

جَائِزَةُ الْحُسَيْنِ
بْنِ عَبْدِ اللَّهِ الثَّانِي
لِلْعَمَلِ التَّطَوُّعِيِّ

AL HUSSEIN BIN ABDULLAH II
AWARD FOR VOLUNTARY WORK



النادي الطبي
Medical Club



Radiology

Subject: GIT CASES (Dr.Shatha)

Group no: D11

Done by: Hala Yaseen



هَذَا خُلِفَ اللَّهُ فَأَرْوَيْهِ مَاذَا خُلِفَ الَّذِينَ مِنْ دُونِهِ بَلِ الظَّالِمُونَ فِي ضَلَالٍ مُبِينٍ

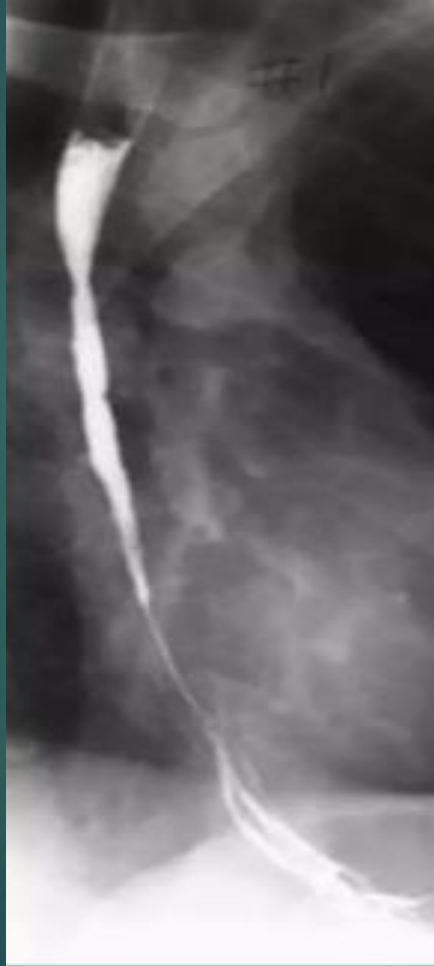


GASTROINTESTINAL SYSTEM CASES

DR. SHATHA TARAWNEH.
MD, JBR .

Case 1

Barium study



30 year old, odynophagia

Long esophageal stricture

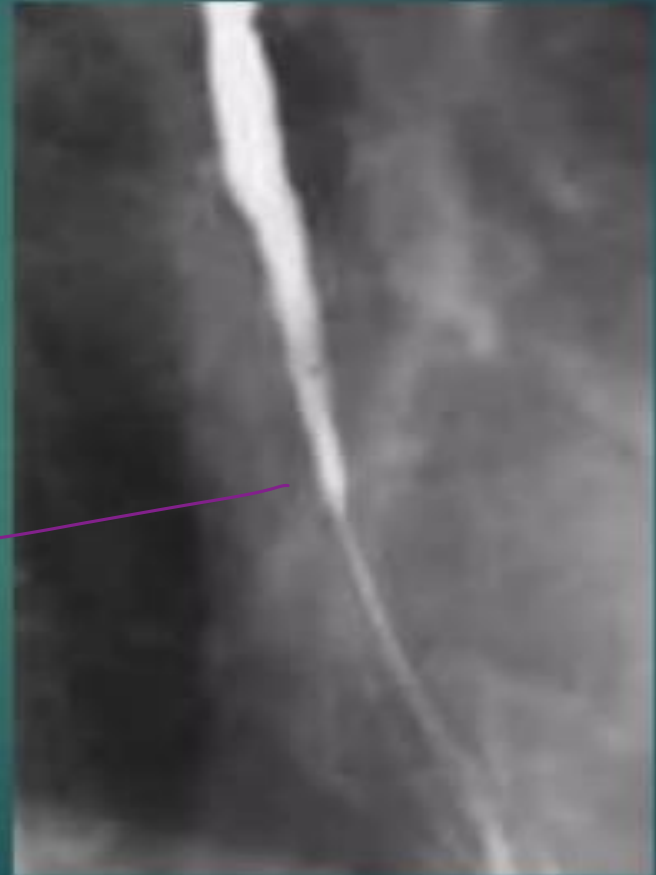
Stenosis

► Findings:

- long segment of esophageal narrowing
- loss of normal mucosal pattern

► ddx:

- Long-term nasogastric intubation
- radiation



Case 2

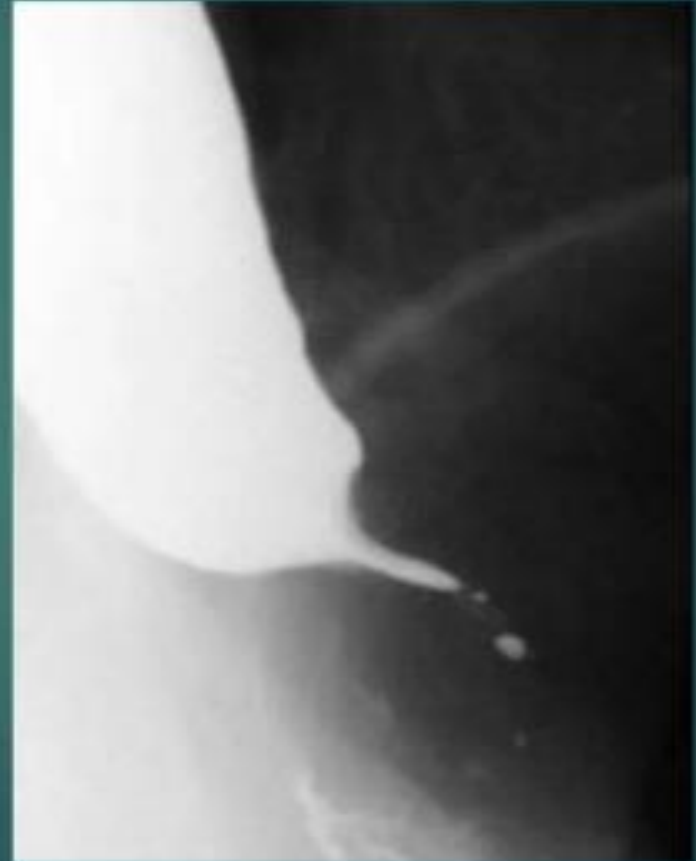


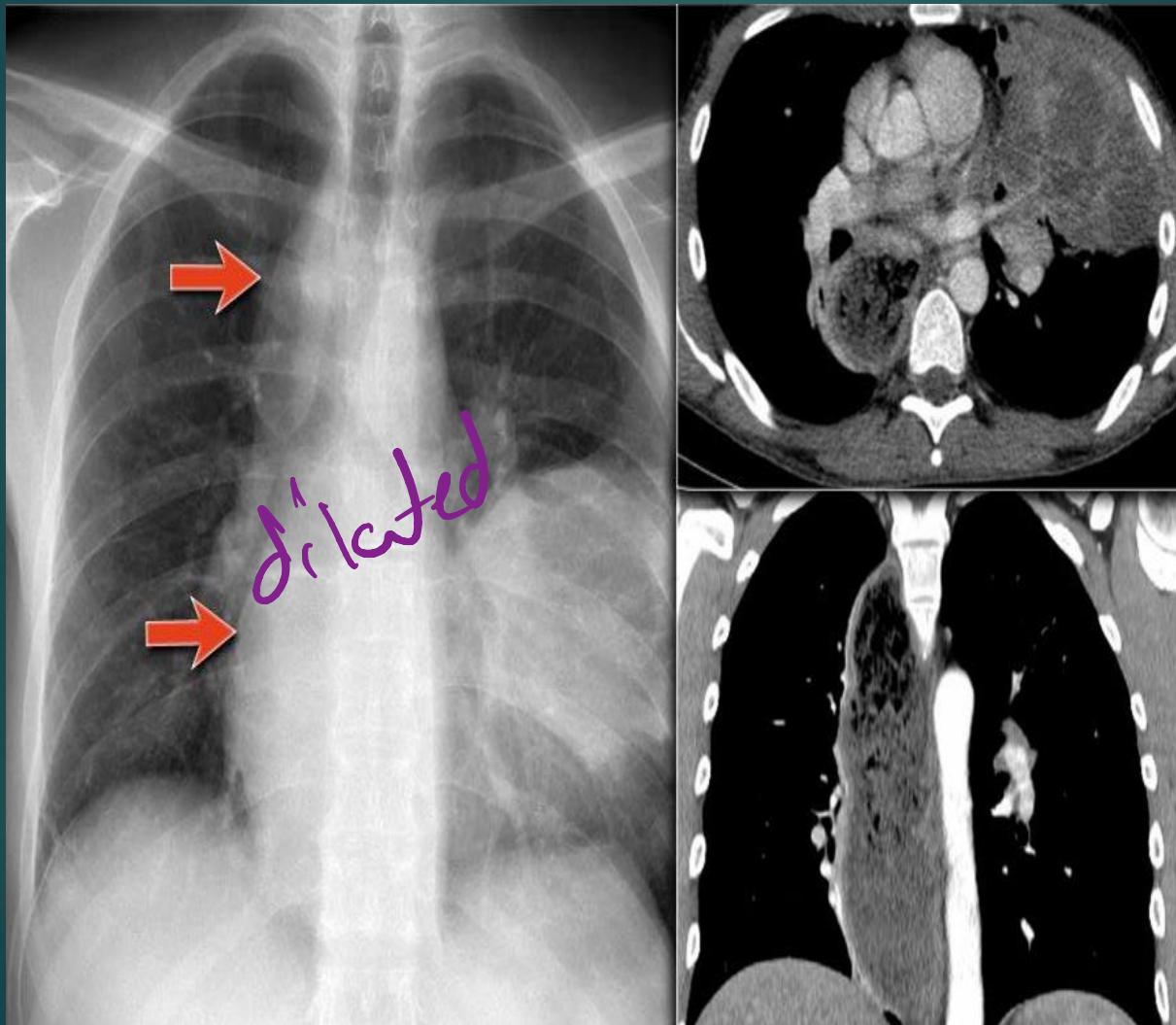
25 year old,
dysphagia



Achalasia

- ▶ Findings:
 - ▶ tight stenosis of the distal gastroesophageal junction = "bird's beak" appearance
 - ▶ dilated proximal esophagus
- ▶ ddx:
 - ▶ pseudoachalasia
 - ▶ Malignant stricture ✓
 - ▶ Benign stricture ✓
 - ▶ Chagas disease ✓





