# PART III

**RESULTS** 

#### RESULTS

This study included 49 patients, 44 males and 5 females, with age range from 20-60 years with a mean age of 38.08 years. The period of illness varies from one to 20 years with a mean duration of 5.67 years Table (I).

#### Clinical Presentation Table 2):-

- \* 46 cases had epigastric pain; in I9 of them the pain was referred to the back.
- \* Heart burn was found in 42 cases.
- \* 25 cases had nausea and vomiting.
- \* I8 patients presented with gastro-intestinal haemor-hage. Both haematemesis and melena were found in I2 cases, haematemesis alone in 2 cases and melena alone in 4 cases.
- \* 45 patients had epigastric tenderness.
- \* All the patients received medical treatment in the form of antacids and antispasmodics.

Table(I)
Sex,age and period of illness

Sex	Age	Period of illness
Male Female	20-60 Y.	I - 20 Y.
44 5	M = 38.08 Y.	M = 5 . 67 Y.

#### Post-operative Results:-

Post-operative Mortality: was nil.

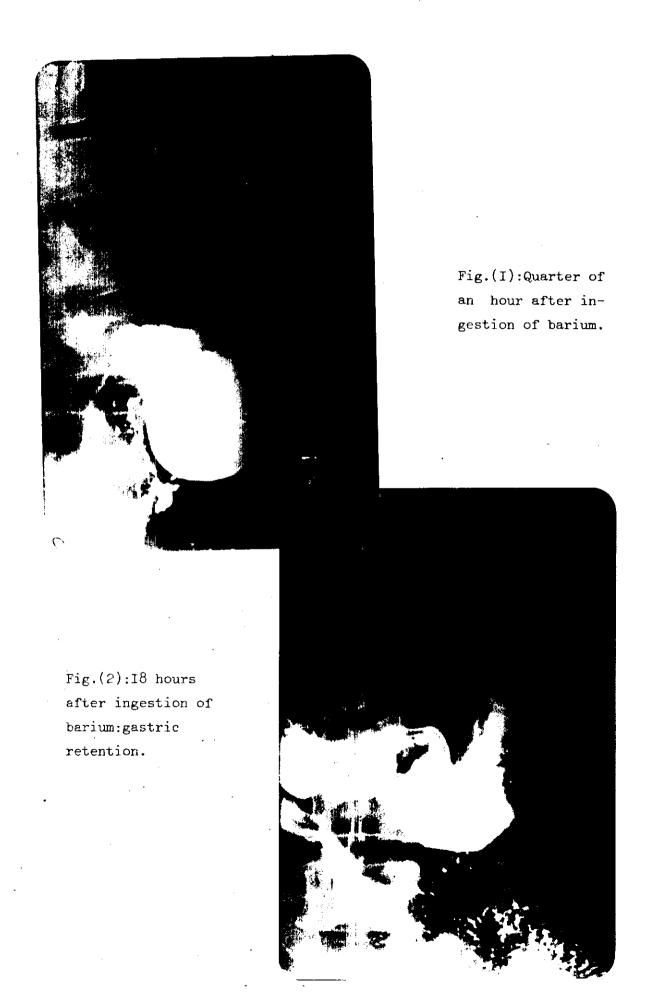
#### Post-operative Course and Complications:-

- \* During the operation, splenectomy was necessary in one case, in whom the spleen was injured during the operation. No serious operative complications occured and post-operative recovery was invariably rapid. Nasogastric tubes were used in all patients and tubes were removed on the second or third day. Fluids were started early and a light diet was commenced on the third day.
  - \* There was no case of lesser curve necrosis.
- \* Post-gastric retention: was present in one case after P.C.V., in whom probably the nerve of latarjet might have be injured , and was treated by gastro-jejunostomy . Fig.(I):to 5 showing to endoscopic and barium meal picture.

Table (2)

Clinical presentation

Epigastric Nausea Vomit pain	Epigastric pain	Nausea	Vomiting	Epigastric Nausea Vomiting Haematemesis Melena pain only only	Melena only	Haemet. and Melena	Heart burn	Heart Epigastric ten- burn derness	History of medical treat- ment
No.of cases	46	25	25	7	4	12	42	45	49
Percent	93.8	51.02	51.02	4.08	8.16	24.48 85.7	85.7	91.8	100
							•		



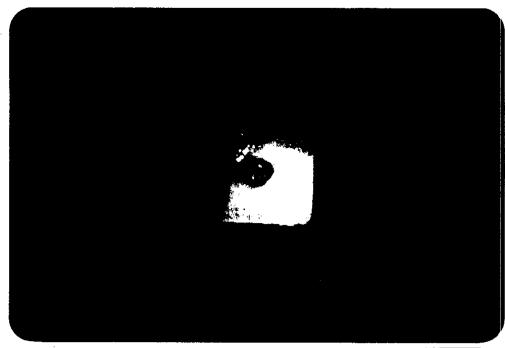


Fig.(3):Endoscopic picture of narrow pyloric opening after P.C.V.



Fig.(4):Endoscopic picture showing loss of antro-pyloric movement in case of Gastric retension after P.C.V.



Fig.(5):Endoscopic picture showing gastrojejunostomy as a drainage procedure.

Another case after S.V. + P.complained of gastric retention and endoscopic examination showed narrow pyloroplasty. Fig.( 6 & 7).

- \* Recurrence: recurrent ulceration or failure of the original ulcer to heal occured in 3 cases (6,12%). In S.V.+P. group, one case had recurrence after 6 months and in a second case the ulcer is still not healed till now i.e., after 2 years of follow-up.In T.V.+P. group, a third case showed delayed healing after one and half years and the patient was receiving medical treatment and diet regimen. Fig. (8,9 % IO).
  - \* Dysphagia: was a common post-operative complaint. It did occur in 24 cases, (48.9%). Dysphagia presented within the first week after surgery, mostly in the form of substernal distress soon after solid food was given.

In all the cases, the severity of dysphagia did range from mild to moderate and was transient, it lasted from 3-4 weeks and disappeared spontaneously. Endoscopy failed to visualize any organic lesion in a no of these patients. The highest incidence of dysphagia was found following P.C.V. (IO cases: 58.8%) followed by S.V.+P. (8 cases 53.3%) and its incidence was lowest following T.V. + P. (5 cases: 33.3%).

The post-operative symptoms are shown in table 3 .

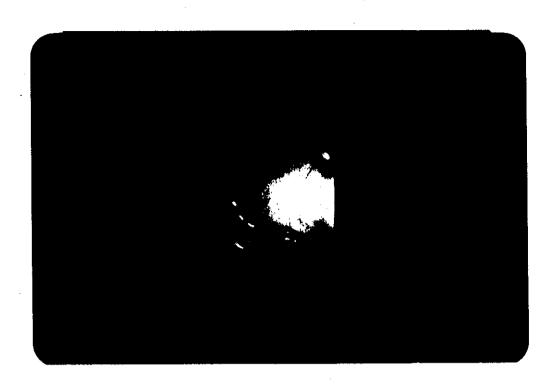


Fig.(6): Pre-operative D.U.

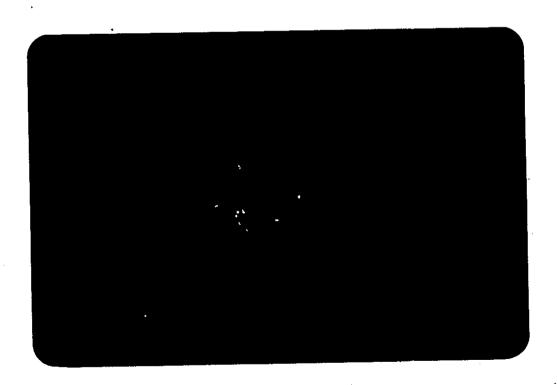
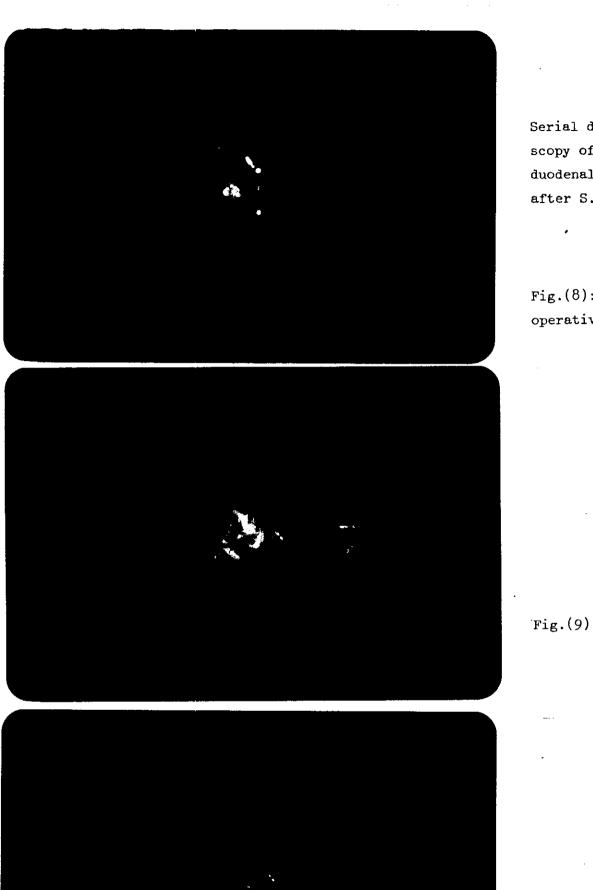


Fig.(7):Endoscopic picture 3ms after S.V.+F. showing narrow deformed pyloroplasty.



