

SUMMARY AND CONCLUSION

Disease of the gastrointestinal tract usually is manifested sonographically as thickening of the gastrointestinal tract wall. Most pathologic conditions, whether inflammatory or tumorous, appear as a thickened loop of bowel. This thickened bowel wall has been described as a target pattern, in which central mucosa and luminal contents appear echogenic and are surrounded by enlarged hypoechoic region corresponding to an inflammatory or neoplastic involvement of the bowel wall.

The thickened bowel also may appear as the "pseudo kidney pattern". The pseudo kidney pattern occurs with oblique scanning, and refers to the echogenic center composed of mucosa and luminal contents surrounded by the hypo echoic thickened bowel wall, all of these signs are used to determine & specify the acute pediatric luminal gastrointestinal tract disorders specially infantile hypertrophic pyloric stenosis, intussusception, & acute appendicitis.

As well all the advantages are given to ultrasonography in the evaluation of pediatric patients thus ultrasonography has become an increasingly important, available, safe, useful, cheap, and hazardless modality in evaluating the gastrointestinal wall disorders in the pediatric population.

In conclusion, Ultrasonography is a key diagnostic tool in acute pediatric gastrointestinal tract disorders, & is preferred over other

modalities like contrast studies, computerized tomography and magnetic resonance imaging, in this age population. & In some cases new observations & follow up have been shown to be useful in the evaluation of prognosis and therapy.