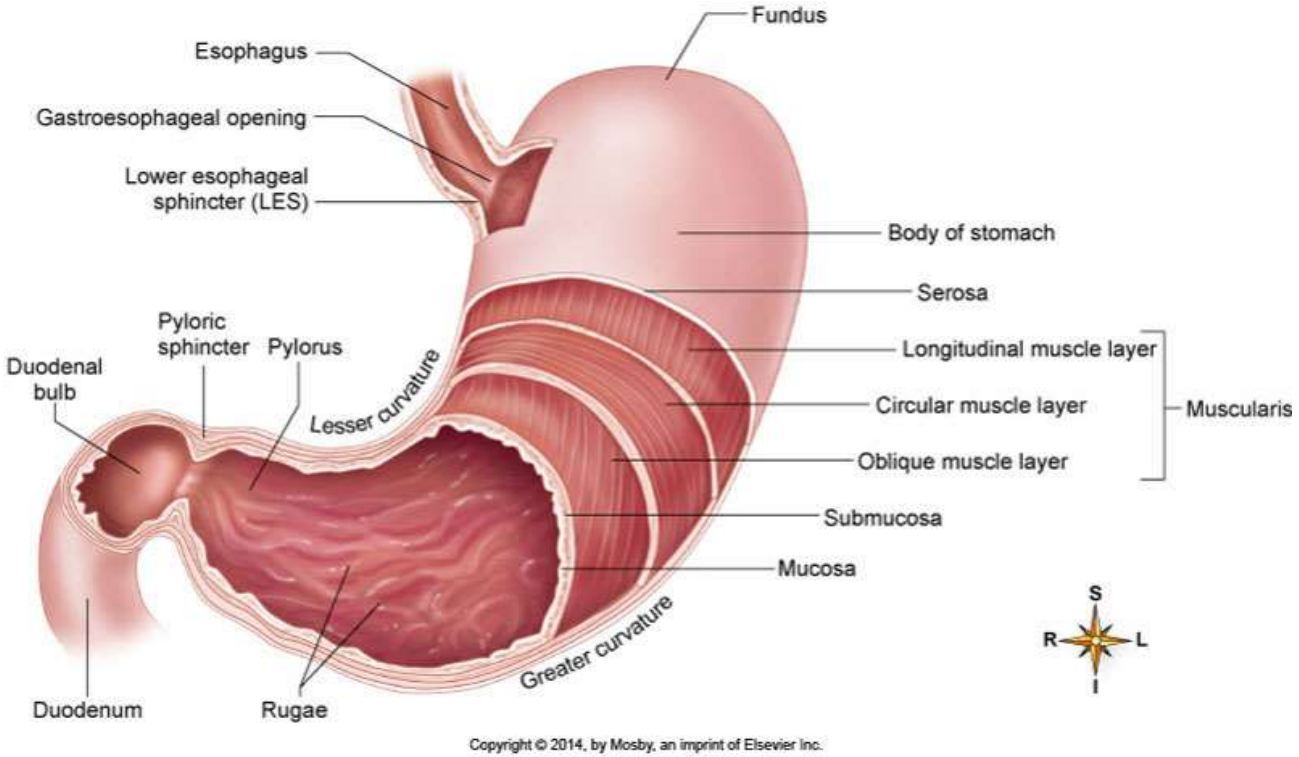
GI Pathologies STOMACH

Hypertrophic Pyloric Stenosis



Patton and Thibodeau 18-15

Hypertrophic Pyloric Stenosis

Normal Pylorus



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Fig 17-41 Frank, Eugene D., Long, Bruce W., Smith, Barbara J., (2007). Merrill's Atlas of Radiographic Positioning and Procedures (11th ed.). St. Louis, MO: Elsevier Mosby. pg. 149)



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Fig 5-30 Kowalczyk, N. (2014). Radiographic Pathology for Technologists (6th ed.). Maryland Heights, MO: Elsevier Mosby. pg. 154)

Gastritis–inflammation of the stomach lining



Sait digital library



Eisenberg 5-29 - Gastritis

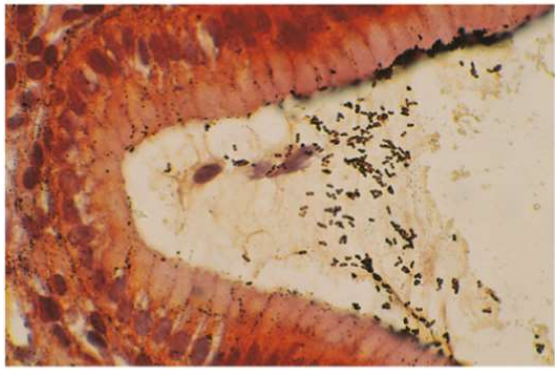
Gastritis can be caused by alcohol, corrosive agents, and infection, especially helicobacter pylori, which invades inflamed mucosa.

