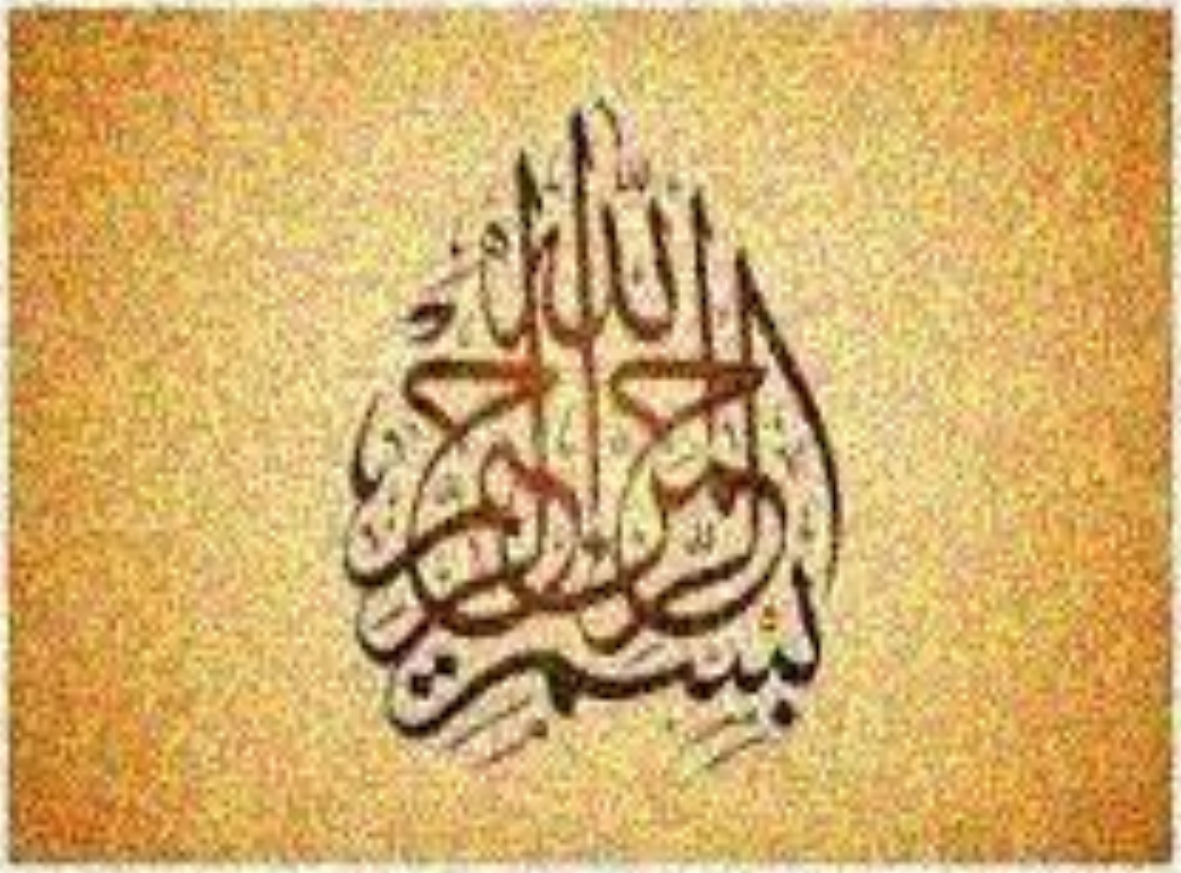
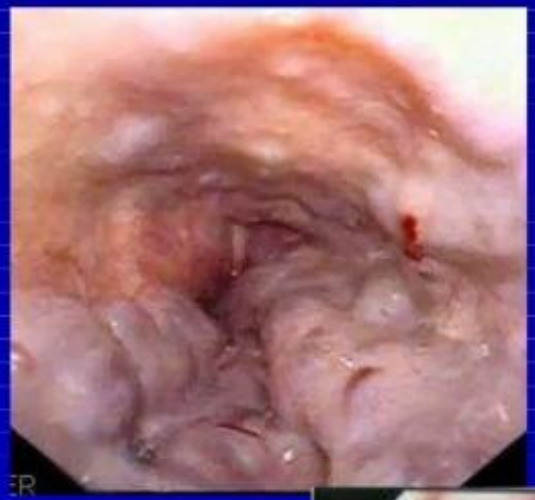
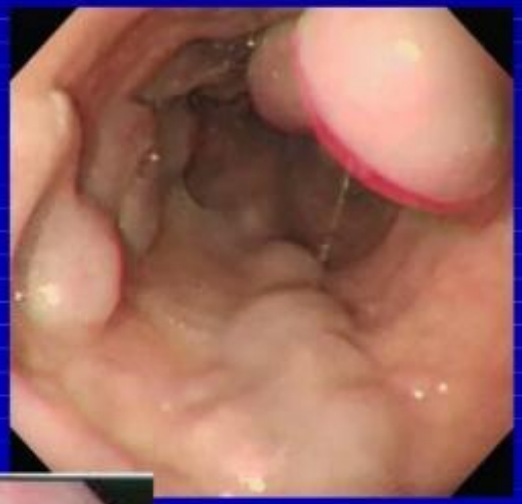