Serial duodenoscopy of unhealed duodenal ulcer after S.V.+P.

Fig.(8):Preoperative.

Fig.(9):After 6m.

Fig.(IO):After one and half year.

Table (3)
Frequency of post-operative Symptoms

Symptoms	P.0	c.v.	s.v.	+ P.	T.V.	. + P.
	No.	ફ	No.	8	No.	8
Epigastric fullness	<b></b> 5	29	5	33.3	3	 17.6
Early dumping	2	II.8	2	13.3	3	17.6
Late dumping	2	11.8	_		1	5.8
Nausea	2 ′	II.8	2	13.3	1	5.8
Food vaniting	3	17.6	2	13.3	1.	5.8
Bile vaniting	-	<del></del>	1	6.66	_	
Heart burn	4	<b>23</b> .	1	6.66	1	5.8
Flatulence	3	17.6	4	26.6	4	23.5
Regurgitation	1	5.8	_		_	
Diarrhea <sub>.</sub>	2	11.8	2	I3.3	3.	17.6

By applying Visick grading of functional results to our cases at their follow-up of II-56 months after operation, we have shown that most of the patients were included in category I & II which are regarded as highly satisfactory.

Categorie III: Included one case in P.C.V. group, which complained of persistent heart burn, flatulence, regurgitation and early dumping which strongly suggested recurrent ulceration, but endoscopy and X-Ray follow-up revealed absence of recurrent ulceration.

Categorie IV: Cases are of special interest in that they represent failure of surgery. The cause of failure in P.C.V. group is represented by a patient with retention and loss of antral and gastric motility which indicated injury to the nerve of latarjet. This patient has been re-operated on and a drainage operation "gastro-jejunostomy" was added by the end of 6 months.

In S.V. + P. Group: One case had a narrow pyloroplasty and gastro-jejunostomy has been added by the end of the first year. A second case had recurrent ulcer at the 6th month, and a third case showed unhealing till now i.e. after 2 years of follow-up.

In T.V. + P. Group : A cases showed delayed healing after  $I_2^1$  years on medical treatment and diet regimen .(Table 4).

Table (4)

Visick Grading of Functional Results

	GRADE IV	No. %		I 5.9	3 20.0	I 5.9		5 IO.20
	GRADE III	NO. %	, c		! !	¦ ,	!	I 2.04
	GRADE II No.	į	5 29.4	2 I3.3	8 47.0		15 30 62	-
Time of follow-nr Cours	No. 8		IO 58.8	OI 66.6	8 4.7		28 57.I4	
	. !	1	14.30	74-47	II-48			
	No.of pts.	P.C.V. 17	S.V.+P. I5	T.V.+P. 17	   			

## Laboratory Results:-

## A. Gastric Acidity:-

Tables 5a,b,c and graphs 2a,b,c, 3a,b,c, 4a,b,c, show the basal acid output and the pentagastrin-stimulated acid output (maximal acid output) in P.C.V., S.V. + P. and T.V. + P. groups pre-operatively and post-operatively during the 3rd and 4 th weeks, after 6 months one year, two years and three years.

In P.C.V. group, the pre-operative basal acidity ranged from 26-65 mEq/L. with a mean value of 38.88 ± 12.55. The pentagastrin-stimulated gastric acidity ranged from 48 - 90 mEq/L. with a mean value of 69.94 ± 13.07. Both values decreased significantly (P < 0.00I) after operation reaching mean values of 9.57 ± 6.43 and 2I + I2.6 mEq/L. respectively 3-4 weeks after operation. The percentage of reduction being 75.38 % and 69.97% respectively. During the period of follow-up no significant changes occured.

In S.V. + P. Group: the pre-operative basal acid output ranged from I9.5-4I mEq/L with a mean value of 30.83+7.8 mEq/L. The pentagastrin-stimulated secretion ranged from 30.5-76mEq/L. with a mean value of 56.68 + I4.74 mEq/L. Both values decreased significantly (P < 0.00I) after operation reaching mean values of II.43 + 5.37 and 23.66+7.73mEq/L.

respectively 3-4 weeks after operation. The percentage of reduction being 62.92% and 58.25% respectively. No significant changes occurred during the following three years.

In T.V. + P. group: the pre-operative basal acid output ranged from I5-42.5 mEq/L. with a mean value of 3I.47± 7.69 mEq/L. The maximal acid output ranged from 40-75mEq/L. with a mean value of 57.38 ± IO.93 mEq/L. Both values decreased significantly (P <0.00I) after the operation to values of 8.68 ± 4.3I and I6.7 ± 5.68 mEq/L. respectively 3-4 weeks after the operation. The percentage of reduction being 72.4I% and 70.89 respectively. No significant changes occurred during the follow-up period.

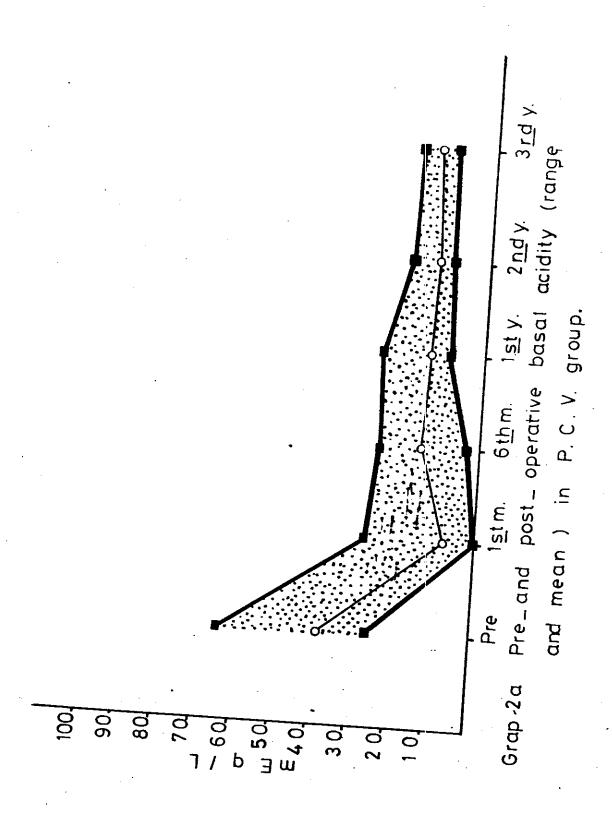
Table (5a)

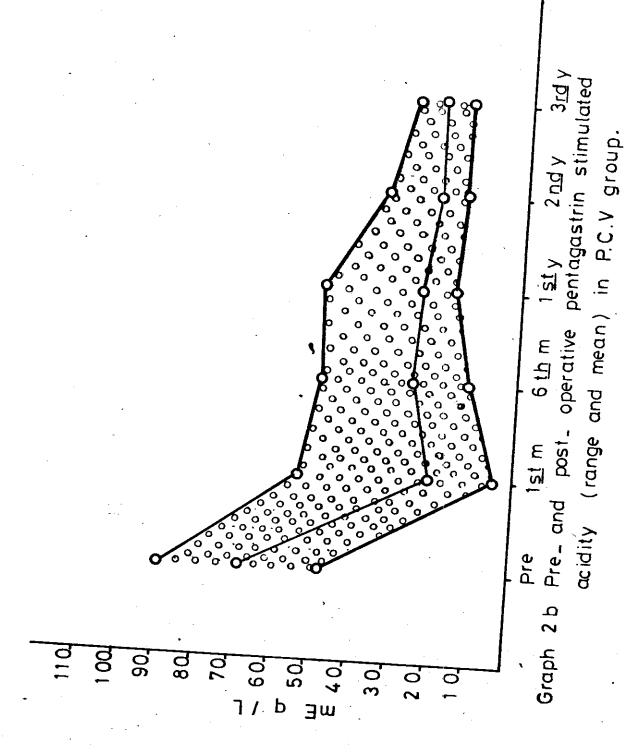
Pre and Post-operative Gastric Acidity in PCV Group

