

# Dangerous Error that can Occur when Rentgen Diagnostike Covered Pobodnyh Ulcers Gastroduodenal Zone

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## Abstract

*Despite widespread fibrogastroduodenoskopi in clinical practice when diagnosing ulcers gastroduodenal zone x-ray method stores its value integrated method examination of patients with this disease. He has a particular importance for identifying perforations of ulcers. When conducting lessons with students of the University on the topic of "Probodnye ulcers stomach and duodenal ulcers," revealed a misunderstanding to the danger of barium dredge for diagnosis of perforations covered ulcers. If symptoms of open probodenij is manifestly, the clinical picture is covered by sores was wiped out in nature, and this requires additional investigation techniques, including x-ray. An inexperienced clinician may for this purpose resort to barium dredge to perform contrast gastrografii. As a result, dust gets into the abdominal cavity, which further accompanied by the development of severe adhesive disease.*

**Keywords:** stomach ulcer covered perforation, radiography, barium suspension

## INTRODUCTION

Diagnosis of covered probodnyh ulcers is some diagnostic difficulties. If you open perforation leading symptom is the presence of free gas in the abdominal cavity, which is revealed in x-ray examination of the patient, then covered with probodnoj ulcer is missing [4]. Moreover and clinical symptomatology is worn out in nature. There is no triad-Mondor, preserved liver dullness, no blunting in sloping field of the abdomen. Patients usually complain of mild pain in the area epigastralna, accompanied by diarrheal events malaise [1.5]. As their doctors have had the impression that happened the usual aggravation of gastric ulcers and a typical survey, sometimes with the use of barium dredge that is a serious mistake. To prevent it, in the middle of the 20 century Weber resorted to inflation of the stomach using gastric probe. This led to the separation 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 gastroscopy, which allowed him to

clearly observe the air outlet outside the cavity of the body [2.3]. Something similar can be observed when fibrogastroscopy-as soon as the endoscopist begins to inflate the stomach. the patient occur severe abdominal pain and he is forced to stop the survey procedure. Same pain patient due to forced penetration of air from the stomach cavity in the abdomen. In such a situation typically perform repeated review x-rays of the abdomen, and if first air in the abdominal cavity is not detected, then now he's clearly defined [4]. So the diagnosis is established. With this same purpose, some radiologists have resorted to the use of contrast media. If the use of water-soluble contrast substances (kardiotrasta, sergozina) still valid, barium dredge is dangerous-it particles embedded in the peritoneum and remain in it, which leads to the development of heavy commissural process.

**Actually** This study involves information about how young doctors covered x-ray probodnyh ulcers gastroduodenal zones and on the inadmissibility of the use of barium dredge for this purpose. As in the cases of hitting her in the free abdomen it leads to the development of it severe adhesions.

**The purpose of the work.** To reflect the danger of using barium dredge to diagnose ulcers gastroduodenal perforation covered zone.

### MATERIALS AND METHODS

Watched 2 patients (men and 27-32 years) with acute attack of recurrent adhesive ileus that evolved from them after the surgery, performed at the covered stomach ulcers. Relaparotomy carried out regularly every 3-5 months, and such surgery from one of them was made 16 and the other -20. To stop recurrence of this disease have resorted to copyright treatment method-to vnutribryshinnomu introduction of fat emulsion (lipofundina, volume 300 ml), which gave a positive result (constant control over 2 years showed that relapses adhesive intestinal obstruction has ceased). After a thorough study of the disease in history focused both patients, it was found that several years ago they have undergone surgical treatment at the veiled pobodnoj of stomach ulcers. The diagnosis was not installed immediately, and within a few hours of their stay in hospital. Before the operation they conducted rentgenodiagnosticheskoe examination of stomach-they drank on a glass of barium dredge. This has been accompanied by a sharp increased abdominal pain. The operation was carried out immediately-repair stomach ulcers. After the operation, there has been a continued discomfort on the part of the abdomen-chugging and venous ulcers, there were the typical signs of adhesive intestinal obstruction. The first relaparotomy was performed through the 1-2 months after the closure of stomach ulcers, and then they become permanent.

### Ergebnisse und Diskussion

Retrospective analysis of the history of disease in these patients is indicative of the danger of contrasting them stomach using barium dredge. To review the radiography of abdominal cavity after endoscopic examination aborted stomach, used from 18 patients, and she gave a positive result-if the first gas not detected in it, it is now clearly defined, i.e. the leading diagnostic symptom was evident.

### CONCLUSION

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), and for this reason it should not be applied in clinical practice.

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**Citation:** Prof. Shaposhnikov V.I. Dangerous Error that can Occur when Rentgen Diagnostike Covered Pobodnyh Ulcers Gastroduodenal Zone. Archives of Radiology. 2018; 1(1): 7-8.

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