X

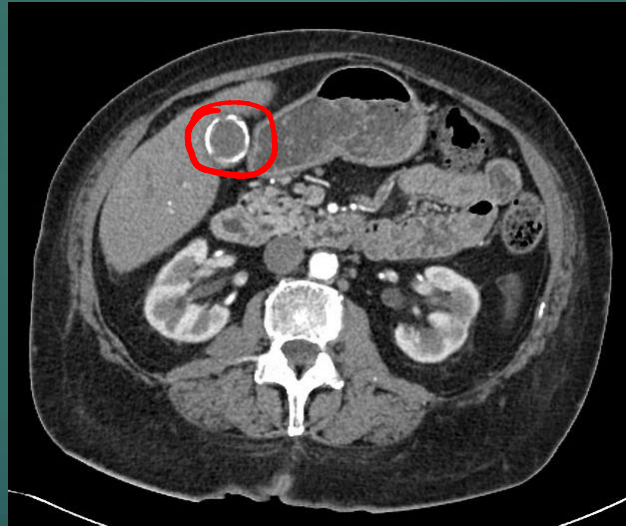
Case 3

- ▶ Asymptomatic 60 year old

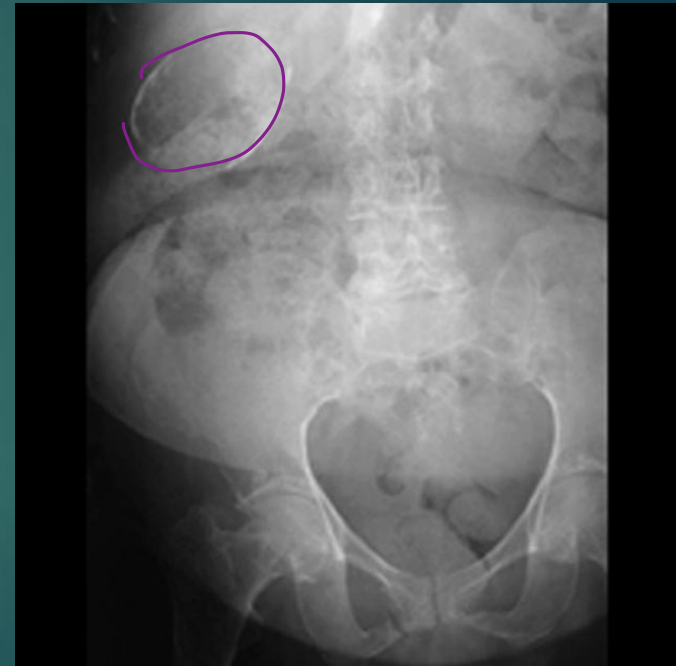


US

↪ shadowing



CT



X-ray

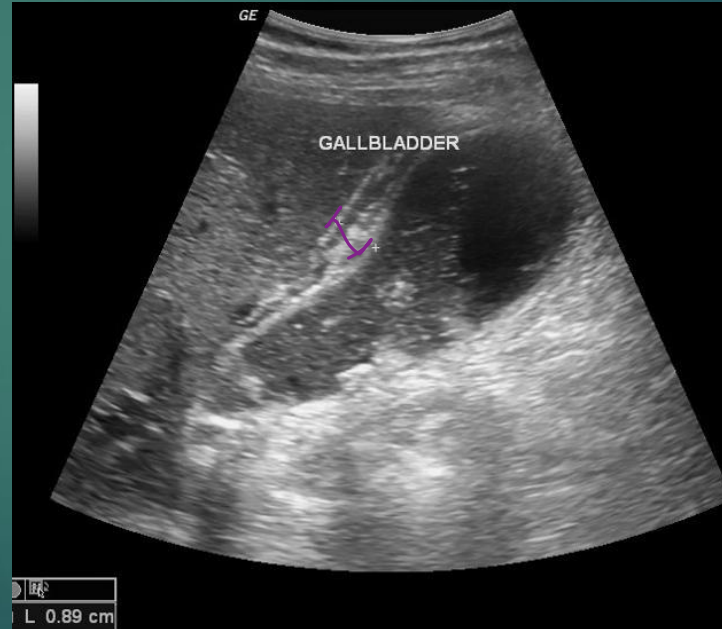
Porcelain GB



✂ ↑ Risk to cancer

Case 4

- ▶ 40 year old female, RUQ pain, fever , elevated WBC



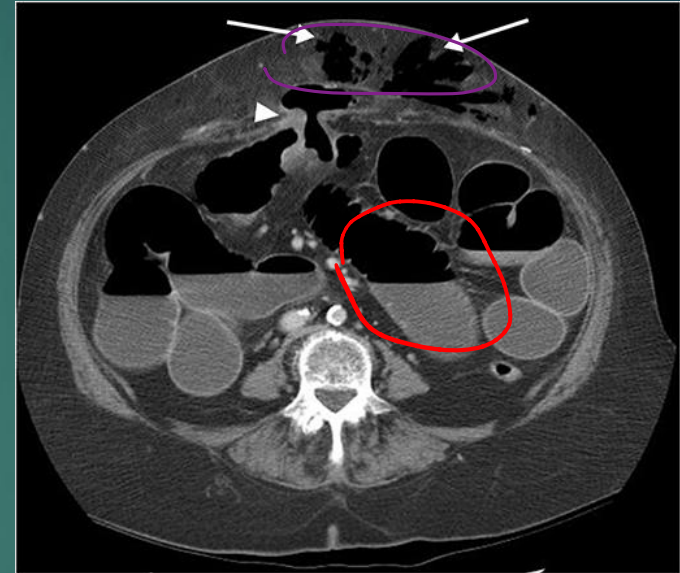
Acute calculous cholecystitis

Hand-drawn purple annotations on the title text. A large, irregular oval encircles the words 'Acute calculous'. A horizontal line is drawn across the middle of this oval. An arrow points downwards from the bottom of the oval. A long, horizontal line is drawn below the oval, extending towards the right. A small 'X' mark is located above the word 'cholecystitis'.A solid red rectangular graphic element located in the top right corner of the slide.

