



## *Gastro-Intestinal System Part 2*

### Gastro-oesophageal reflux disease:

- The pain
- Swallowing
- Bowel habit
- Abdominal distention

#### A. The Pain

- Do you get acid regurgitation? (Sour or bitter taste in your mouth).
- Do you belch frequently?

#### **The pain: heartburn**

Burning pain behind the chest wall. (Pyrosis)

Has it ever radiated to your arms or jaw?

- Do you also have (a chronic cough? A shortness of breath? A bad breath (halitosis)? Frequent hiccups? Do you think that its linked with: (lying down? Stooping forward? Being pregnant?
- Is it worse if you take? (fatty food, chocolate, hot drinks, coffee, alcohol, spicy food).
- What have you tried so far to relieve the symptoms? (antacids, Proton pump inhibitor(PPI), raising losing wait.

#### B. Swallowing

- Do you have difficulty: (in swallowing? Initiating swallowing.
- What type of food causes difficulty: (solids, liquids)
- At which level does the food stick?
- Is swallowing painful?
- Does fluid regurgitate into your nose?
- Do you choke when trying to swallow?

#### C. Bowel habit

1- **Diarrhoea:** Are you passing stools more often? How many times a day? Is there a change in consistency of your stool? What your stools look like (colour: pale, brown, black and tarry.

**Smell:** Offensive- **Consistency:** – Hard, soft, watery, and Frothy- **Quantity:** bulky, moderate.

**Have you noticed any:** Blood, mucus, pus?

2- **Constipation:** Do you have difficulty in emptying your bowels? Have recently: (hanged your diet) Started new medications? Which ones?)Are passing wind (Fart)?

**D. Abdominal distension**

1. Do have difficulty in swallowing? Initiating in swallowing.
2. What type of food causes difficulty: (solids, liquids?)
3. At which level does the food stick? (Show me with your hand)
4. For how long have you been complaining of this?
5. Is it getting any worse?
6. Is swallowing painful?
7. Does fluid regurgitate into your nose?
8. Do you choke when trying to swallow?

**Exercise1****25- Years-Old man with abdominal Pain, Nausea, and fatigue.**

1. A 25- years- old man presented at our clinic with a two-month history of abdominal pain, bloating, nausea, and occasional vomiting, including an episode of hematemesis. He described the abdominal pain as dull and crampy, mild to moderate in intensity, and localized to the epigastric region. The abdominal pain was not associated with positional changes, eating, bowel movement, or other factors. The patient also had severe fatigue and daily headaches that were diffuse and worse in the morning. A review of systems negative for fever, diarrhea, blood per rectum, substantial weight loss, animal exposures, recent travel, head injury, or neck stiffness. His medical and family histories non- contributory. The patient had been taking ibuprophen, which provided only temporary relief of his headaches. He had previously consulted his primary physician and received a diagnosis of depression. Antidepressant medications were advised but not initiated. The patient presented at our institution for further evaluation.

**Q1:** Select the medical terms and define them.

**Q2:** Give the French to each word.

**Q3:** What is hematemesis?

- **Rectal bleeding:** Symptoms, Jaundice , Risk factors, Gastrointestinal conditions
- **Clinical examination :** Inspection, percussion, auscultation, Digital rectal examination
- **Investigations:** Alimentary tract, Endoscopic examination, Biology (tests)

Rectal bleeding	Clinical examination	Investigations
<p><b>Did you ever pass any blood in your stool?</b>  Mixed with the faeces?  On the surface?  After passing the stool?  On toilet paper?  On top of the stools?</p> <p><b>How much blood did you pass?</b>  Do you have piles(haemorrhoids)  Have you had recent trauma or surgery in your bowels?  Are you on any blood thinners?</p> <p>- <b>Symptoms</b>  Mucous- pus- weight loss- Night sweats- Fevers- Diarrhoea- bloating- bone pain- Abdominal pain- Anorexia Tenesmus.</p> <p>- <b>Jaundice</b>  How long have you been yellow?  Have you ever had this before?  Has anyone in your family ever been jaundiced?  Have you been in contact with someone with jaundice?  Have you ever had blood transfusion?</p> <p>- <b>Risk Factors</b>  <b>Have you ever injected drugs?</b>  <b>Have you recently started new medications?</b></p> <p>- <b>Gastrointestinal conditions</b>  Inflammatory bowel disease(IBD)  Irritable bowel syndromes  Peptic ulcer disease(PUD)  Esophagitis  Gastritis  Appendicitis  Viral hepatitis (A,B,C,D)</p>	<p>Can you lie flat on your back?  Can you lie down on your back with your knees flexed?</p> <p>- <b>Inspection</b>  Distended  Swellings (abdominal aortic aneurysm  Movements of abdominal wall.  Distended (Ascites)</p> <p>- <b>Palpitation</b>  Palpitations of the different organs: <b>liver</b>- hepatomegaly (lower edge, straight, irregular, sharp, thick).</p> <p><b>Gallbladder</b>  <b>Spleen</b>(splenomegaly)  <b>Kidneys</b> (an enlarged kidney can be balloted).</p> <p>- <b>Percussion</b>  Dullness  Resonant  Fluid thrill  Shifting dullness</p> <p>- <b>Auscultation</b>  Bowel sounds  Bowel sound present(BS+)  Bruit</p> <p>- <b>Digital rectal examination</b>  I'm going to examine your back passage</p> <p>- You are bleeding from your rectum</p> <p>- Do you have a pain?  Anal pathologies  Piles/ Haemorrhoids/ excoriations/ fistula in ano / anal fissure/ prolapse.</p>	<p>- <b>Alimentary track</b>  Examination of the faeces  Microscopic examination (Pus cells, red blood cells, ova / parasites,</p> <p>Chemical examination (faecal occult blood (FOB).</p> <p>Inflammatory markers  C reactive protein (CRP)  Erythrocyte sedimentation rate (ESR)</p> <p>Radiology  Plain film of abdomen (PFA)  Small bowel loops dilatation Erect CXR</p> <p>Endoscopic examination (camera test)  Oesophago-gastroduodenoscopy (OGD).  Proctoscopy  Sigmoidoscopy</p> <p>- <b>Biology test</b>  Liver function test  Isotope scan  Globulin  Serum cholesterol  Ultrasound scan  Needle biopsy of the liver</p>