بسم الله الرحمن الرحيم

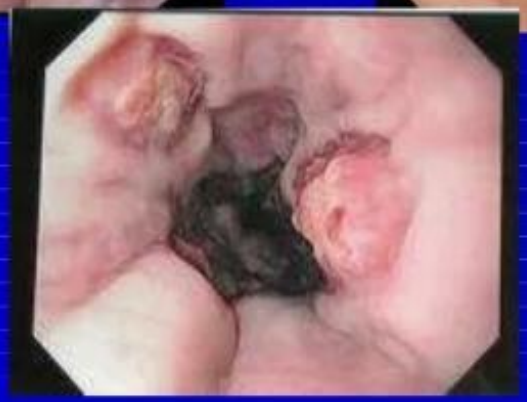
# آندوسکوپی

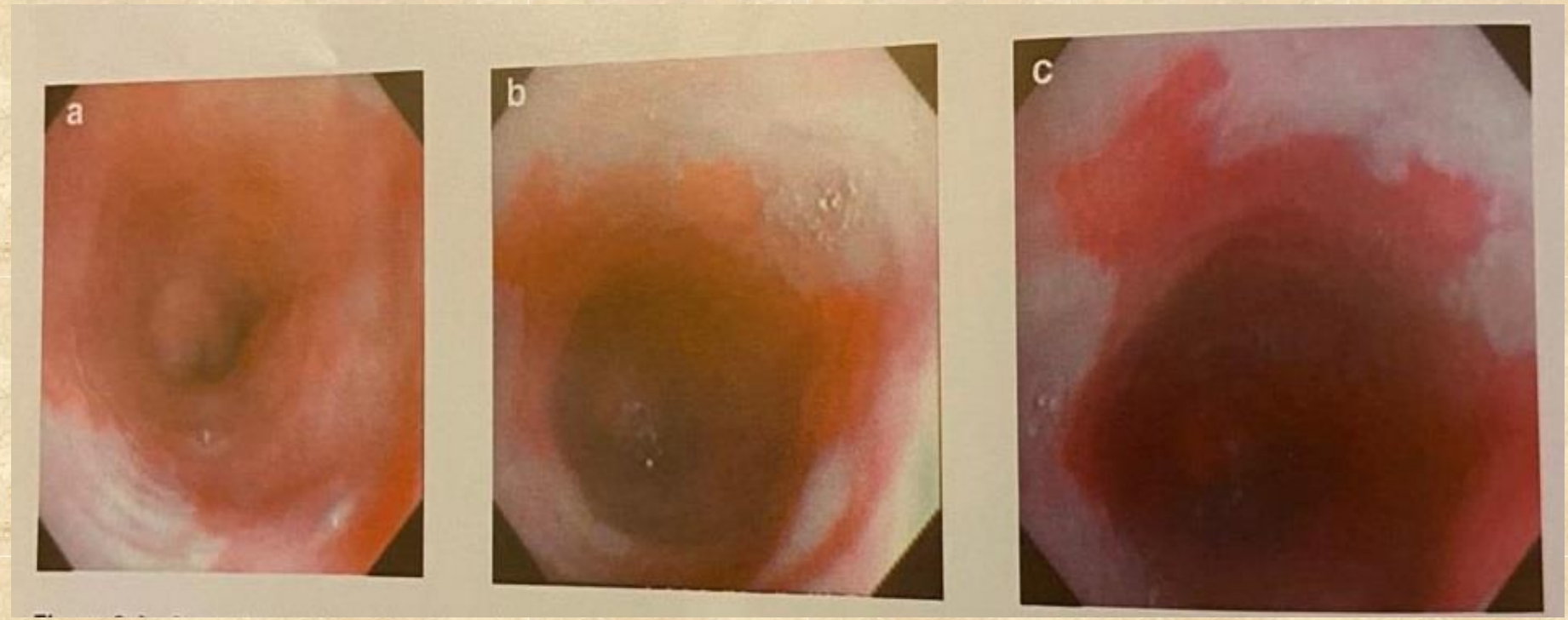
