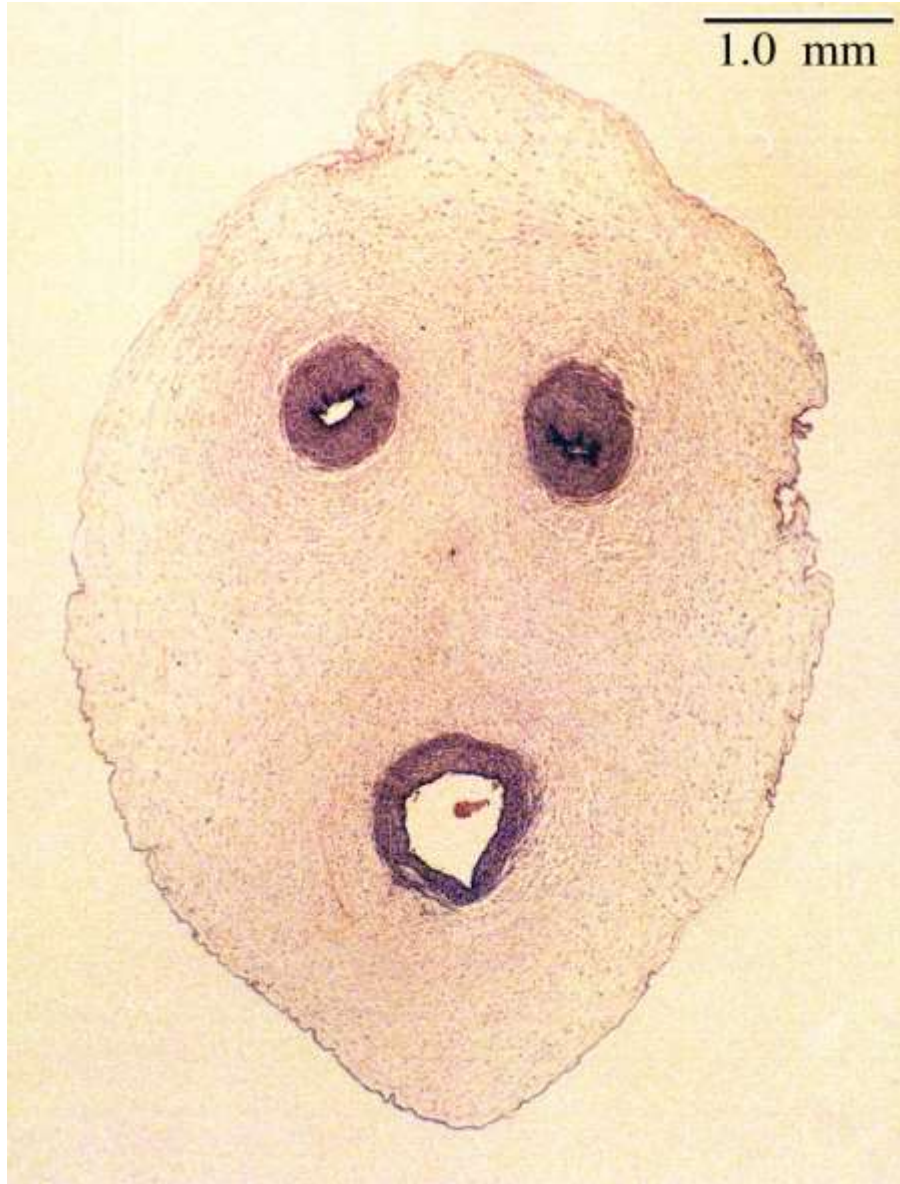
What is the umbilicus?