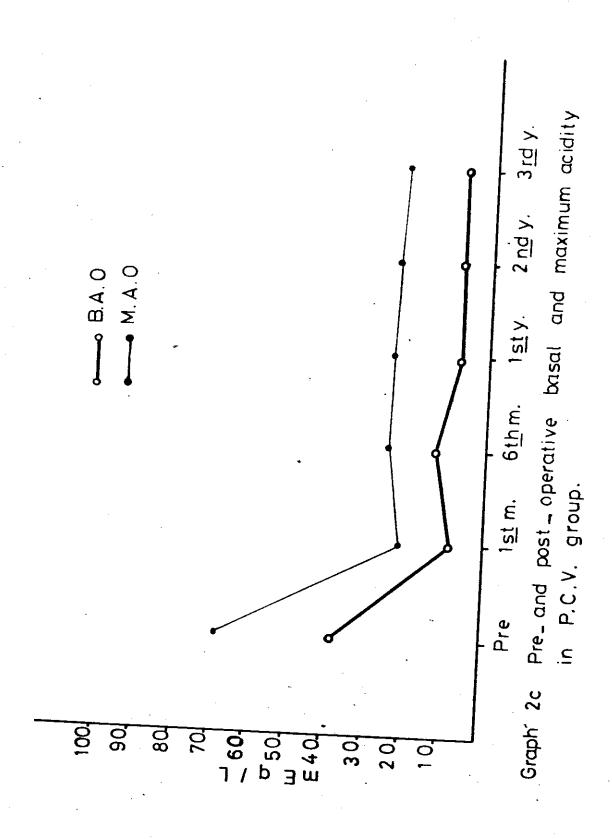
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5	29	8.3	19	8	10		16	71	5	20	) 2	0	22		20
6	34	4.3		10	15		10	43	16	18	3 1	6	20		22
7	30	12			10		15	65	16		ı	8	25		28
8	41	15	18	13	13		14	64	20			-			22
9	32	27	25	25			15	81	41	38	28	3	28		28
10	26	6	13	12	12		~~	70	55	50	50	)			
11	18	5	3	8	8		~~	72	10	28	25		25		
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 $<sup>^{</sup>P}_{I}$  : Significant difference between pre-operative and 3-4 W. post-operative values.

 $P_2$ : Significant difference between post-operative follow-up values.





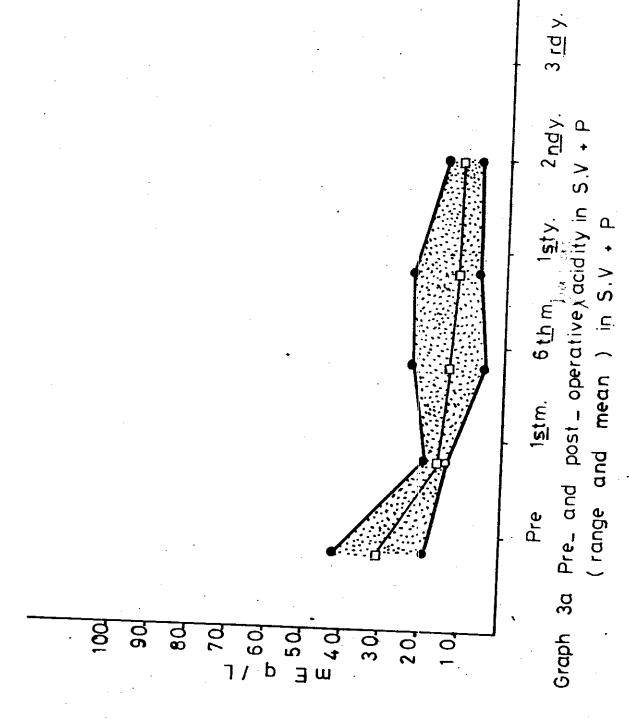


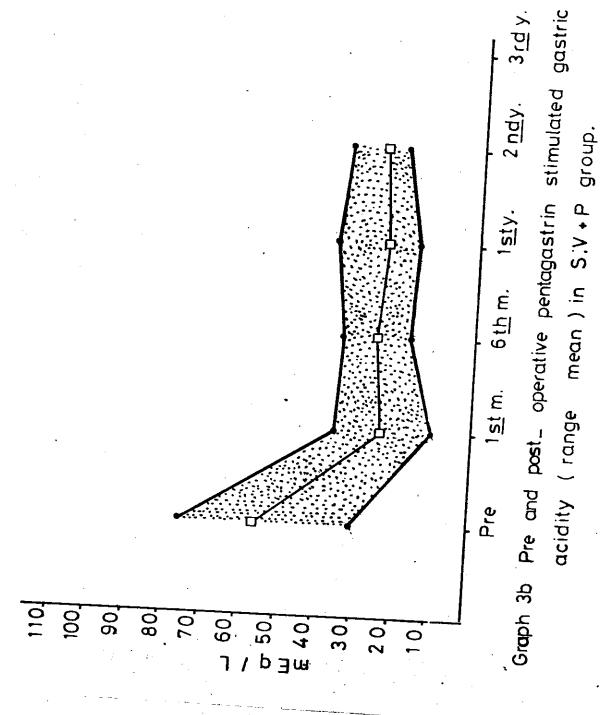
Table(5b) Pre and Post-operative Gastric Acidity in S.V+P Group

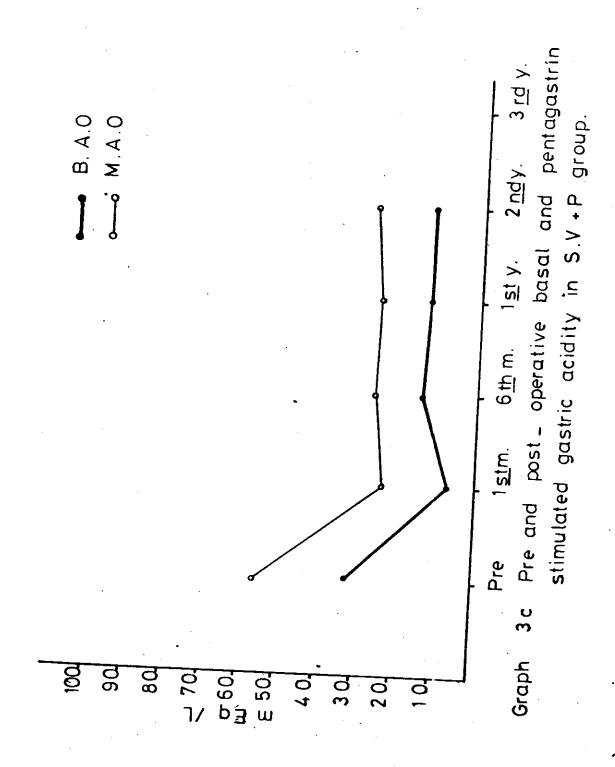
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	5	41	10	15		18			65	18	18	18	. 13	_
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	7	30	10		12				44	19	18		20	
8	3	25	6	12					52	18		20		_
g	)	38.5	13	15		12	~~		40	10	20		20	
10		<b>3</b> 0	12	12	10				58.2	22	23			
II		30.5	11			12		•	<b>5</b> 8	25	25	20	25	
12	4	<b>4</b> 4	25	23	23	~~			67.5	22				
13	٠ 4	10.5	17	18	18	16			75	33	33	33	28	
14	1	9.5	17.5	18.6	~~				74	34	35	37		
15	2	0.5	8	13	9		~-		40	25	26.6			
					•				30.5		17	16		
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 $P_{I}$  : Significant difference between pre-operative and 3-4 W. Post-operative values.

