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# Gastro esophageal reflux disease

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## Introduction

The surgical management of complex benign esophageal disease is challenging and has no easy solution. Many patients with this condition have undergone a previous operation, which makes simple straightforward repair and reconstruction techniques inappropriate. The results of our experience with reoperation for failed fundoplication1 and for failed esophagomyotomy/ are less good than when these procedures were performed as primary operations. Furthermore, our results after gastroplasty-fundoplication' for complex esophageal reflux disease (GERD) leave much to be desired. Patients with symptoms refractory to empirical therapy and those who endorse accompanying alarm symptoms such as dysphagia, melena, anemia, or weight loss need an upper The stomach normally makes strong acid and enzymes to help digest food. In some people, acid can escape from field including radiology, endoscopy, endoscopic ultrasonography, manometry, ambulatory manometry, pH testing, catheter-free pH testing, bilitec monitoring, and impedance plethysmography. This abnormal lining, referred to as Barrett's esophagus, can contain abnormal cellular changes referred to as dysplasia. The severity of dysplasia, categorized as negative, indefinite, low-grade or high-grade, is included with the diagnosis of Barrett's esophagus. Although the lifetime risk for the development of esophageal cancer among patients with Barrett's is no more than 5 percent, the risk is clearly higher than in those without Barrett's and increases with dysplasia Double-contrast esophagography occasionally may demonstrate fixed transverse folds in the esophagus in patients with acute and/or chronic reflux esophagitis. Pooling of contrast medium between the folds produces a series of horizontal, relatively parallel collections of barium with a "stepladder" appearance. In most patients, there's other radiographic evidence of peptic scarring, and these transverse folds extend proximad a variable distance from the region of the deformity or stricture. This finding seems to represent an additional The operations were performed mainly without thoracotomy, using both antiperistaltic and isoperistaltic colonic segments. There were no differences in swallowing ability between patients with antiperistaltic and patients with isoperistaltic interpositions. Regurgitation symptoms, however, appeared to be somewhat more common and harder in patients with antiperistaltic colonic transpositions. Endoscopic signs of colitis were common, but they didn't correlate with regurgitation symptoms. Bacterial cultures from the transplanted colon mainly revealed the standard mouth organisms. Candida albicans was frequently found within the fungal samples. There were no differences within the results between patients with follow-up periods of more and fewer than 2 years. The clinical results were good or fair during a great majority of the patients. Transposed colon has been shown to possess excellent long-term conduit function. Clinical experience, however, has demonstrated the potential for significant morbidity with this approach . With the demonstration of satisfactory results with gastric interposition for esophageal substitution, the utilization of colon interposition for neoplastic disease of the esophagus has diminished, and its role in patients The clinical and laboratory data of seven cases were reviewed retrospectively, and altogether cases, esophageal-related diseases were misdiagnosed as thyroid diseases preoperatively. Among them, two cases were cervical esophageal cancer metastasized to thyroids but initially, they were misdiagnosed as thyroid cancer. The other five cases were Zenker's diverticulum, but were originally diagnosed as nodular goiter, and two out of the five cases were found with calcification. They were all detected by ultrasound examination with none clinical feature of esophageal diseases. Previous literatures only reported five cases of thyroid metastasis and three cases of Zenker's diverticulum Gastroesophageal reflux disease (GERD) is a common gastrointestinal disorder. Despite its frequent occurrence, only a minority of patients seek medical attention, making it difficult to determine truth epidemiologic distribution of the disorder. Ulcerative colitis and Crohn's disease are the principal forms of inflammatory bowel disease. Both represent chronic inflammation of the gastrointestinal tract, which displays heterogeneity in inflammatory and symptomatic burden between patients and within individuals over time. Optimal management relies on understanding and tailoring evidence-based interventions by clinicians in partnership with patients. The global burden of viral hepatitis remains substantial despite advances in antiviral therapy and effective vaccines Mortality related to hepatitis B virus and hepatitis C virus infections is among the top four global infectious diseases, together with human immunodeficiency virus infection, malaria, and tuberculosis The resident would be required to rotate through clinical gastroenterology, hepatology, diagnostic and therapeutic endoscopy.