Chronic gastritis can eventually lead to the development of a peptic ulcer, a deep lesion that breaks through the mucosal lining of the stomach.

Peptic ulcers



A



B

B, From Kumar V, Abbas AK, Fausto N: *Robbins and Cotran pathologic basis of disease*, ed 7, Philadelphia, 2005, Elsevier.



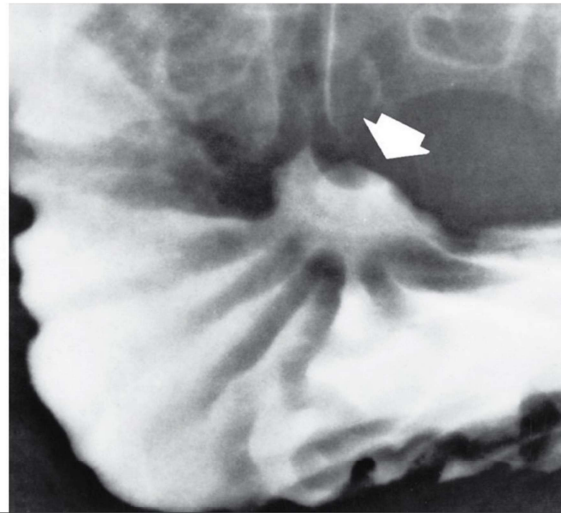
Benign peptic ulcer in the gastric antrum

Photographs by Ed Uthman, MD. Public domain. Posted 23 Sep 00

Benign peptic ulcer

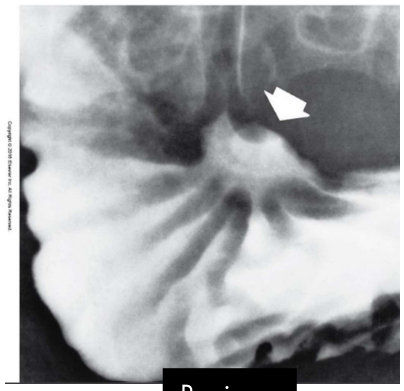




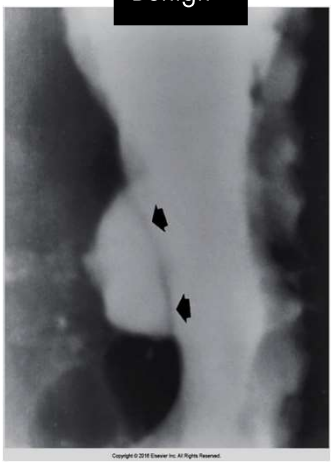


Eisenberg 5-35 and 5-36 A

- Peptic ulcer: benign versus malignant

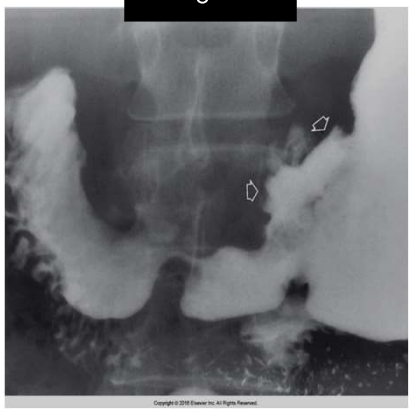


Benign





Malignant



Eisenberg 5-34, 5-35, 5-36 B, and 5-37

Gastric adenocarcinoma


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Eisenberg 5-41: Demonstrating fixation of the stomach wall. Stomach is fixed into a nonpliable tubular shape (leather bottle)

May be ulcerating, polypoid, or infiltrating (linitis plastic pattern)

Prognosis is generally poor as symptoms rarely present until the cancer is advanced.

THANKS