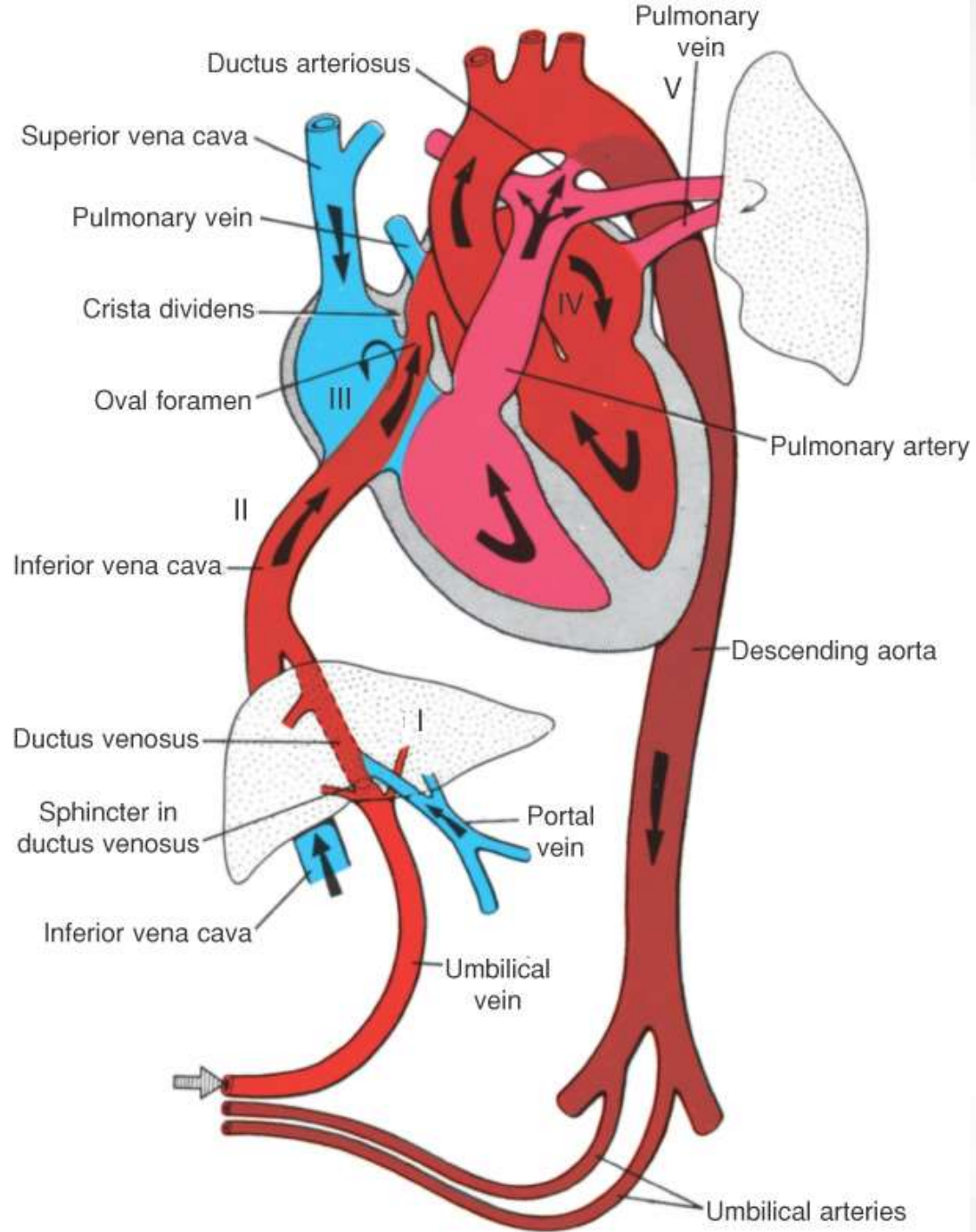


Umbilicus: insertion site of
umbilical cord: 2 arteries and one
vein



1.0 mm





In adult life:

- The umbilical arteries- become the obliterated umbilical arteries in the medial umbilical ligaments
- The umbilical vein- becomes the ligamentum teres in the falciform ligament