 $P_2$ : Significant difference between post-operative follow-up







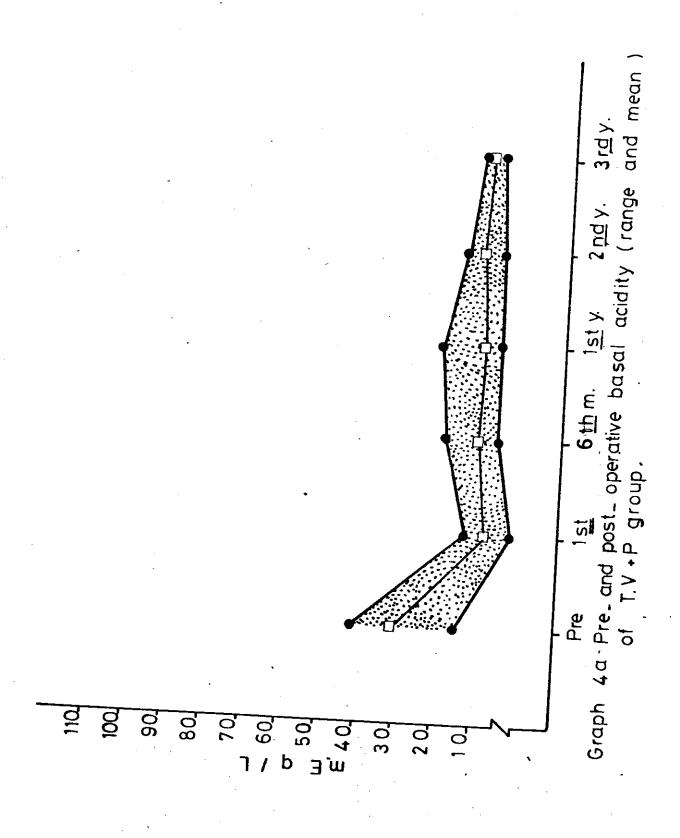
<u>Table(5c)</u>

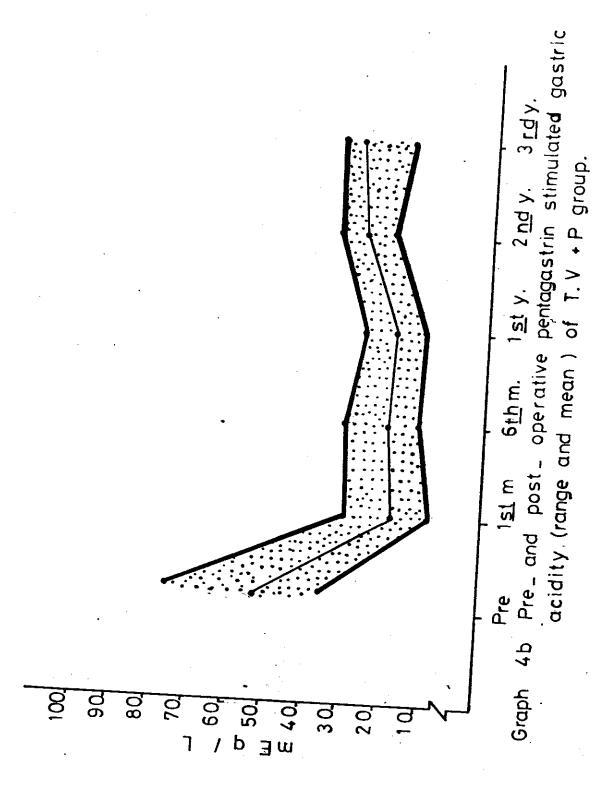
Pre and Post-operative Gastric Acidity in T.V+P Group

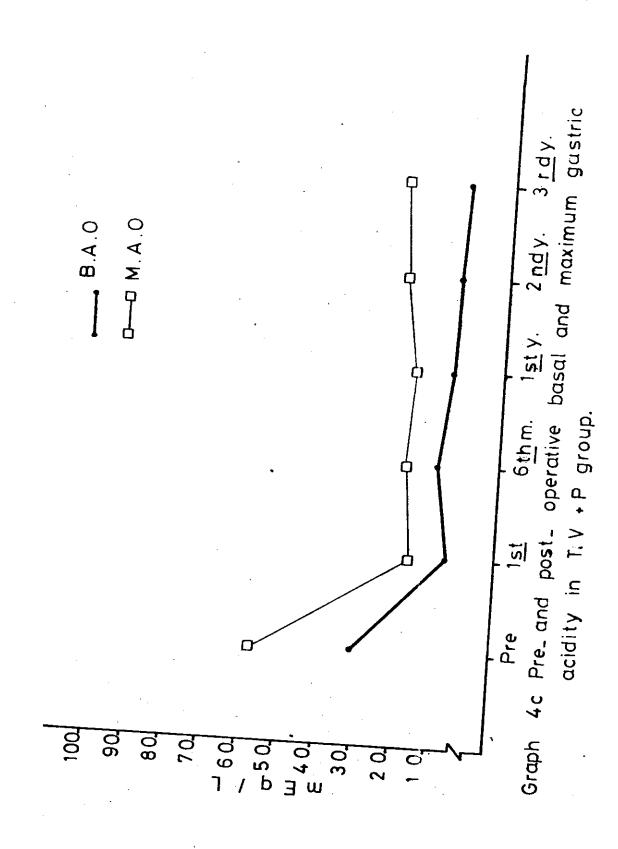
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7	30	0	13	29	. 2	21	16	•			5	16	22				24		25
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 $P_{I}$  : Significant difference between pre-operative and 3-4 W. post-operative values.

 $P_2$ : Significant difference between post-operative follow-up values.







### Insulin Test:-

Insulin test was done on 47 cases to evaluate completeness of vagotomy. 39 cases proved repeatedly to be negative. However 8 cases proved or turned to be positive.

In P.C.V. Group: 3 cases were positive 3-4 weeks after operation, 2 of them became negative and their ulcers healed at the 6th month of follow-up. Moreover, through the third is still positive, he is symptom-free and no ulcer recurrence could be detected in this case for 36 months following surgery.

In S.V. + P. Group: 3 cases. 2 were positive 3-4 weeks after the operation. One of them still have unhealed ulcer and the insulin is still positive. The second cases has recurrent ulcer. The third was negative during the first year after the operation and turned positive in the second year with no proved recurrence.

In T.V. + P.: 2 insulin tests were positive. One of them showed delayed healing for more than one year, received medical treatment with dietary regime and the ulcer healed in the second year, but the insulin test is still + ve. The second became - ve and the ulcer healed 6 months after the operation.

#### Fat In Stool:-

Table 6 a shows the 24 hour fat in stool of P.C.V. group. The pre-operative value ranged from 0-9 gm with a mean value of  $4.14 \pm 2.65$  gm. There were no significant changes during the subsequent three years of follow-up.

Table 6 b shows the 24 hour fat in stool of S.V.+P. group. The pre-operative value ranged from 0-6 gm with a mean value of  $4.35 \pm 1.75$  gm. A mildly significant increase (P=0.0I) occured three to four weeks after the operation but no significant changes happened during the subsequent period of follow-up.

In table 6c, the pre-operative value of fat in stool in T.V. + P group ranged from 2.7 - 9.4 gm with a mean value of  $5.56 \pm 1.82$ . A highly significant increase (P < 0.00I) occured 3-4 weeks after the operation with no significant changes during the subsequent period of follow-up .

Graph 5 shows the relation between the three groups.

Table (6a)

Pre and Post-Operative Fat in Stool in P.C.V Group.