By: Dr. Iraj Khosronia

# Esophageal Varices





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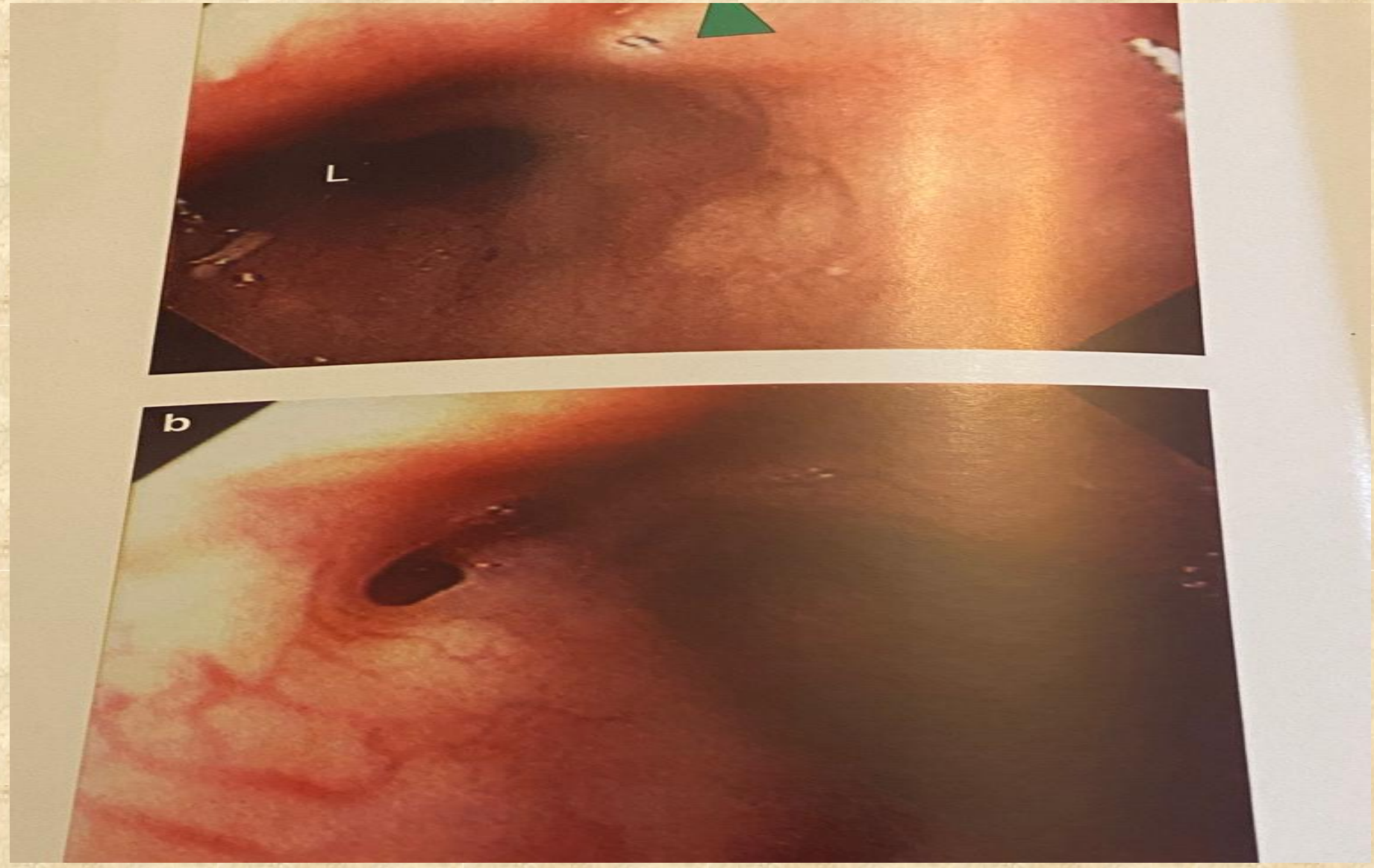
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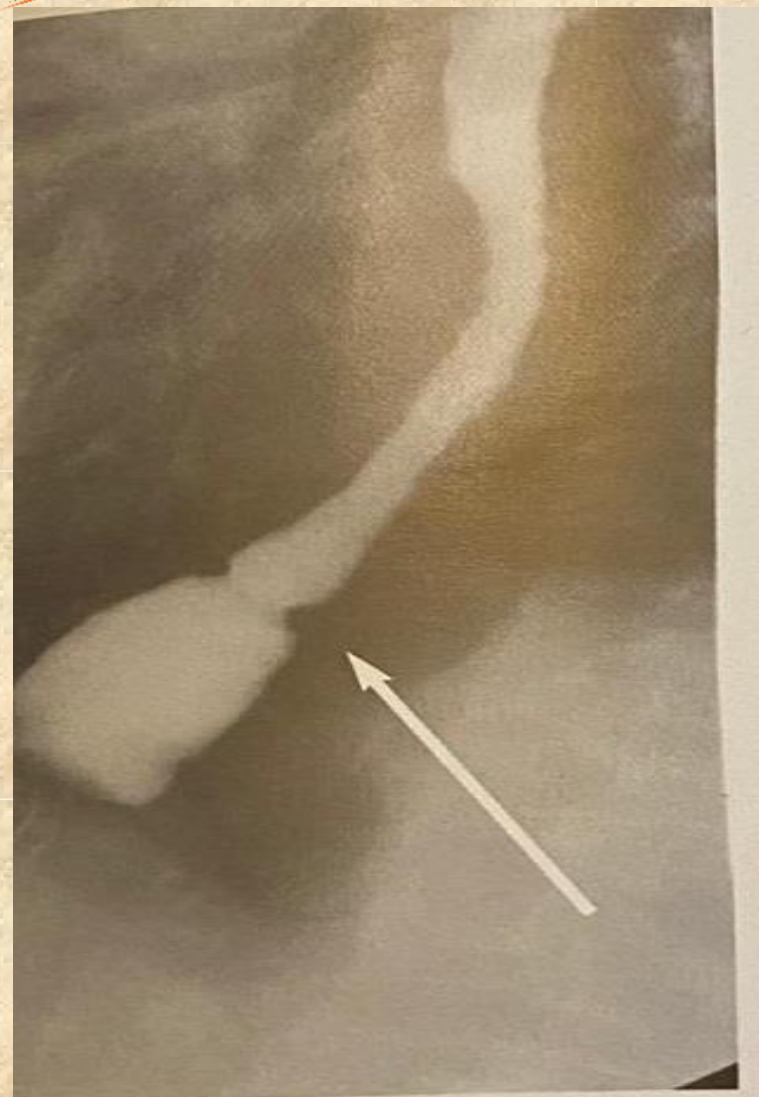


