EVALUATION OF THE ROLE OF LAPAROSCOPIC TRUNCAL VAGOTOMY AND GASTRO-JEJUNOSTOMY FOR CICATRIZED DUODENAL ULCER:A PROSPECTIVE STUDY

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Introduction

Peptic ulcer affects about 5% of the global population. About 70-90% of patients with gastric ulcer and 80-95% with duodenal ulcers are infected with H. pylori.After the era of proton-pump inhibitor, management of peptic ulcer disease has changed dramaticallyand manifested by early satiety and fullness after meals and repeated vomiting. endoscopic balloon dilatation of pylorus followed by long term H2-receptor antagonists was suggested that surgery could be avoided in up to 80% of the patients,with longer follow up.Over50% will require ulcer surgery within two years of dilatation. In addition, the dilatation carries a risk of perforation rate up to 10%. Balloon dilatation is only reserved for those patients who are too high a risk surgery.

Aim of the work

This study is designed to assess the role of laparoscopic truncal vagotomy and laparoscopic gastro-jujenostomy in the treatment of patient with gastric outlet obstruction due to cicatrized duodenal ulcer.

Subjects and methods

After approval of local ethics committee, all patients included in the study will be informed about the procedure and will sign an informed written consent before carrying the procedure

This study will be concerned on 15 patients, in the upper gastrointestinal surgery unit, Alexandria main University Hospital presenting with gastric outletobstruction due to cicatrized duodenal ulcer confirmed by upper GI endoscope and C.T gastrography

Pre-operative assessement: Epigastric pain,vomiting,weight loss and constipation.

Upper GI endoscopyto confirm the conditionregard its site, size, signs of chronicity, to take multiple endoscopic punch biopsies

CT gastroenterocolonograghy to exclude malignancy in the distal stomach

Results

Fifteen patients presented with established gastric outlet obstruction secondary to a cicatrizing duodenal ulcer underwent laparoscopic truncal vagotomy and gastro-jejunostomy were included in the present study. They were 13 males (86.7%) and 2 females (13.3%). Their age ranged from 28–55years old with a mean age of 43.98 years

All patients had a history of PU disease for different duration;
Two patients for less than 1years, four patients from 1-4 years, four patients from4-8 years and five patient from8-10years

All patients had a history of vomiting and weight loss for different duration;
Nine patients for 1 year, two patients for 8 months, two patients for 4 months, one patient for 3 months

One patient(6.7) had heama temsis 3 years before development of obstructive symptoms.

-**Ten patients** (67.0%) had history of smoking for different duration ranging from 8 to 35 years.

-**All patients had history of PU medical treatment** for different duration ranging from 5-8 years.

-**Two patients (13.4)** had history of intake NSAID

-**Seven patients**(46.9) had history of H pylori infection.

-**Only one**(6.7) patient has history of endoscopic balloon dilation since 8 month

ON EXAMINATION
-Twelve patients (80.0) had Succussion splash.
-Two patients (13.4) were admitted to emergency department in shock state due to sever vomiting and dehydration. 8 patients (53.6) were admitted with moderate electrolyte disturbance.

Table(1): Duration of gastric outlet obstruction.

	Number	Percent
1 year	9	60.30
8m	2	13.4
4m	1	6.7
3m	1	6.7
Range (months)	3.0 – 12.0	
Mean	11.3	
S.D.	4.98	

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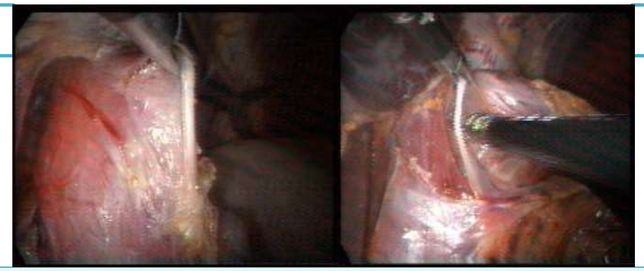

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Figure (1): anterior vagal trunk
Figure (2): posterior vagal trunk

Conclusion

The advantages of this procedure are that pain, hospital stay, size of wound, incidence of incisional hernia, and postoperative complications were reduced and the patient returned to work earlier.in the present study for the creation of the gastrojejunostomy may reduce the operative time significantly and as well reduce the cost significantly compared to other studies.