SPLENOMEGALY PORATL htn
Inguinal hernia
MOUTH AND ESOPHAGUS PATHOLOGY
ESOPHAGUS

- Congenital Anomalies
- Achalasia
- Hiatal Hernia
- Diverticula
- Laceration
- Varices
- Reflux
- Barretts
- Esophagitis
- Neoplasm: Benign, Sq. Cell Ca., Adenoca.
Achalasia and cardiospasm
Achalasia (of cardia)
Aperistalsis of esophagus
Megaesophagus
congenital cardiospasm

Esophagitis:
  • chemical
  • peptic
  • postoperative
  • regurgitant
E code to identify cause, if induced by chemical
tuberculous esophagitis

Ulcer of esophagus
  fungal
  peptic
Ulcer of esophagus due to ingestion of:
  aspirin
  chemicals
  medicines
E code to identify cause, if induced by chemical or drug

Rupture of esophagus:
  traumatic perforation of esophagus

Dyskinesia of esophagus
Corkscrew esophagus
Curling esophagus
Esophagospasm
Spasm of esophagus
cardiospasm

Stricture and stenosis of esophagus
Compression of esophagus
Obstruction of esophagus
congenital stricture of esophagus
Diverticulum of esophagus, acquired
Diverticulum, acquired:
  epiphrenic
  pharyngoesophageal
  pulsion
  subdiaphragmatic
  traction
Zenker's (hypopharyngeal)
Esophageal pouch, acquired
Esophagocele, acquired
congenital diverticulum of esophagus

Gastroesophageal laceration-hemorrhage syndrome
Mallory-Weiss syndrome

Paterson-Kelly syndrome
Classic "Bird's Beak" of Achalasia

Distended Esophagus

Sphincter (LES)
Weaken the LES by tearing its muscle fibers.
MODIFIED HELLER APPROACH
There are THREE major kinds of hiatus hernia:

- The most common (95%) is the sliding hiatus hernia, where the gastroesophageal junction moves above the diaphragm together with some of the stomach.

- The second kind is rolling (or paraesophageal) hiatus hernia, when a part of the stomach herniates through the esophageal hiatus and lies beside the esophagus, without movement of the gastroesophageal junction. It accounts for the remaining 5% of hiatus hernias.

- A third kind, a combination of the first and second kinds
PARAESOPHAGEAL HIATAL HERNIA

The fundus and possibly portions of the stomach’s greater curvature, rolls through the esophageal hiatus and into the thorax beside the esophagus.

In a rolling or Paraesophageal hiatal hernia the herniated portion of the stomach may be small or quite large. Reflux is rarely a concern with this type of hernia but the risks of volvulus (bowel twisting), obstruction, and strangulation are high. The development of iron deficiency anemia is common because of slow bleeding secondary to venous obstruction causing the gastric mucosa to become engorged and ooze.
Epiphrenic diverticulum: due to dysfunction of the lower esophageal sphincter, as in achalasia
Zenker's diverticulum, also pharyngoesophageal diverticulum, also pharyngeal pouch,

is a diverticulum of the mucosa of the pharynx, just above the cricopharyngeal muscle (i.e. above the upper sphincter of the esophagus).

It is a false diverticulum (not involving all layers of the esophageal wall).

treated by neck Surgery to resect the diverticulum and incise the cricopharyngeus muscle

the currently preferred treatment is endoscopic stapling (i.e. closing off the diverticulum via a stapler inserted through a tube in the mouth). This may be performed through a fibreoptic endoscope. endoscopic laser, which recent evidence suggests is less effective than stapling
DIVERTICULUM
PLURAL = DIVERTICULA
A large hiatus hernia on X-ray marked by open arrows in contrast to the heart borders marked by closed arrows.
Hiatal Hernia and Reflux

LES - pressure often low
Gastric pouch - intra-thoracic reservoir
Diaphragm - no esophageal pinch
A COMPARISON OF THE NORMAL STOMACH, SLIDING HIATAL HERNIA AND ROLLING HIATAL HERNIA