Case 5

- ▶ Abdominal pain and rigidity

Small bowel
hernia



Source: Khaled M. Elsayes, Sandra A. A. Oldham: *Introduction to Diagnostic Radiology*:
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- Air fluid level
- dilatation > 3cm

Small bowel obstruction from hernia

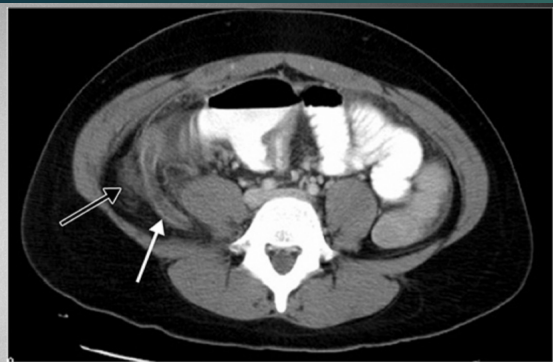
- ▶ SBO from ventral hernia. Axial CT with small bowel obstruction due to ventral hernia. This ventral hernia has a narrow neck (arrowhead) and could not be reduced manually. The incarcerated segment of bowel perforated resulting in the subcutaneous air throughout the anterior wall (arrows)

Case 6

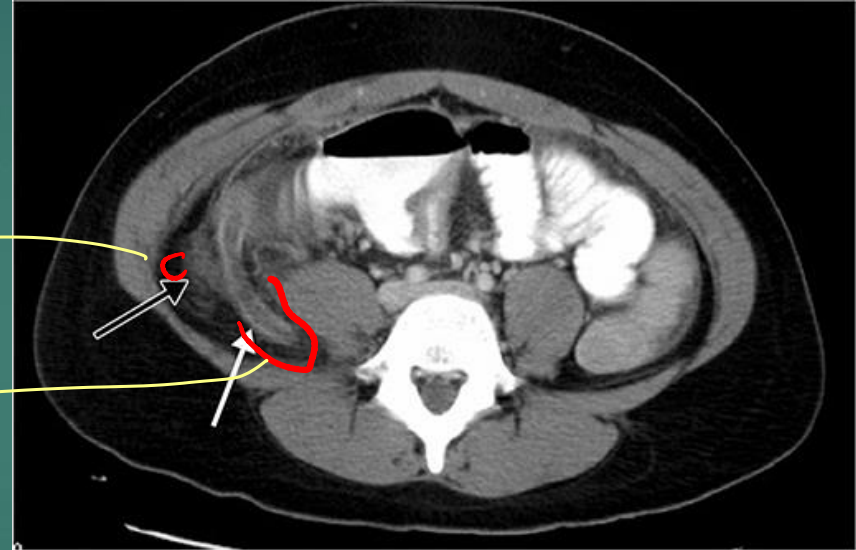
▶ RIF pain , fever , leukocytosis,

dirty
fat

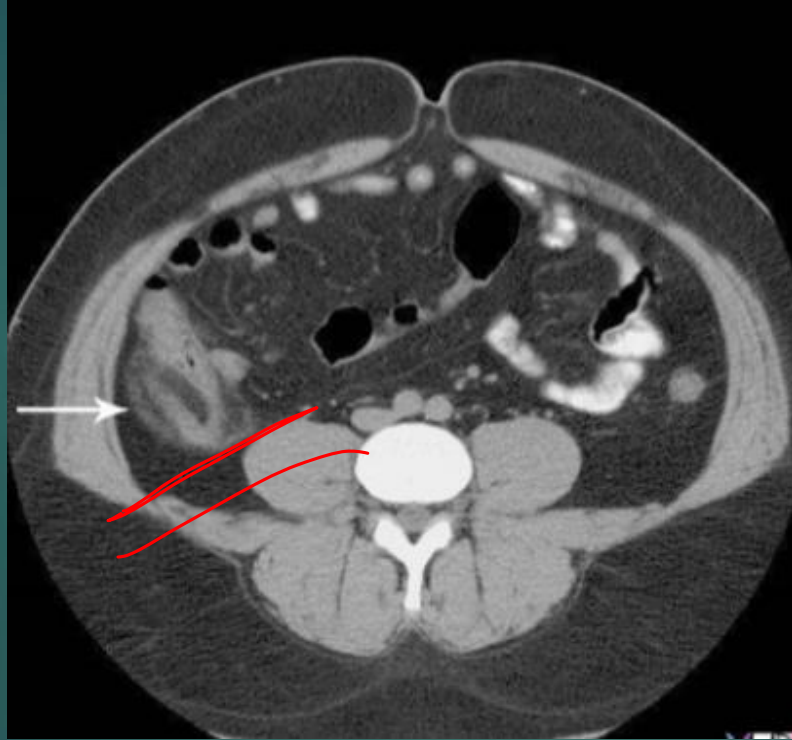
appendix



Source: Khaled M. Elsayes, Sandra A. A. Oldham: *Introduction to Diagnostic Radiology*:
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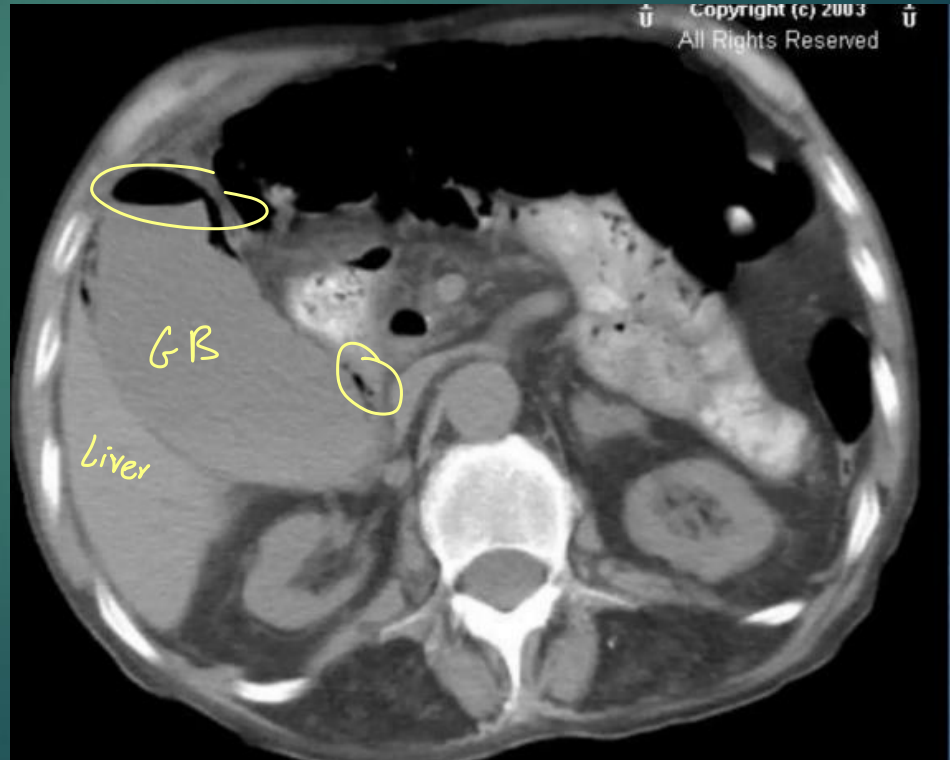


Acute appendicitis

- ▶ Acute appendicitis. Axial CT of the lower abdomen with intravenous and oral contrast. Acute appendicitis with a dilated appendix with enhancing walls within the right lower quadrant (white arrow). Notice the surrounding inflammation manifested by the stranding or increased density of the periappendiceal fat (black arrow) as opposed to the near uniform black subcutaneous fat.

Case 7

- ▶ Abdominal pain, Ill patient



Emphysematous cholecystitis

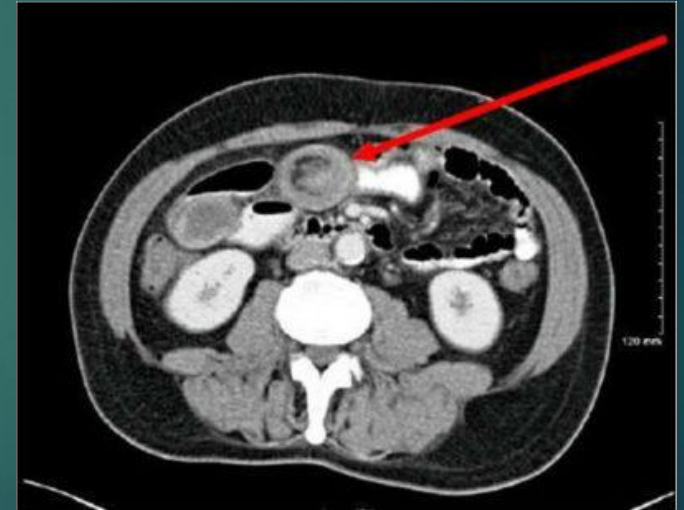
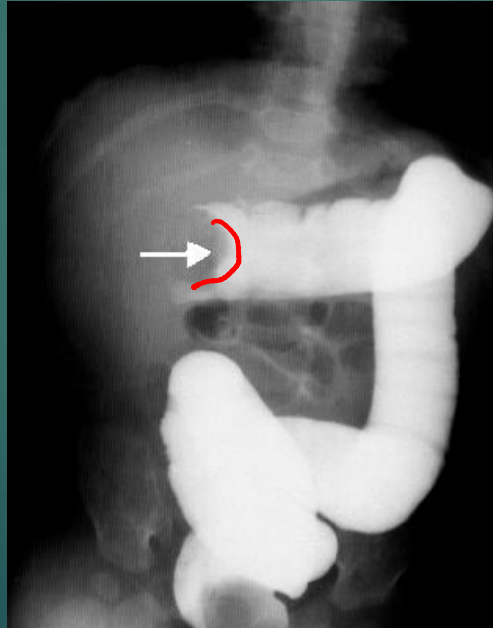
Air in wall of GB

Air

(green)

Case 8

- ▶ 2 month old, red current jelly stool, crying and irritable,
- ▶ Images are from different patients, different modalities, same condition:



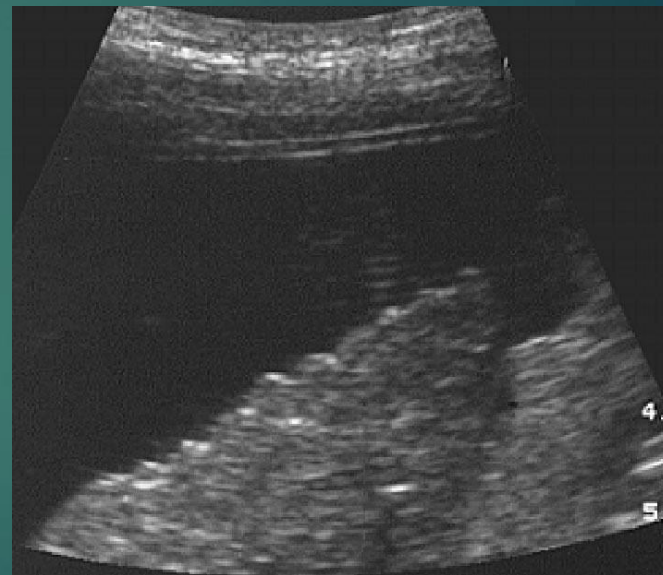
Intussusception

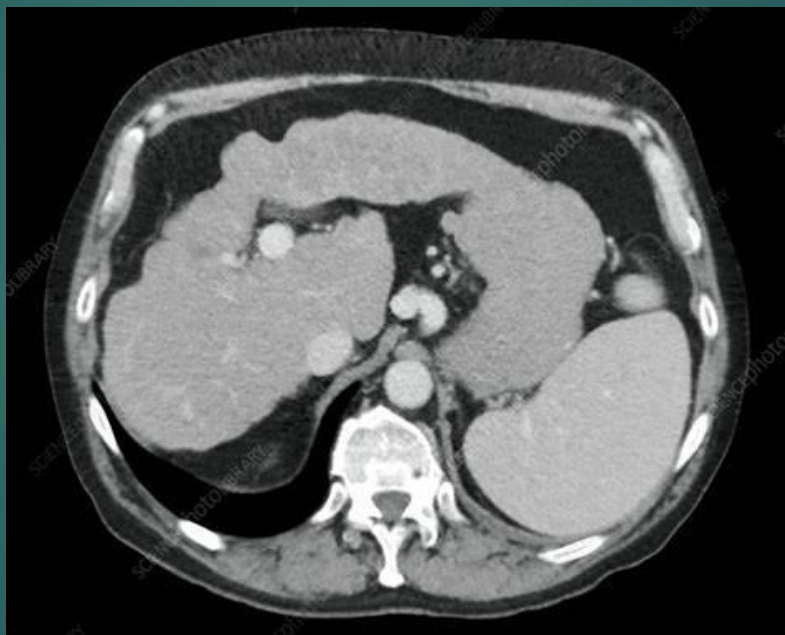
- Short-axis view of a loop of small bowel shows multiple concentric rings of increased and decreased echogenicity and thickening of the outer small bowel layer typical of an intussusception.
- In children, a lead point is not identified in 90% of cases, and this is most frequently thought to relate to hypertrophic lymphoid tissue following an infection.
- In adults, **90%** are associated with a lead point or mass: polyp, lipoma, stromal tumor, lymphoma, metastasis, cancer, Meckel's diverticulum, sprue

CASE 9

Nistentivv → Ascites

Abd. US: 85 yo alcoholic, increasing abdominal girth





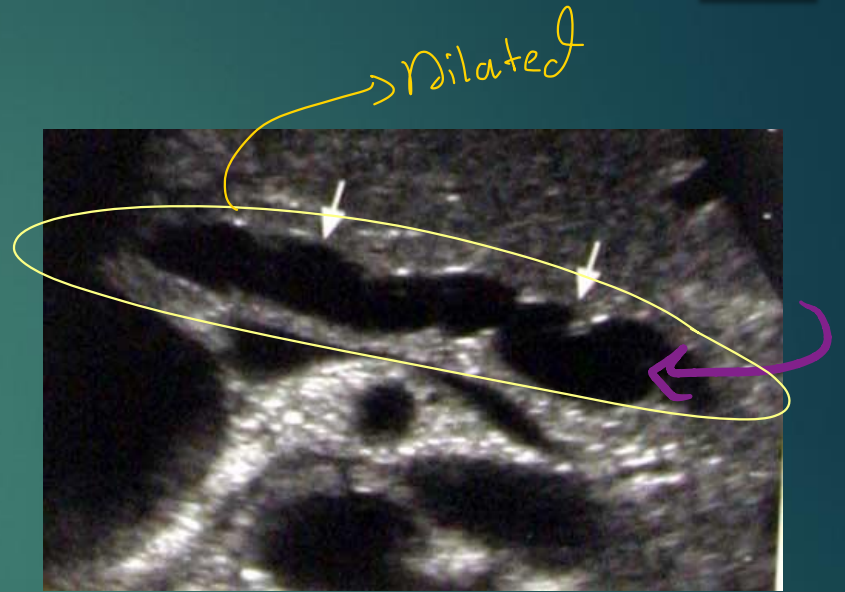
CIRRHOSIS

Initial images show marked ascites, a nodular liver capsule,
Surface nodularity is 88% sensitive, 82-95%
specific for cirrhosis on US