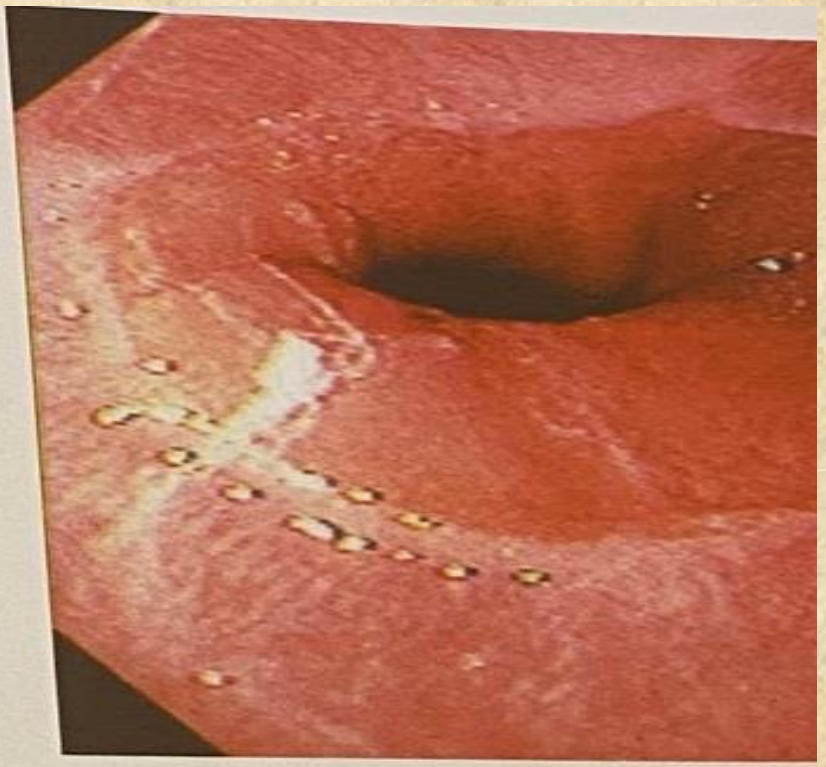
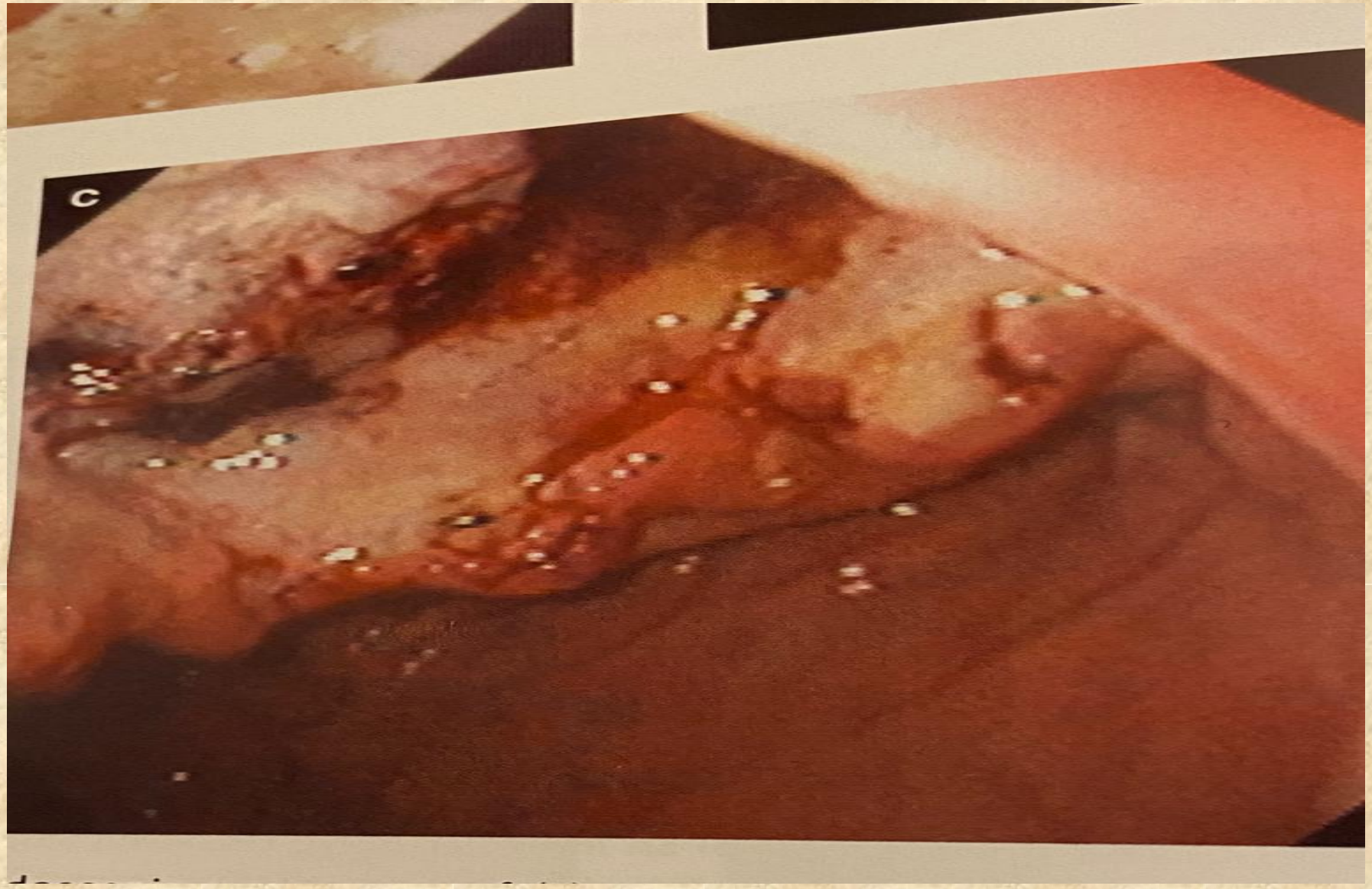


**Figure 1.12** A typical Schatzki