THIS BECOMES PATENT IN PORTAL HYPERTENSION

The caput Medusa

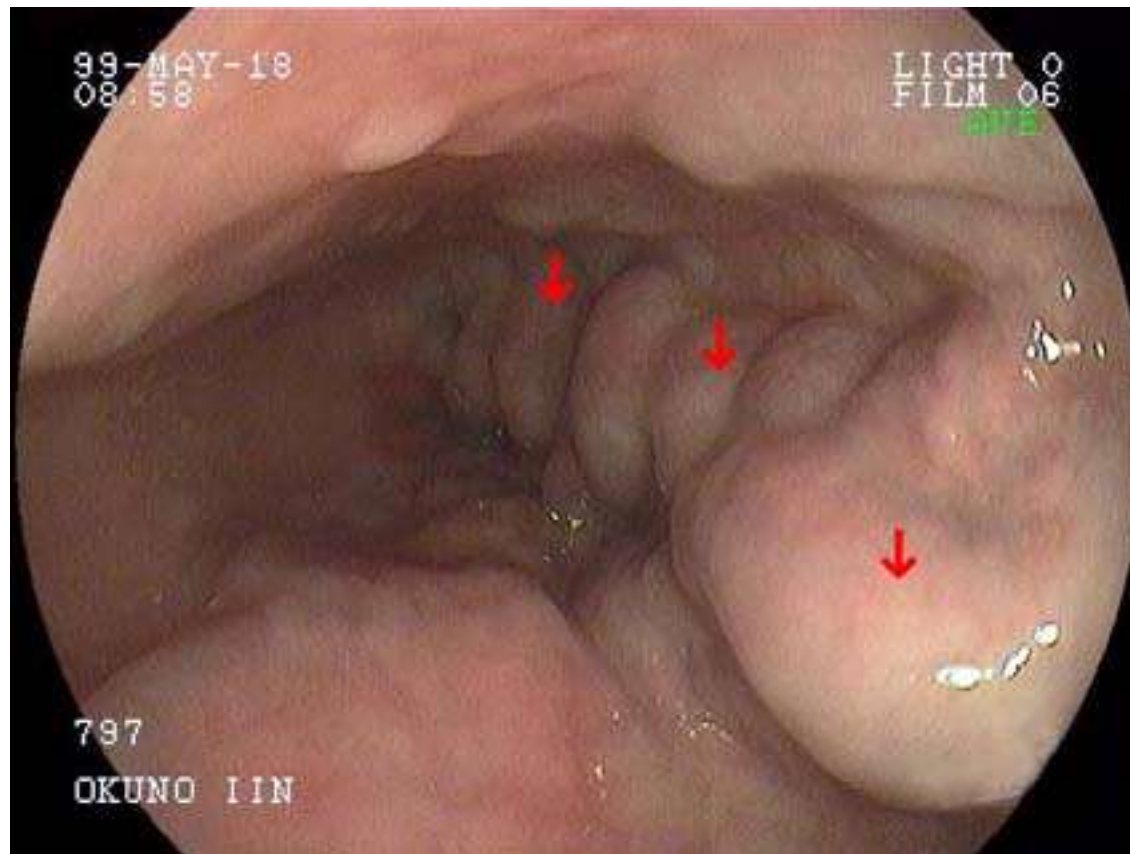


Medusa-Didim Apollon Tapınağı

management

- Resuscitation
- Hb, X-match blood, U&Es, LFTs
clotting studies
- Investigation: endoscopy; imaging
- Treatment: stop the bleeding; address the underlying problem

endoscopy



Treatment of varices:

- Medical: IV vasopressin; octreotide
- Ligation; banding
- Sclerotherapy
- Balloon tamponade

banding



The Sengstaken-Blakemore tube



Prognosis from bleeding varices

- Patients who have bled once from esophageal varices have a 70% chance of rebleeding
- Approximately one third of further bleeding episodes are fatal.
- Risk of death highest during the first few days after the bleeding episode and decreases slowly over the first 6 weeks.