<del>-</del>	Pr	e 3-4	W. 6m.		. 2 Y	. з у
1	4.9	9 _	 6			
2	4.0	6.0			6.8	6.0
3	4.0	5.0			6.0	6.0
4	4.0			4.0	0	~~~
5	2.0		2.5	1.0	4.2	3.9
6	o	2.4		0.2	0.2	3.0
7	0	3.0		3,4	3.0	3.0
8	4.0	5.3		~~		5,8
9	2,6	3.4	4.0	2.9		3.0
10	4.2	5.9	3.0			
11	2.0	10.0	0.0		4.8	4.0
12	4.0	4.2	0	13.4	3.7	4.2
13	8.0	4.Z	-,-		4.3	4.0
14			~~	2.0	2.0	3.0
15	5.0	6.0	` <b>~~</b>			
16	8.6	8.3	<del></del>	·		
7		10.2	0,0	<b></b> .		
		~~~~~~~~.			~~	
nge	0- 9. 0	2.4-10.2	2 3-12 0	2 0-12 4		
				5 25	2.0-6.8	
υ. <u>+</u>	2.65	2.46	3 5 T	5.25		4.17
				3,57	1.41	1.22
		0.1		·		
	•		0.1	0.1	0.1	0.1

 $<sup>^{</sup>P}_{I}$  : Significant difference between pre-operative and 3-4 W. post-operative values.

 $<sup>^{</sup>P}_{2}$  : Significant difference between post-operative follow-up values.

Table (6b)

Pre and Post-operative Fat in Stool in S.V+P Group

							+P Group
~	Pre	3-4W.	6m.	IY	 ?.	2 Y	. зу.
1	3.8	6.2	8				
2	6.0	10.0	_	- I5		~	14.3
3	4.0		13	-		17.0	0.5
<b>4</b> 5	4.0 3.8	~-	5.5		0	8.0 ~~	9.0
6	4.8		7.4		•	8.8	
7	8	9.7	6.8			5.3	_
8	4.0		- <u>-</u>	7.,	8	II	<b>-</b> .
9 0	3.6 4.8	8.3	6.6	7.6		7.0	_
I		5.6	5.6	5.3	3	5.0	-
2	3.8	8,9	~- 8.9	 9.4			-
<b>3</b> !	4.3	9.0	9.0	6		7.3 8.7	~
	6.0 0	10.7 5.2	10.7	-		-	~
			5.2 	4	٠	-	-
nge an	0-6.0 4.35	5.6-10.7	5.2-10.7	5.3-15	5.0-	 17	9 -14.3
)+ 	I.75	1.92	2 30	7.69	8.6	38 ·	10.40
		0.0I				·	2.69 
			0.1	0.1	0.1		0.1

 $<sup>^{</sup>P}_{I}$  : Significant difference between pre-operative and 3-4 W. post-operative values.

 $P_2$ : Significant difference between post-operative follow-up values.

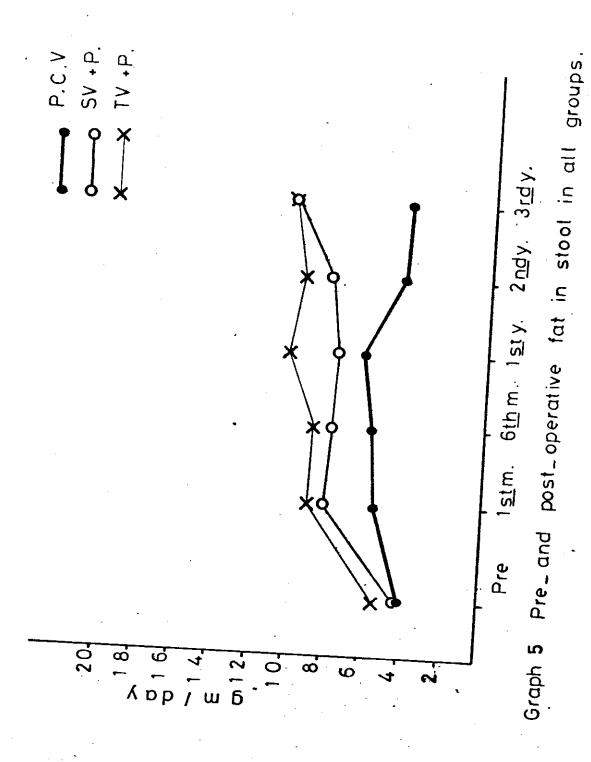
Table (6c)

Pre and Post-operative Fat in Stool in T.V+P

		re 3_/			tool in T.	
		3-4	1W. 6n	- 1	Y. 2	. з <u>у</u>
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2	Ο,	.2 11.	~	- 12	12	13.
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[4	5.3 6.0	, 8.3	7.4		~~	
5	9.4	9.6	9.3	~-		
;	4.3	0.0	10.2	10		
	6.0	6.8	6.8			
		9.4				
nge	2.7-9.4	6.3-I3.8 8.99	C			
an	5.56	8.99	8 04	7.5-13.7	7.5-12	9-13.4
D. <u>+</u>	I.82	2.17	8.9 <b>7</b> I.97	10.10	9.44	10.64
				2.32	1.58	I.72
<		100.0	_ <b>_</b>			
<			0.1	0.7		
			- • •	0.1	0.1	0.1

 $<sup>^{</sup>P}_{I}$  : Significant difference between pre-operative and 3-4 W. post-operative values.

 $P_2$ : Significant different between post-operative follow-up values.



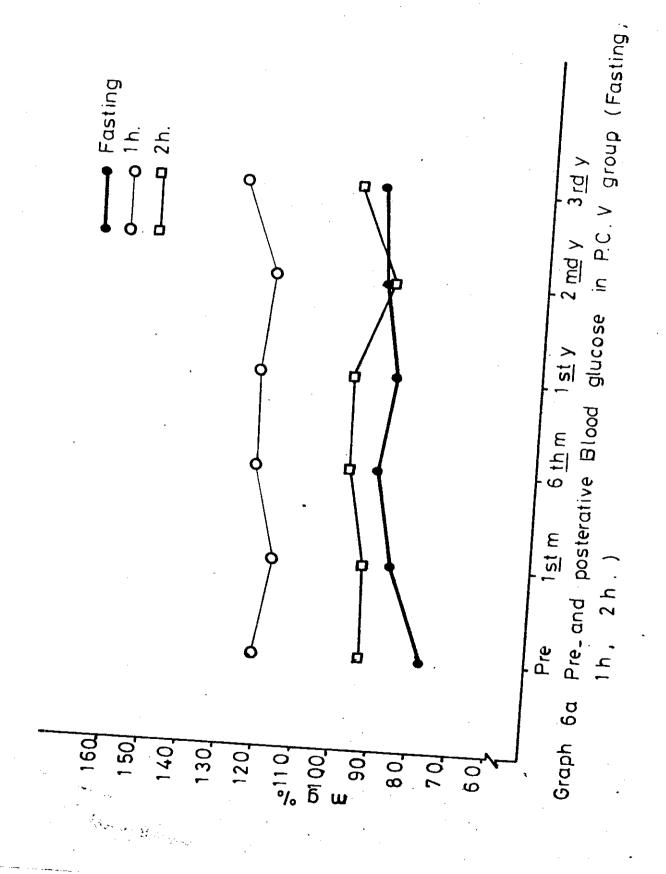
## Blood Sugar Curve:-

Table 7a and graph 6a demonstrate that the fasting blood sugar levels & the glucose tolerance curves do not show changes of significant value between the pre-operative and post-operative blood sugar levels in P.C.V. group.

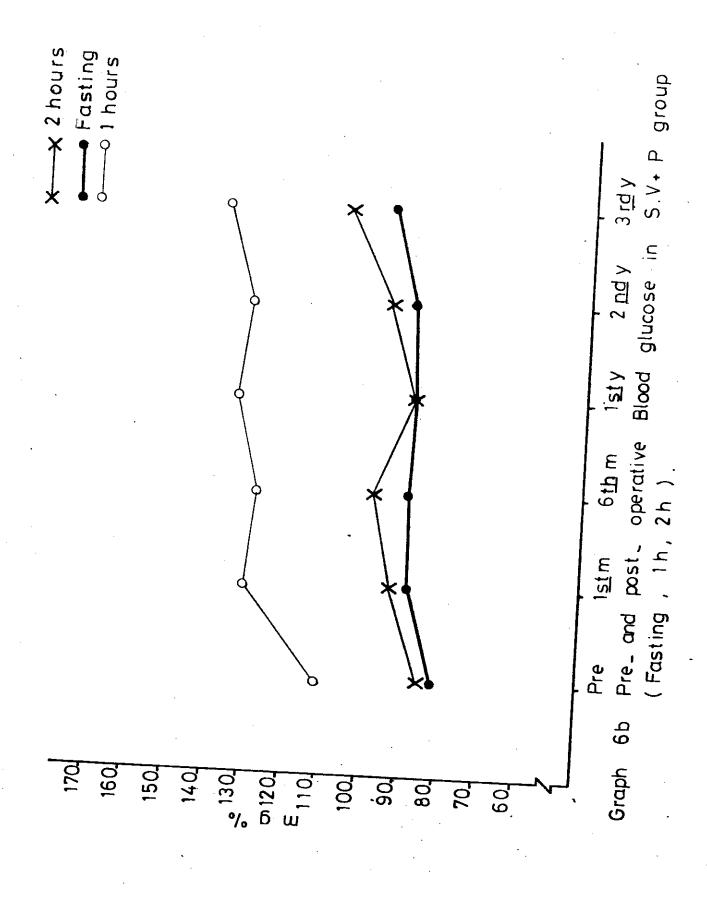
Table 7b and graph 6b show no significant changes in fasting blood glucose after S.V. + P operation; meanwhile, there was a slighly significant (P < 0.05) increase in blood sugar values at one hour after oral glucose tolerance test in the 2 years following the operation.

Table 7c and graph 6c show also no significant increase in fasting blood glucose after T.V. + P, but there was a significant rise in the one hour value after glucose tolerance test during the three years following the operation.

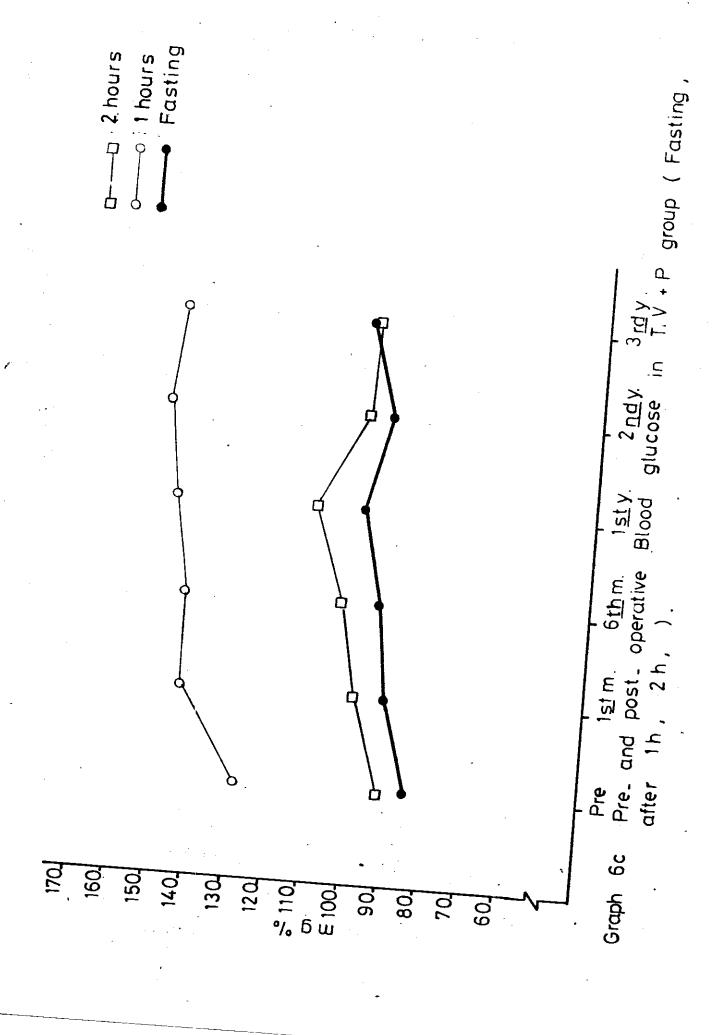