ring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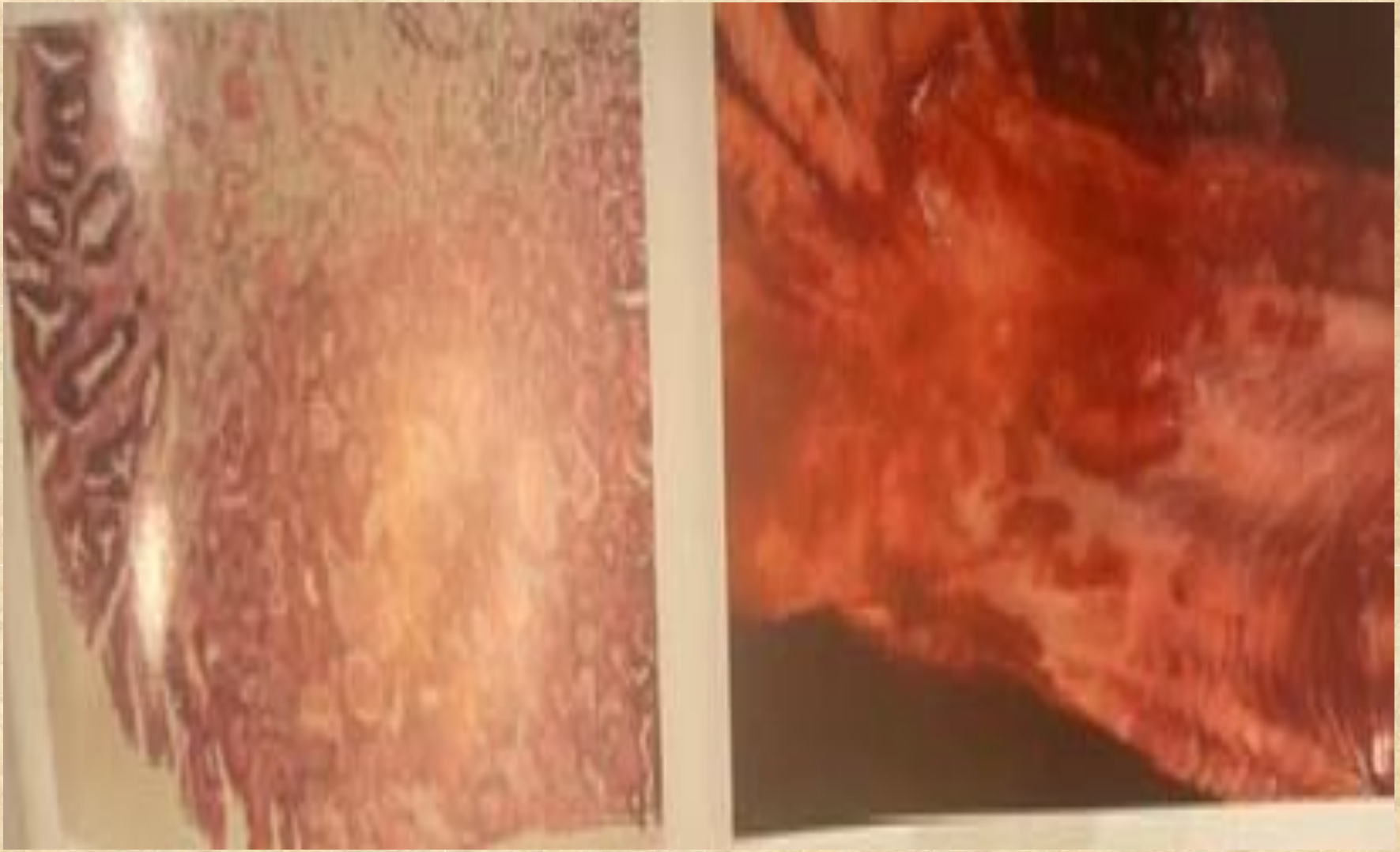

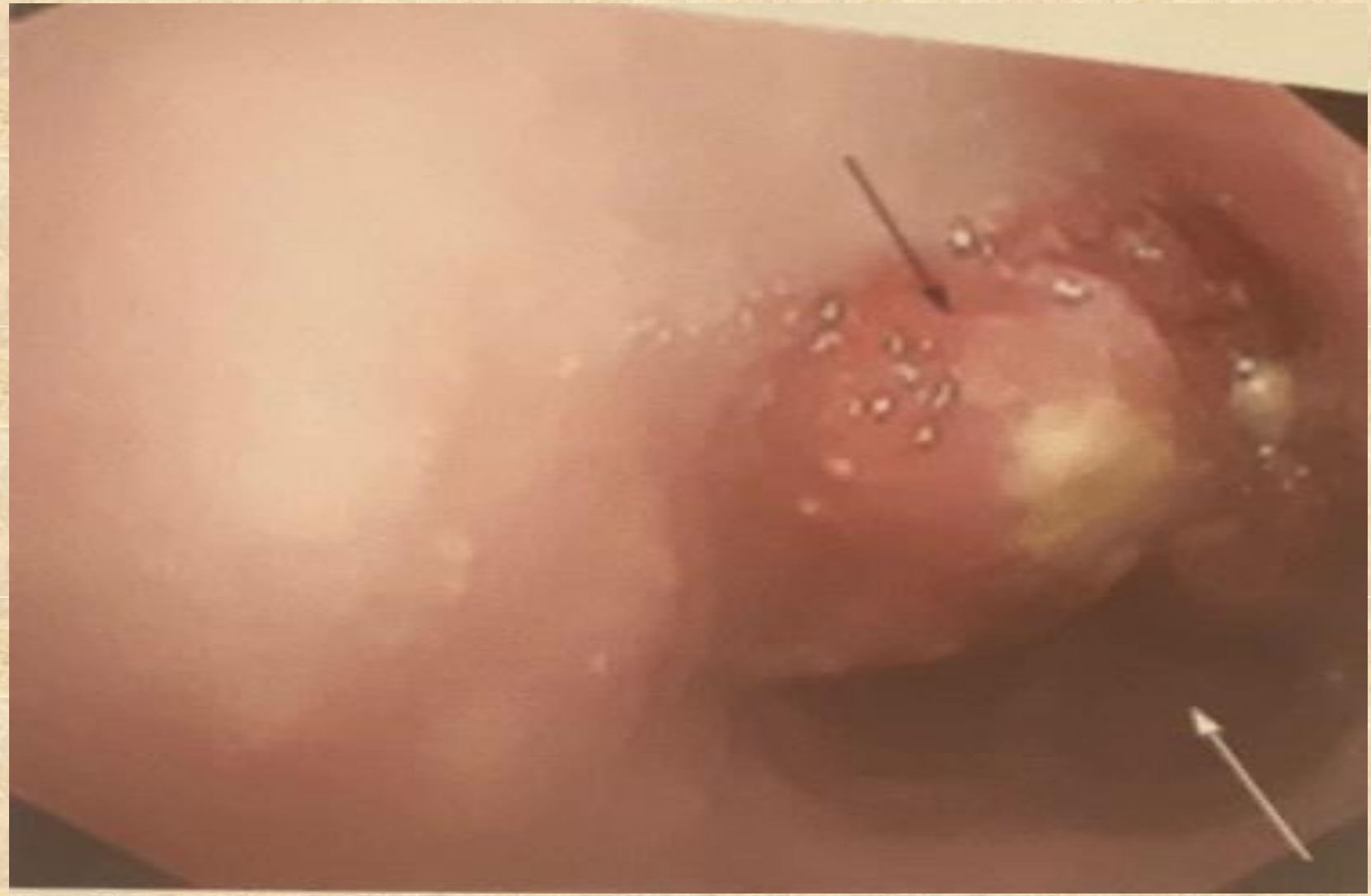