CASE 10



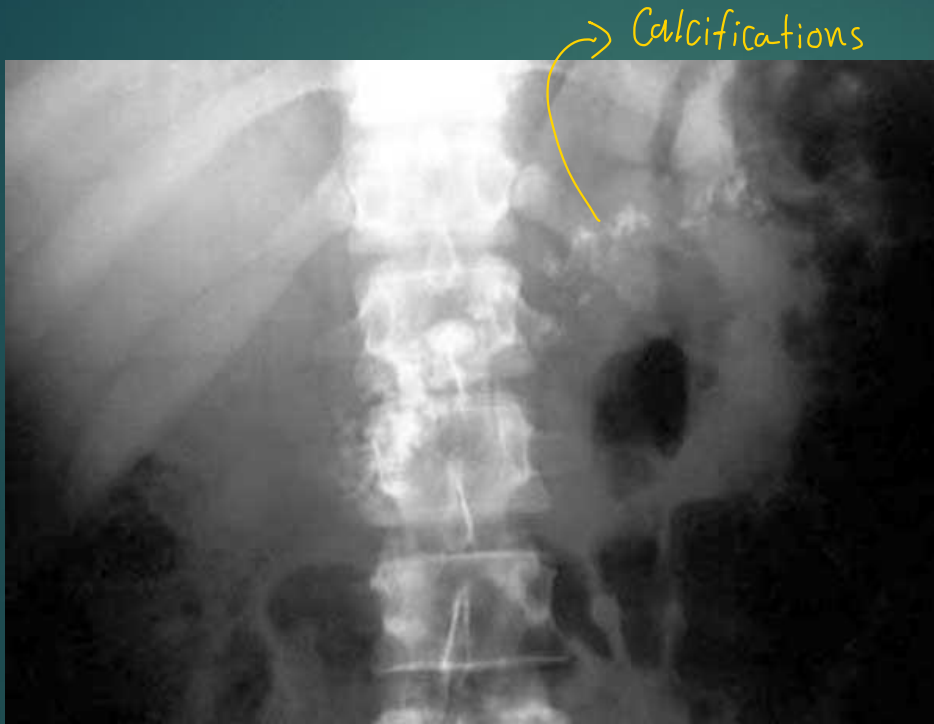
Calcifications



Dilated

Continued →

Confirmatory Imaging Modalities



Duct dilation ERCP
\$ normal pancreatic duct → hair line



Findings? Are these images consistent with your previous Dx?

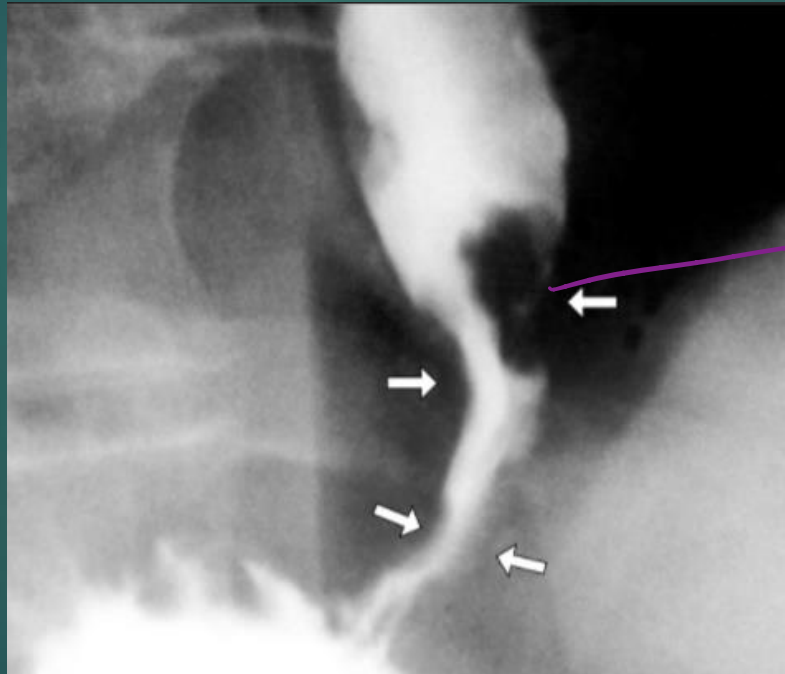
Continued →

Chronic Pancreatitis



- Initial images showed pancreatic calcifications along with a tortuous, dilated pancreatic duct; these findings were confirmed on plain film and ERCP.

case 11



Sholder

Oesophageal carcinoma



case 12

x-ray of
the Abd.



* Stomach and
duodenum

duodenal
atresia

double
bubbles

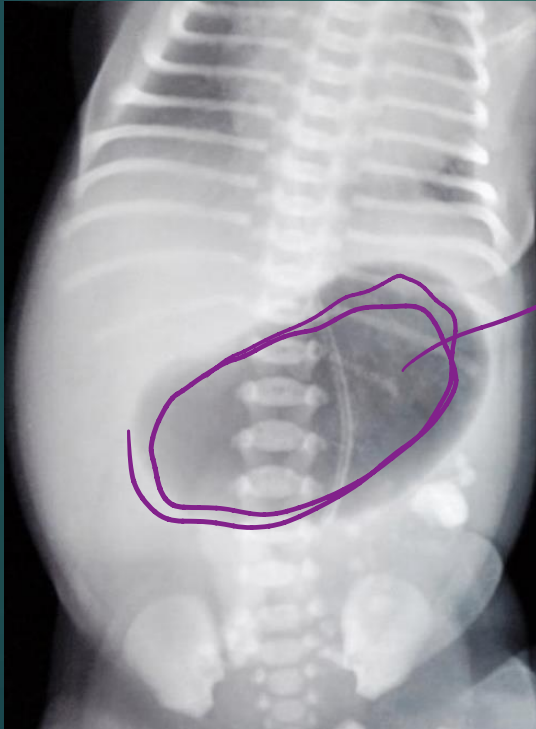


Congenital
anomalies

Double bubble sign

duodenal obstruction.

