Management

Management

Treating the patient involves correcting the metabolic abnormalities and dealing with the mechanical obstruction. The patient should be rehydrated with intravenous isotonic saline with potassium supplementation. Replacing the sodium chloride and water allows the kidney to correct the acid–base abnormality . The metabolic abnormalities may be less if the obstruction is due to malignancy , as the acid–base disturbance is less pronounced. The stomach should be emptied using a wide-bore tube. A large nasogastric tube may not be su ffi ciently large to deal with the contents of the stomach, and it may be necessar to pass an orogastric tube and lavage the stomach until it is completely emptied. This allows investigation with endoscopy and contrast radiology . Biopsy of the area around the pylorus is essential to exclude malignancy . Early cases may settle with conservative treatment, as oedema around the ulcer diminishes as the ulcer is healed. Traditionally , severe cases are treated surgically , usually with a gastroenterostomy rather than a p yloroplasty . Endoscopic treatment with balloon dilatation may be most useful in early cases and may have to be repeated several times. A duodenal stent insertion may be considered in patients with unresectable malignancy . A number of conditions manifest as gastric polyps. Their main importance is that they may actually represent early gastric cancer. Biopsy is essential. The most common type of gastric polyp is metaplastic. These are associated with H. pylori infection and regress fol - lowing eradication therapy . Inflammatory polyps are also com - mon. Fundic gland polyps deserve particular attention. They are associated with use of PPIs and are also found in patients with familial adenomatous polyposis (FAP). Neither metaplas - tic nor fundic gland polyps hav e proven malignant potential; however, true adenomas do and should be removed.

Revision #1
Created 2025-12-31 15:25:05 UTC by Omar Ayman
Updated 2025-12-31 15:25:05 UTC by Omar Ayman