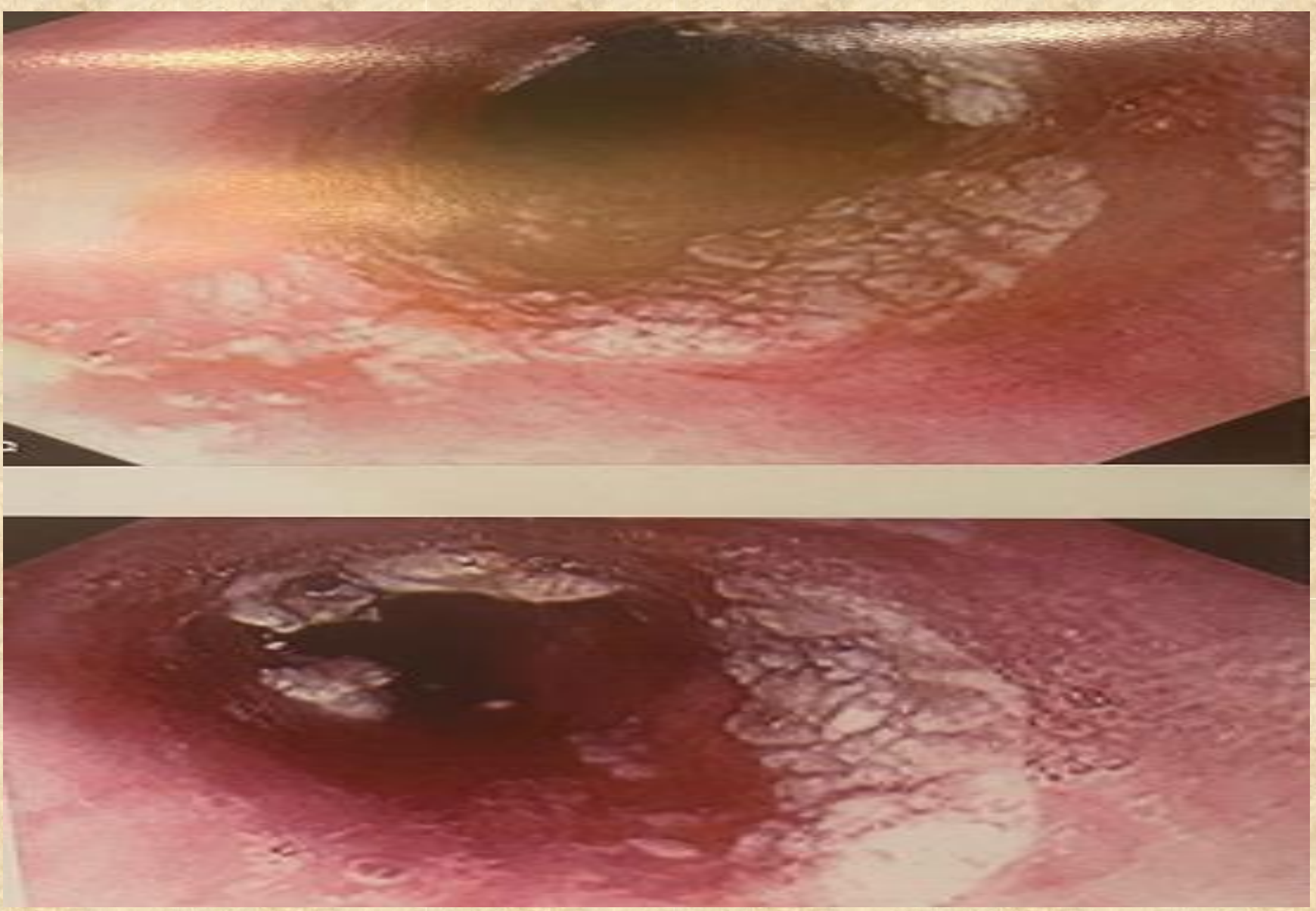

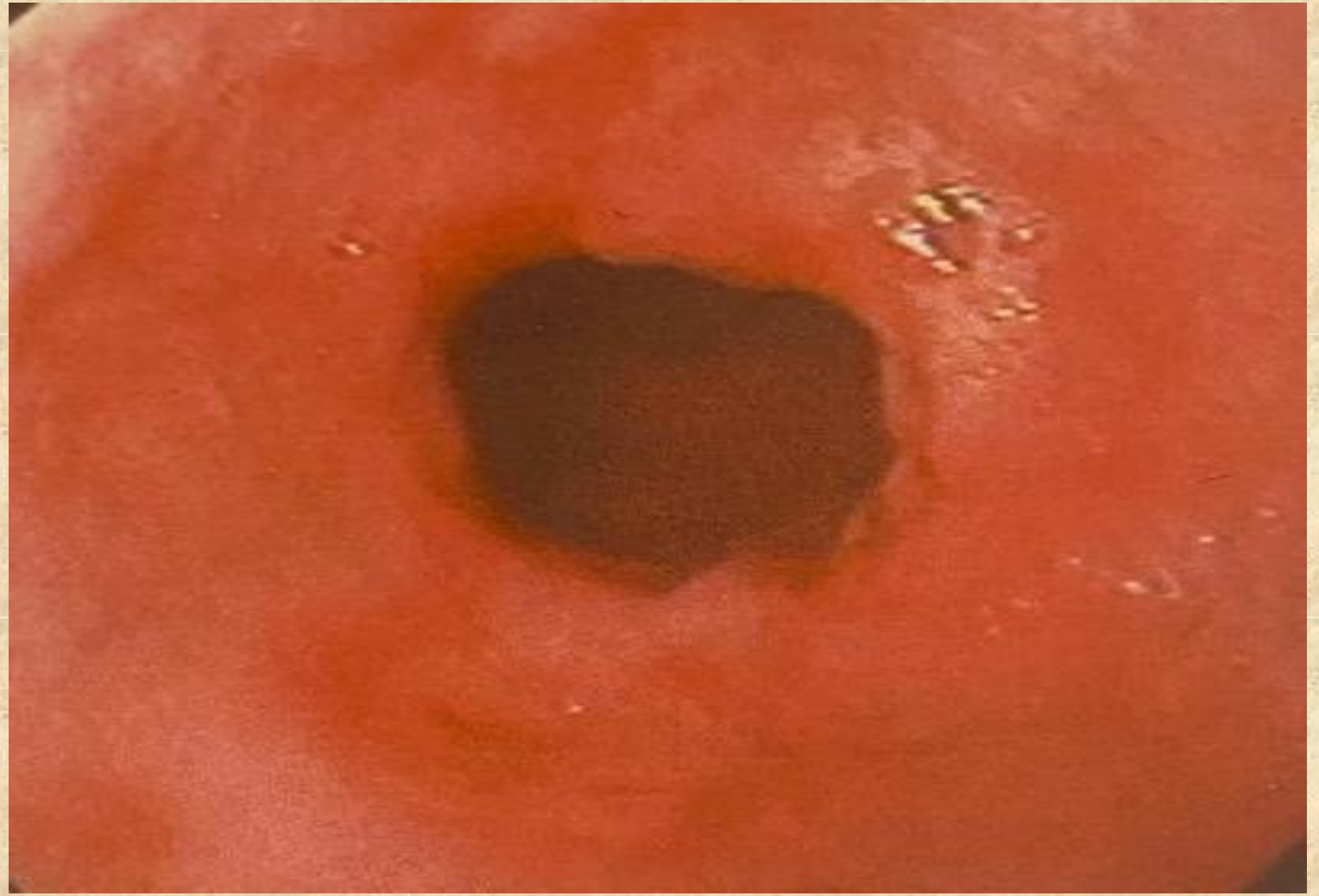