case 13



Lat bla

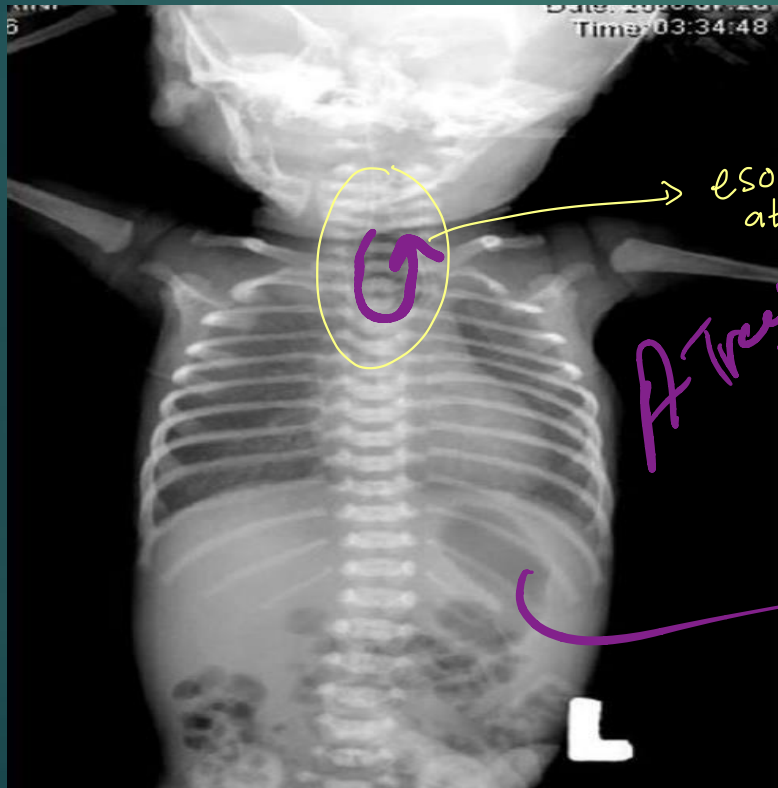
single bubble

pyloric stenosis

Single bubble sign

gastric outlet obstruction.

case 14



esophageal + distal fistula
atresia

Atresia

Fistula
Air في

esophageal atresia with distal
fistula

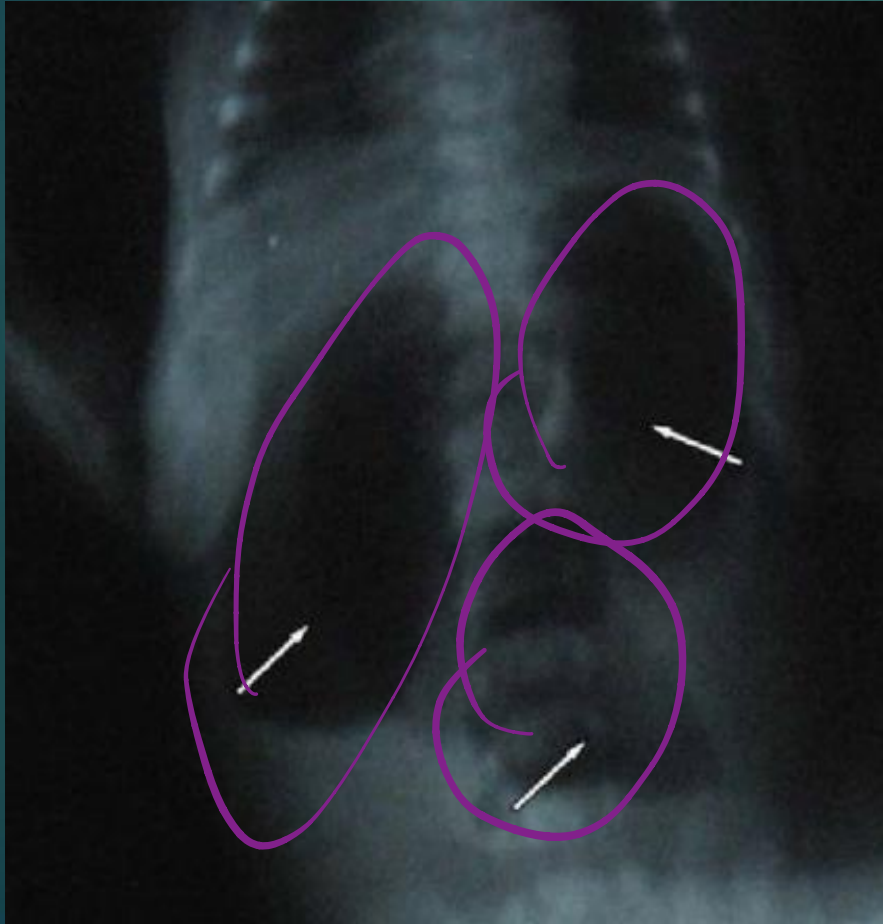




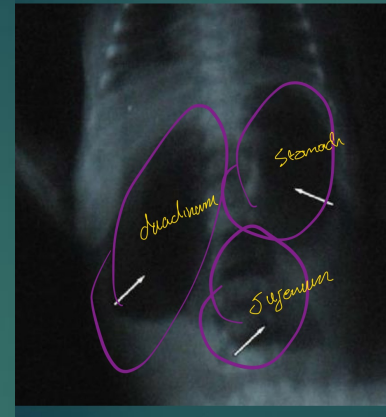
esophageal atresia without fistula



case 15



e 15



3

Triple bubble sign jejunal atresia





Thank you