7/17/2008

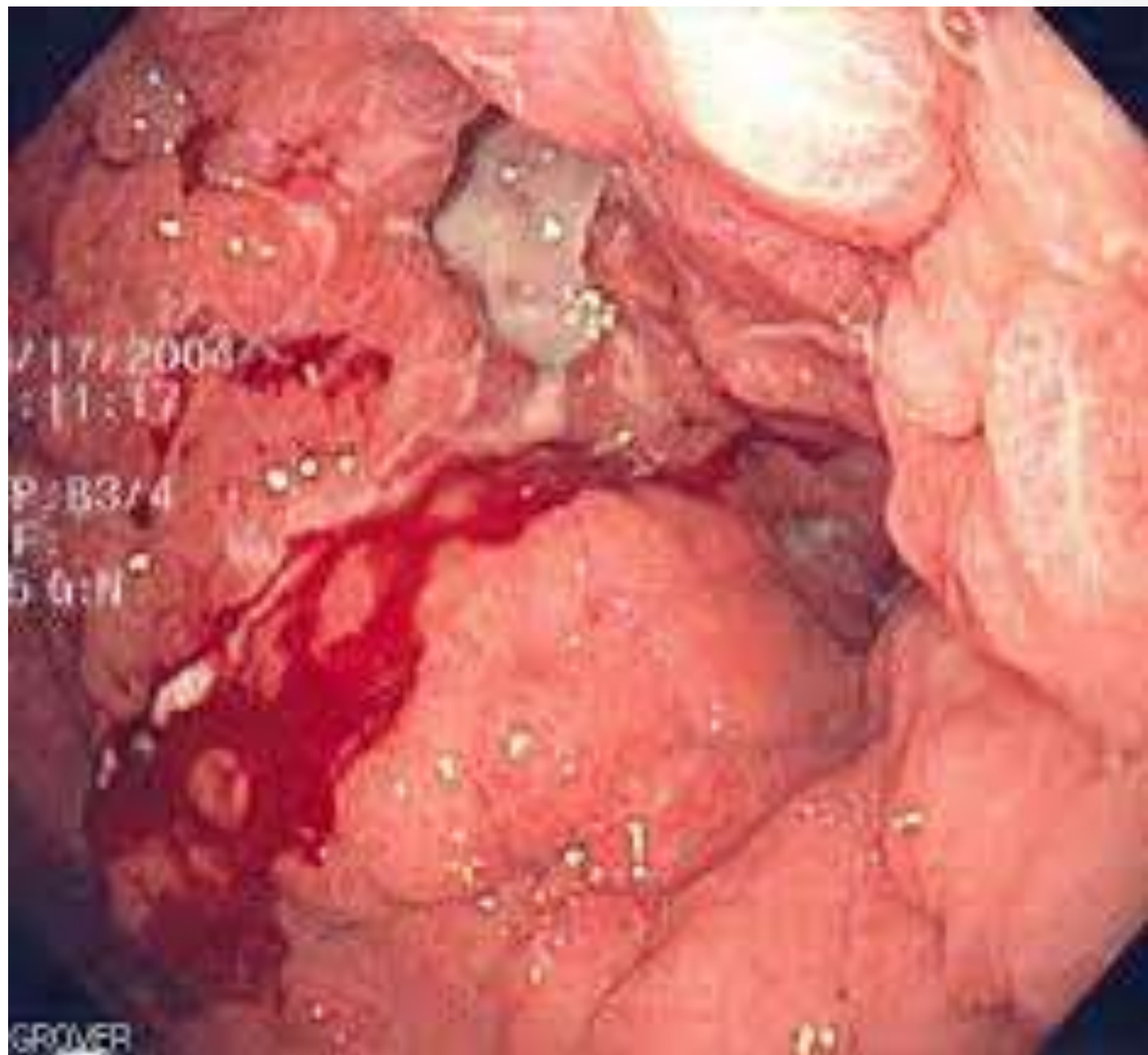
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GROVER





Duodenal Ulcer (DU)



Gastric Ulcer (GU)