**Exercise 2 :** What is the medical word derived from Greek or Latin roots corresponding to the following Expressions. 1- hypertension 2- haemorrhage, , 3- hypoplasia, , 4- splenectomy, 5- tachycardia, 6- neuralgia, 7- arteriostenosis, 8- acromegaly 9- arteriosclerosis 10- intercerebral haemorrhage

1. The escape of blood, bleeding.
2. The escape of blood within the brain.
3. Enlargement of the extremities (head, face, hands, and feet)
4. Under development of an organ or tissue
5. Elevation of the arterial blood pressure
6. Removal of the spleen
7. Rapid heart beat
8. Nerve pain
9. Narrowing of the arteries
10. Hardening of the arteries

2. On physical examination, the patient was afebrile. His blood pressure was 122/74 mm Hg, and his pulse was 74 bpm. He appeared fatigued but in no acute distress. Head and neck examination revealed to neck stiffness. Abdominal examination yielded epigastric tenderness, but his abdomen was otherwise soft with normal bowel sounds and no indication of organomegaly or masses. Results of the remainder of the complete multisystem examination were unremarkable.

3. Colonoscopy would be the least appropriate test because the patient had no lower gastrointestinal symptoms, change in bowel habits, rectal bleeding, or weight loss. Furthermore, screening colonoscopy, or even surveillance colonoscopy in the context of a family history of adenocarcinoma of the colon, would not be indicated in a patient of this age. Headaches, nausea conditions such as brain tumor. Moreover, our patient's nausea and vomiting were worse in the morning, further raising our suspicion of brain tumor. Therefore CT of the head was justified to rule out intracranial pathology. Serum electrolyte disturbances, such as hyponatremia and hypokalemia, may cause nausea and vomiting. Conversely, protracted vomiting may cause intravascular volume and serum electrolyte depletion and prerenal azotemia. For these reasons, a serum electrolyte panel and creatinine measurement should be obtained. Our patient reported an episode of hematemesis and was at increased risk of gastrointestinal bleeding due to the use of nonsteroidal anti-inflammatory drugs (NSAIDs). Therefore, his haemoglobin and plate counts should be assessed with a complete blood cell count. Finally, the patient reported an episode of hematemesis and protracted nausea and vomiting; these are indications for performing

**Esophagogastroduodenoscopy.**

**Vocabulary**

- **Bowel movement (GB):** The act of passing and evacuating fecal matter.

Bowel motions (US)

Bowel habits intestinal

Bowel sounds (= bruits intestinaux)

- **Headaches:** pain in any part of the head
- **Head injury:** an injury usually resulting from a blow to the head and often associated with brain damage.
- **Pulse:** The rhythmical pulsation of arteries, especially as palpated at the wrist or neck.
- **Distress:** Serious pathological situation characterised by failure of one or more body systems.
- **Tenderness:** sensitivity or pain felt as a result of pressure or contact (during a physical exam).
- **Soft :** not hard or firm to the touch
- **Organomegaly:** visual examination of the inner surface of the colon by means of a colonoscope
- **Screening:** testing people for disease
- **Hyponatremia:** (abnormally) low concentration of sodium (in the blood)
- **Hypokalemia:** (abnormally) low concentration of potassium (in the blood)
- **Protracted :** prolonged, longer than expected
- **Depletion:** excessive loss of an essential bodily substance
- **Assess:** to examine or test something in order to judge or evaluate it.

**Complete blood cell count (CBC) = (full blood cell count FBC):** a series of tests to measure the quantity each type of blood cell in a sample of blood.