I 2 2 3 3 4 4 5 5 6 6 7 10 10 11 12 12 12 13 10 10 10 10 10 10 10 10 10 10 10 10 10
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H H   O 2 O 5   1
100 100 100 100 95



$^{P}I^{:Significant\ change}$	P <sub>I</sub> ^	I 77 2 84 3 84 4 84 5 84 6 90 7 81 8 77 9 90 10 88 11 83 12 88 13 79 14 89 15 68 Range 68- 90 1 Mean 83.07 11 S.D.+ 6.01 1
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tive	blood	1 7 8 4
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		<del></del>



## Barium Meal Examination:-

Pre-operative barium meal: Barium meal was done for 45 cases by different techniques: 45 conventional barium meal, I6 pharmacoradiological barium meal, I9 double contrast barium meal. Fig.(II to 20).

Table (8)

Pre-operative barium meal

	Niche	Def. only	Def.&niche	Free	
			·		
45	10	15	9	II	
	22.24%	33.33%	20.0 %	24.44%	
		en e			

Pre-operative barium meal using either the conventional barium meal or other modifications (pharmacoradiological + D.C.) could demonstrate an ulcer and/or deformity in 76%.

Pre-operative emptying time: The gastric emptying time was done on 26 cases. It ranged from I.I5-4.I5 h.with a mean time of  $2.I2 \pm 0.57$  hours.

## Post-operative Barium Meal & Emptying Time:-

P.C.V. Gr.:During the first three years of follow-up, there was no evidence of recurrent ulceration in all post-operative cases.

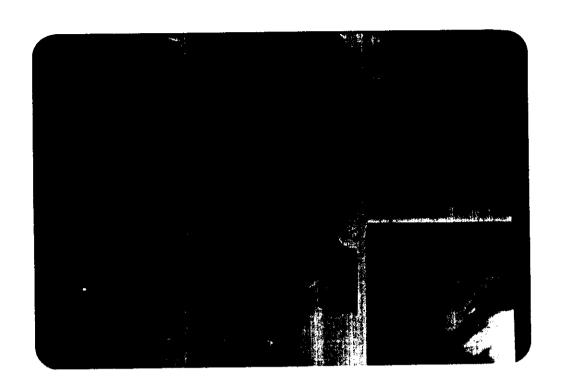


Fig.(II):Serial conventional duodenography of anterior duodenal ulcer.

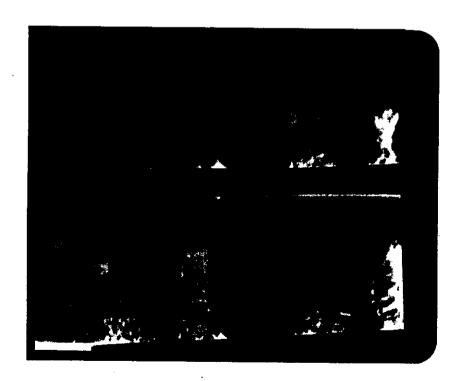


Fig.(12):Serial Double contrast duodenography of anterior duodenal ulcer.

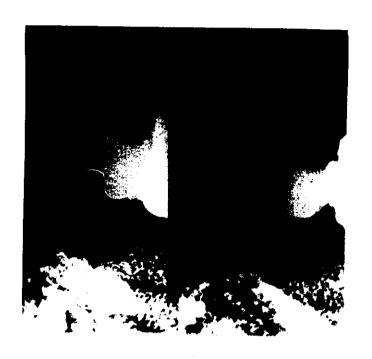


Fig.(I3):Conventional duodenography of inferior duodenal ulcer.

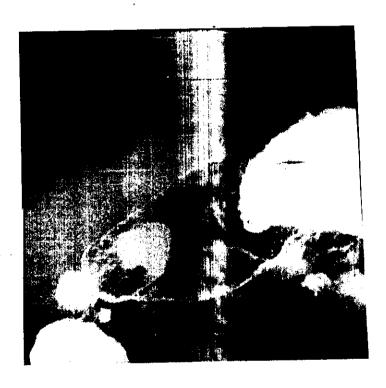


Fig.(14):Double contrast radiography of inferior duodenal ulcer.

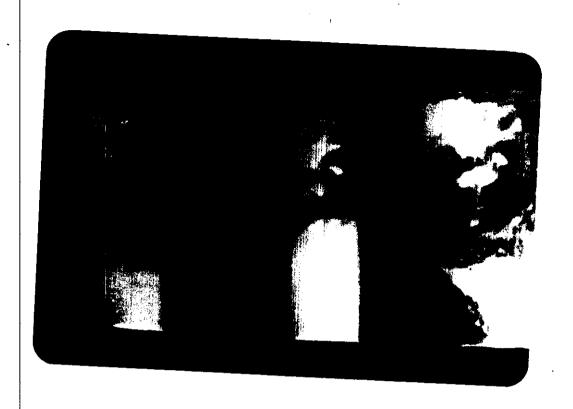


Fig.(15):Serial conventional duodenography of superior duodenal ulcer.



Fig.(16):Double contrast barium meal showing superior duodenal ulcer.

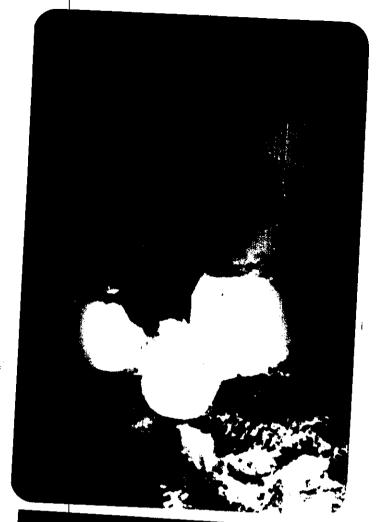


Fig.(17):Barium meal show duo-denal cap deformity with ulcer niche.

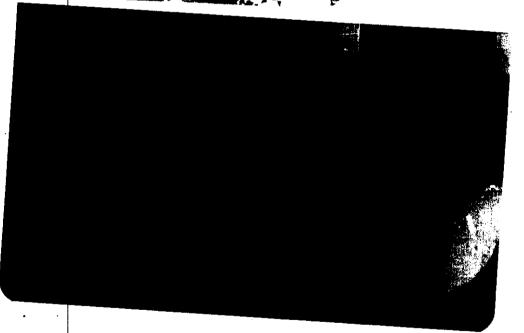
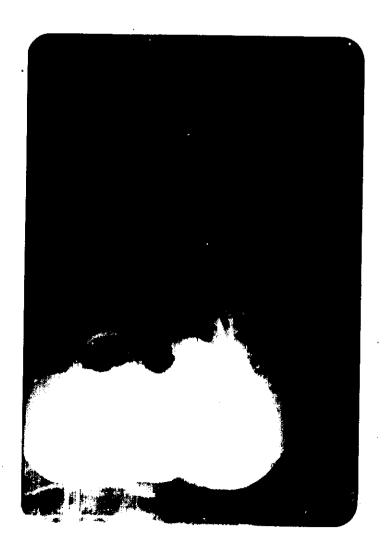


Fig.(18):Serial duodenography show deformed duodenal cap and ulcer niche.



Fig.(I9):Barium show deformed duodenal cap.

Fig.(20):Barium meal show deformed duodenal cap and ulcer niche.



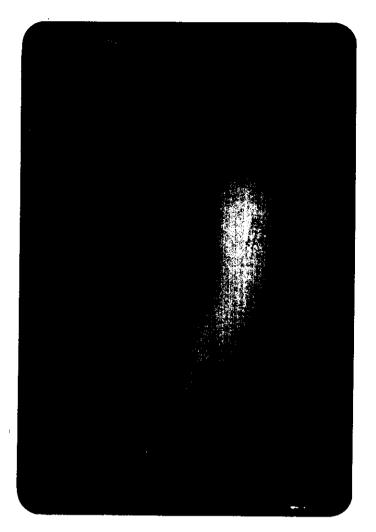
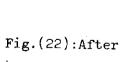
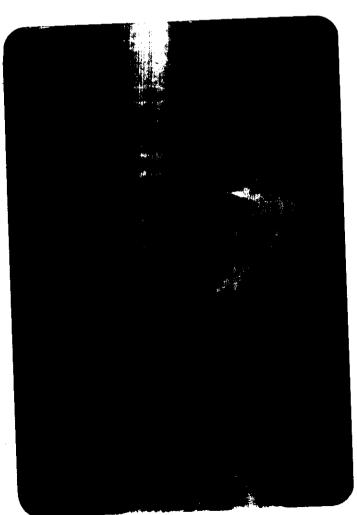


Fig.(2I,22,23,24):
Show barium evacuation rate after P.C.V.

Fig.(2I):After I5min.



.45 min.



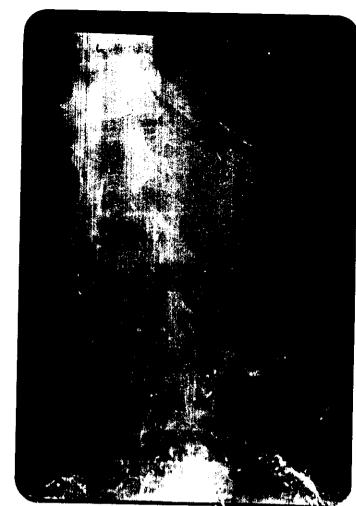


Fig.(23):After 75min.



Fig.(24):After IO5 min.

Gastric emptying time was done on twelve cases. It ranged from half an hour to 4 hours with a mean time of  $2.04 \pm 0.94$  hours. The mean percentage of reduction in time from the pre-operative value was 3.77%. So the gastric emptying time became slightly but not significantly faster than the pre-operative value. Fig. (2I to 24).

One case only shows delayed post-operative evacuation rate, which exceededs I8 hours with gastric atony.

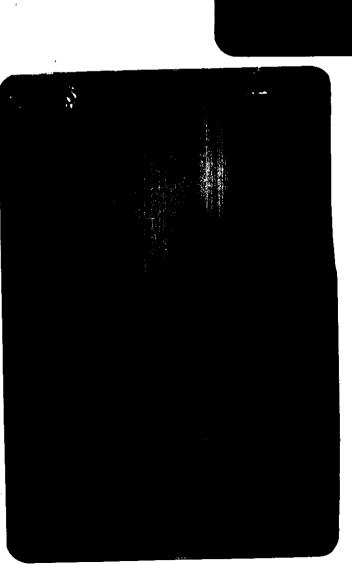
