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Transabdominal sonography of the stomach and duodenum

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Transabdominal sonography of stomach and duodenum can reveal following diseases such as gastritis, duodenitis and acid gastritis. An ulcer, whether it is superficial, deep with risk of impending perforation, perforated, sealed perforation, chronic ulcer and post-healing fibrosis and stricture, polyps and diverticulum, benign intramural tumours, intra-mural haematoma. Duodenal outlet obstruction is due to annular pancreas, gastro-duodenal ascariasis, pancreatic or biliary stents, foreign body, necrotizing gastro-duodenitis or tuberculosis. Lesions of ampulla of vater like prolapsed, benign and infiltrating mass lesions. Neoplastic lesion is usually a segment involvement and shows irregularly thickened, hypoechoic and aperistaltic wall with loss of normal layering pattern. It is usually a solitary stricture and has eccentric irregular luminal narrowing. It shows loss of normal gut signature, enlargement of the involved segment seen. Shouldering effect at the ends of stricture is the most common feature. Enlarged lymphnodes around may be seen. Primary arising from wall itself and secondary are invasion from peri-ampullary malignancy or distant metastasis. All these cases are compared and proved with gold standards like surgery and endoscopy. Some extra efforts taken during all routine or emergent ultrasonography examinations can be an effective non-invasive method to diagnose primarily hitherto unsuspected benign and malignant gastro-intestinal tract lesions, so should be the investigation of choice.

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