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Sensory Transmission in the Gastrointestinal Tract

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Introduction

Gastrointestinal tract duplications are uncommon congenital abnormalities. By definition, they are located in or adjacent to the wall of part of the gastrointestinal tract, have smooth muscle in their walls, and are lined by alimentary tract mucosa. The lining mucosa is not necessarily that of the adjacent segment of the gastrointestinal tract. The only clinically important ectopic tissues are gastric mucosa and pancreatic tissue. Although ectopic gastric mucosa is found in duplications at all levels of the gastrointestinal tract, it is most prevalent (43%) in esophageal duplications. Peptic ulcer within this ectopic tissue can account for unusual, often misleading symptoms. Ectopic pancreatic tissue is most common (37%) in gastric duplications and is associated with pancreatitis and elevated amylase levels. Detection of associated vertebral anomalies is a helpful clue in the radiographic diagnosis of duplications. Barium studies usually reveal an intra-luminal, intramural, or extrinsic mass, and Ultra-Sonography (US) demonstrates its cystic nature. When US findings are inconclusive, computed tomography can be used to show the true nature, location, and extent of the lesion, as well as associated vertebral anomalies and possible other duplications. Technetium-99m pertechnetate scintigraphy provides definitive evidence of duplication when it contains ectopic gastric mucosa and is particularly useful for suspected esophageal, duodenal, and small bowel lesions. In this article, the pathologic, etiologic, clinical, and imaging features of gastrointestinal tract duplications at all levels of the alimentary canal are reviewed.

The review is based on an analysis of four large comprehensive series of gastrointestinal tract duplications reported in the relatively recent English literature. This composite series provides a total of 28 1 lesions at all levels of the gastrointestinal tract for analysis. From these data, composite information regarding prevalence, pathologic findings, associated anomalies, clinical features, and imaging considerations was derived. The pathologic and imaging features of gastrointestinal tract duplications are illustrated with cases derived from the author's experience, supplemented by examples contributed by colleagues. Gastrointestinal tract duplications are defined on the basis of specific pathologic criteria. Grossly, they are spherical cysts or tubular structures located in, or immediately adjacent to, part of the gastrointestinal tract. They tend to be situated on the mesenteric aspect of the alimentary canal, sharing a common muscular wall and blood supply but having a separate mucosal lining.

The most common site is the ileum, followed by the esophagus, large bowel, jejunum, stomach, and duodenum. Although adjacency to the gastrointestinal tract is part of the definition of these anomalies, cysts that fit all other pathologic criteria have been found in locations that are relatively remote from the alimentary tube, such as the tongue, pleural space, retro peritoneum, liver, pancreas, and billiary tree. Gastrointestinal tract duplications are uncommon congenital anomalies. By dividing the number of cases in each series by the duration of each study, one can estimate that these anomalies were seen in these pediatric referral centers at a rate of only two to three per year. Gastroparesis is regularly a persistent, backsliding condition; 80% of patients require upkeep antiemetic and prokinetic treatment and 20% require long haul nourishing supplementation. Different illnesses, for example, tachygastria or bradygastria can likewise obstruct composed strong engine action of the gastrointestinal parcel, conceivably coming about in one or the other balance or sickness or spewing or a blend thereof.