S.V. + P.:Radiology showed no evidence of ulceration except in two cases which were false positive and in 2 cases which were false negative. The distortion of pylorus due to pyloroplasty with pseudodiverticulae within the gastroduodenal region made it difficult to determine if a persistent deformity of duodenal bulb is due to active ulceration or is simply the result of surgical deformity. Fig. (25 to 37).

Gastric emptying time was done on IO cases which revealed range of 0.45-3.45 hours with a mean of I.96+0.78 hours. The mean percentage of reduction from pre-operative value was equal to 7.5%. This reduction was also insignificant .Fig. (26 to 29).

One case has developed gastric retention and gastrojejunostomy was done as drainage operation at the end of the first year.



Fig.(25):False negative barium meal after S.V. + P.

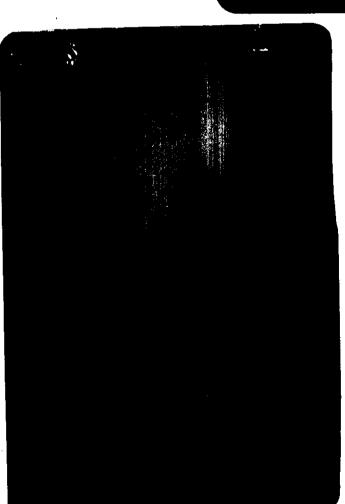


.nim2I retter 15min.

.4 + .V.2

tion rate after

Spow barium evacua-Fig. (26,27,28,29):



.nim ₹7 Tig.(27):After



Fig.(28):After I35 min.



Fig.(29):After 165 min.

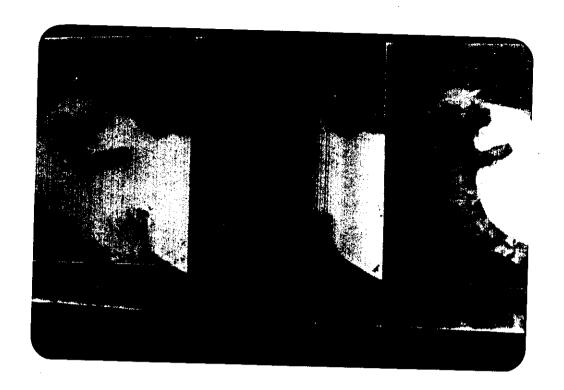


Fig.(30):False positive barium meal after.
T.V. + P.

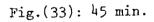


Fig.(3I):Post-operative D.U. after T.V. + P.



Fig.(32,33,34,35):
Show barium evacuation rate after
T.V.+P.

Fig.(32): I5 min.



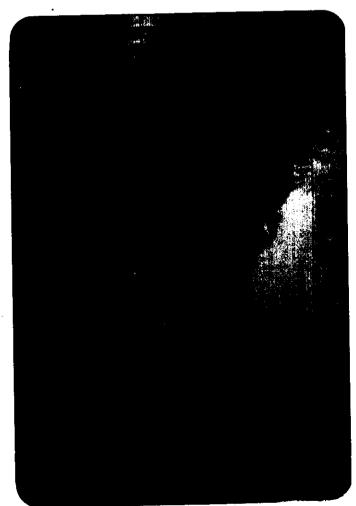




Fig.(34):After 75 min.



Fig.(35):After IO5min.

 $\underline{\text{T.V.} + P:}$  No ulcer could be seen by post-operative X-Ray except in one case showed ulcer niche.Fig.(30,31 & 36).

Gastric emptying time has been done on II cases. It ranged from 0.5 - 2.95 hours with a mean time of I.88+0.88 hours. The mean reduction from the pre-operative value was I2.26% which is non significant.Fig.(32 to 35).

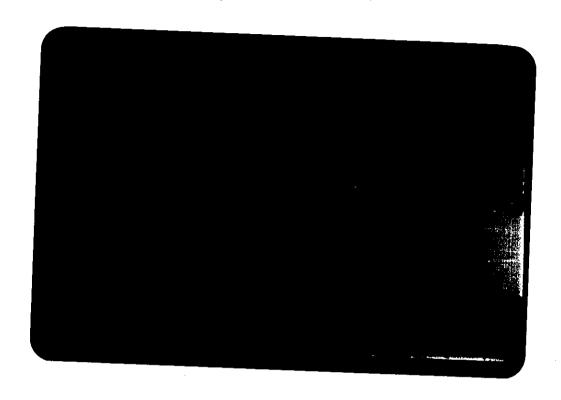


Fig.(36):Barium meal after T.V.+P. showing deformed pyloroduodenal region.

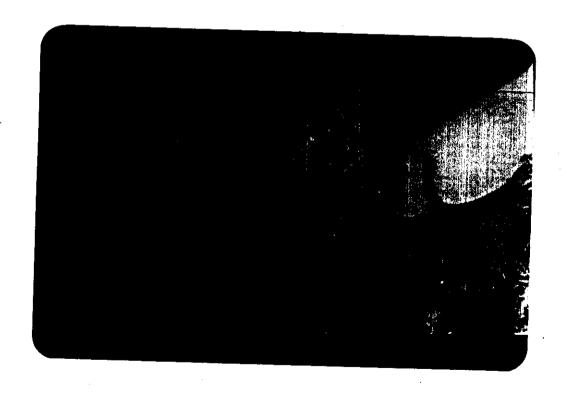


Fig.(37):Barium meal after S.V.+P.showing deformed pyloroduodenal region.

## Endoscopic Results:-

duodenal ulcer . In 43 of them , the ulcer was directly seen and its site was described as anterior in 30 cases, posterior in IO cases and as anterior and posterior (Kissing ulcer) in 3 cases . The remaining three were diagnosed by circumstantial evidence of the presence of deformed duodenal cap.

Two cases were found to be free by endoscopy and in another, the endoscopy did failed .

Endoscopy done post-operatively to assess the healing of the ulcer, the antral motility and the pyloric shape, site and motility, the cardio-oesophageal junction and the gastric mucosa revealed:-

In P.C.V. Group: At the end of the first month, endoscopy was done for I5 patients. IO of them showed healing and 5 still showed active ulcers.

By the end of 6 months: 4 of the 5 cases showing active ulcers became healed. Fig. (38 to 43).

By the end of the first year the  $5\underline{th}$  case showed endoscopic evidence of complete healing.

## Endoscopic Results:-

46 cases were diagnosed endoscopically as an active duodenal ulcer . In 43 of them , the ulcer was directly seen and its site was described as anterior in 30 cases, posterior in IO cases and as anterior and posterior (Kissing ulcer) in 3 cases . The remaining three were diagnosed by circumstantial evidence of the presence of deformed duodenal cap.

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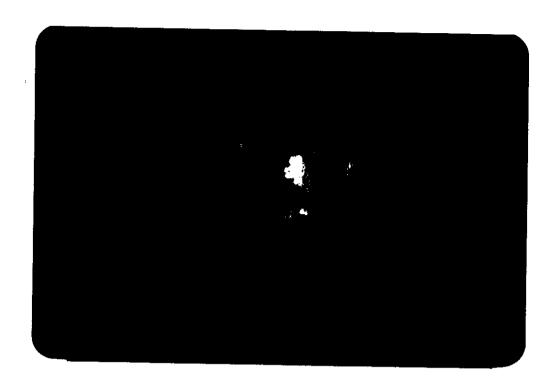


Fig.(38):Endoscopic picture of huge pre-operative D.U.

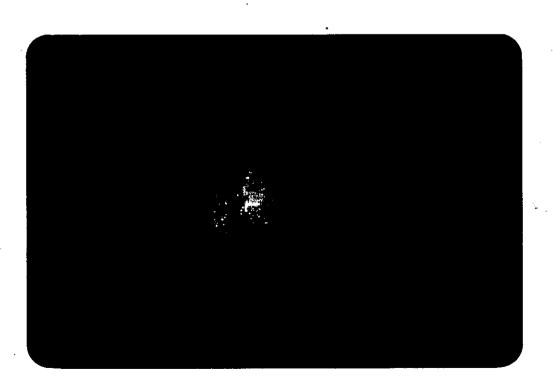


Fig.(39):Endoscopic picture after F.C.V. showing incomplete healing of the ulcer after I m.

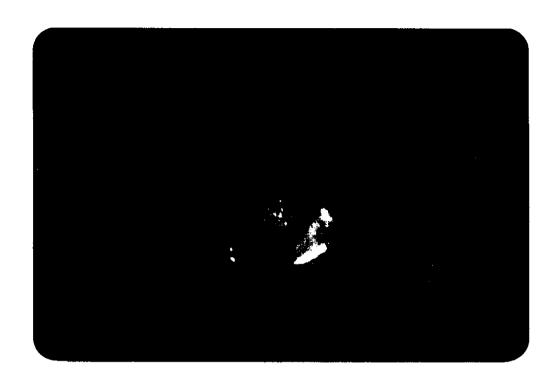


Fig.(40):Endoscopic picture showing healing of the ulcer after 6m.



Fig.(41):Endoscopic picture of the same case showing intact antro-pyloric movement.

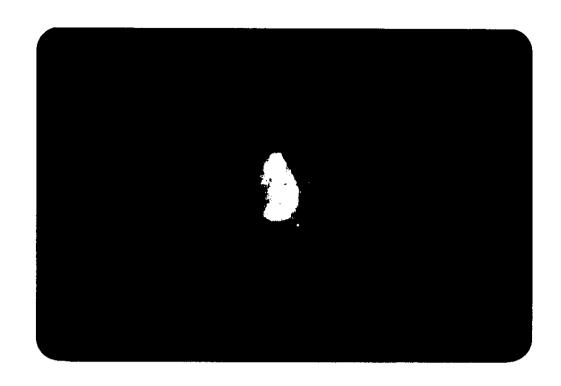


Fig.(42):Endoscopic picture of positive pre-operative duodenal ulcer.

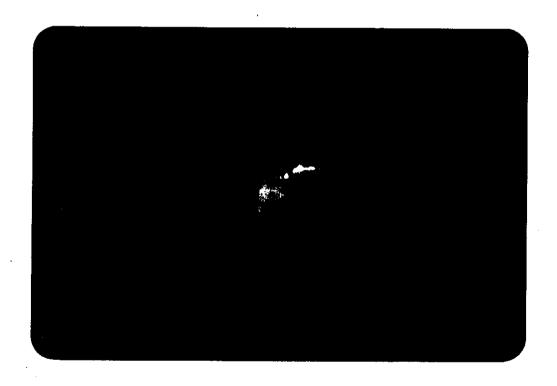


Fig.(43):Endoscopic picture after F.C.V. showing healed ulcer,after 6m.

The two cases that missed earlier follow-up were followed after one and half years. One of them showed healed ulcer, and the other was clinically excellent (grade I Viscik), but he refused endoscopy.

The pyloric movement and the antral motility were within normal, except one case in which the antral motility was sluggish and the pylorus narrowed and the patient complained of retention. Fig. (4)

In S.V. + P. Group: By the end of the first month: I2 cases were done: 7 of them showed complete healing, 5 were unhealed, one of the healed cases showed narrow deformed pyloric opening and evidence of gastric retention.

By the end of 6 months, one of 7 healed cases showed recurrence of an active ulcer and from the 5 unhealed cases, 3 became healed. Endoscopy done for one of the unfollowed cases in the first month showed healed ulcer.Fig.(44 & 45).

By the end of one year: one of the 2 unhealed ulcers became healed and the other remained unhealed till now (after 2 years). The case showing narrow deformed pyloric opening has been re-operated upon and drainage operation was added (gastro-jejunostomy).

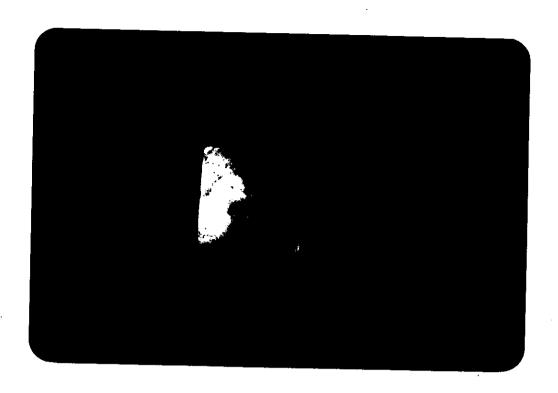


Fig.(44):Endoscopy of pre-operative duodenal ulcer.

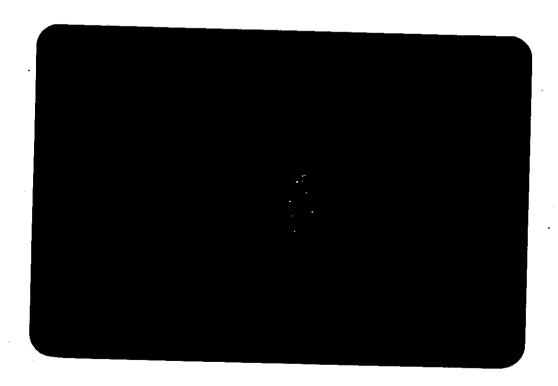


Fig.(45):Endoscopy after S.V.+P. showing healed duodenal ulcer and anastomatic line after 6 m.

In T.V. + P group: - By the end of first month, I5 cases were examined. I2 of them showed healing, 3 cases were unhealed. Fig. (46 & 47).

By 6 months, 2 of the 3 unhealed cases became healed after one and half years.

Table (9)
Accuracy of endoscopy in localizing ulcer

Total a					
Total No.	Accurate		Inaccurate	3	
~		Deformed	Other site	-ve	
48	36	3	7	2	
	75%	6.2%	I4.6%	4.2%	
				• • •	

From 48 cases, 36 sites of ulcer as detected endos-copically did coincide with the operative findings.How-ever in I2 cases, the endoscopic findings were different. in 3 cases, only deformity could be detected, the operative finding were posterior ulcers.

In another 7 cases, the ulcer proved during surgery to be anterior, while in the remaining 2 cases, no ulcer could be seen by endoscopy, while during operation, posterior ulcers were found in both cases. (Table 9).

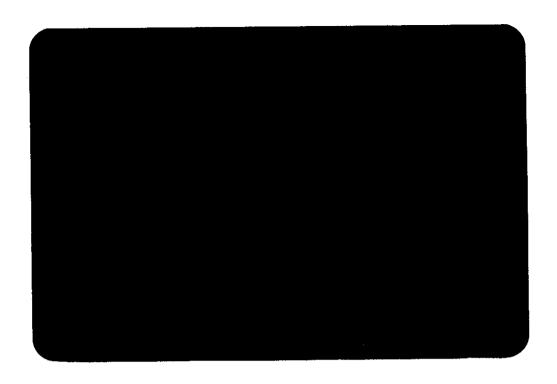


Fig.(46):Endoscopy showing pre-operative duodenal ulcer.

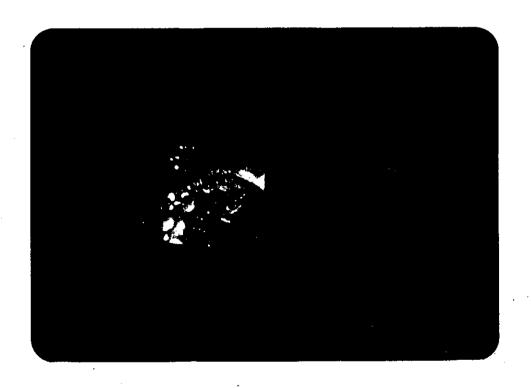


Fig.(47):Endoscopic picture after T.V.+P. showing healed ulcer after I month.