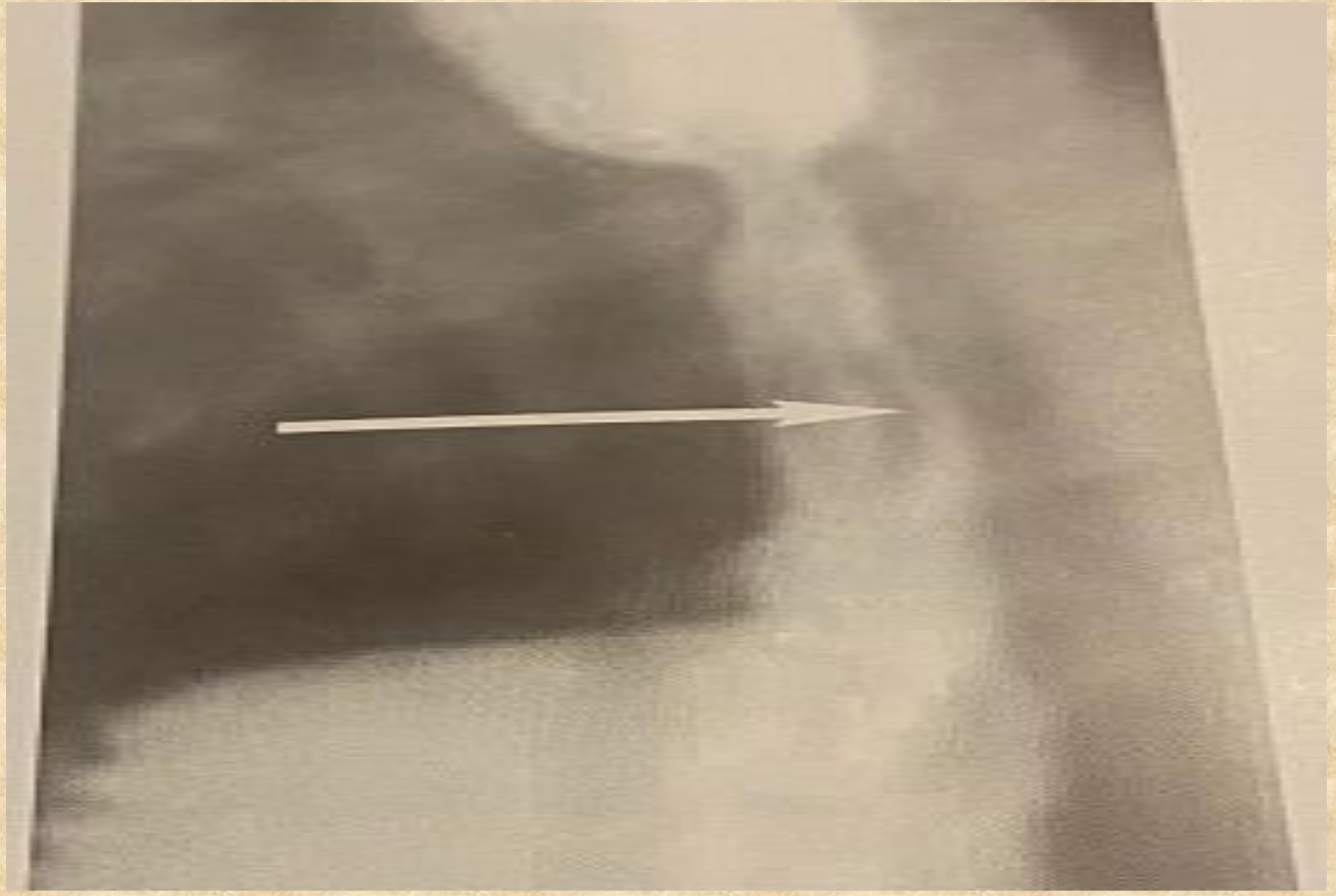

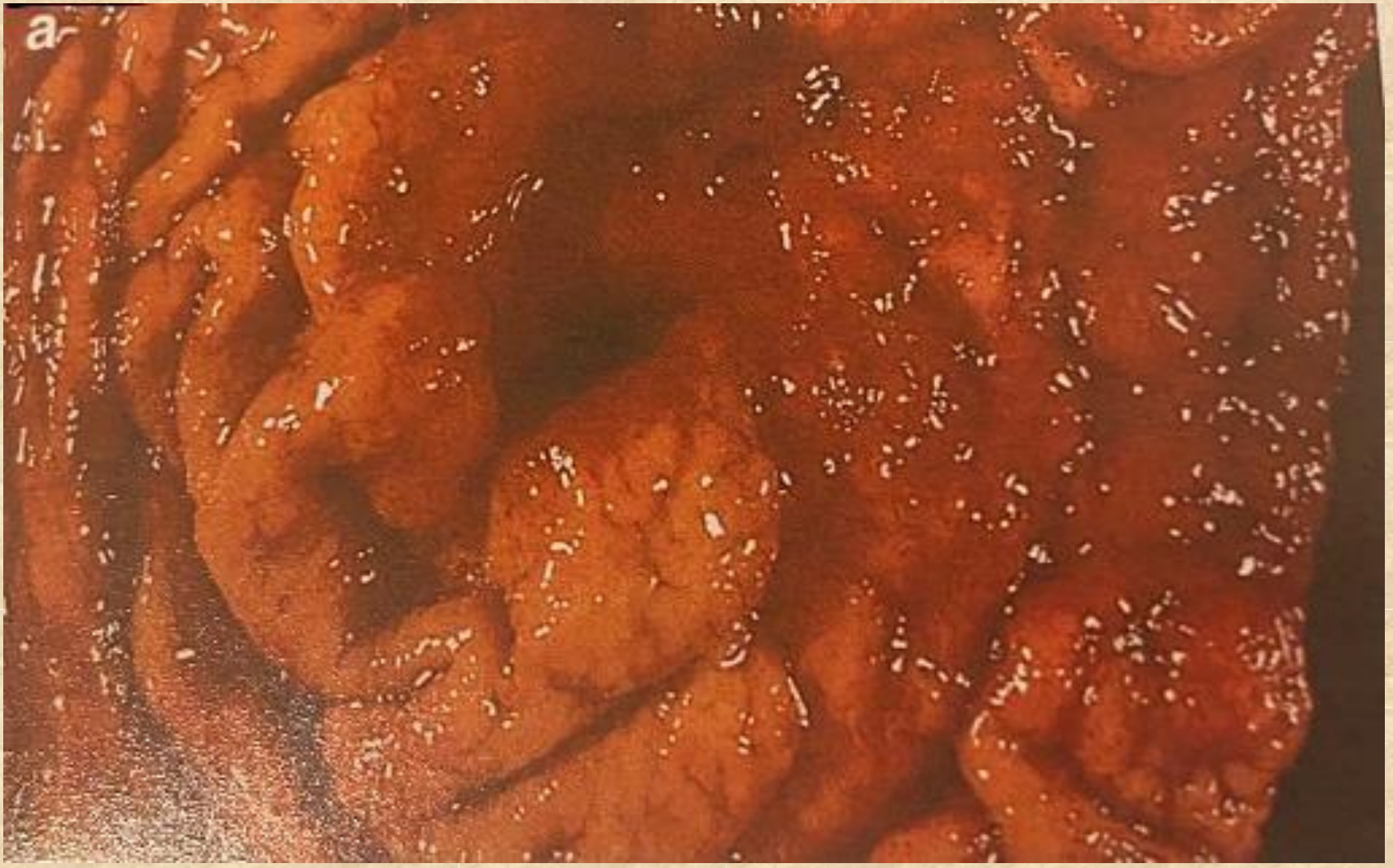
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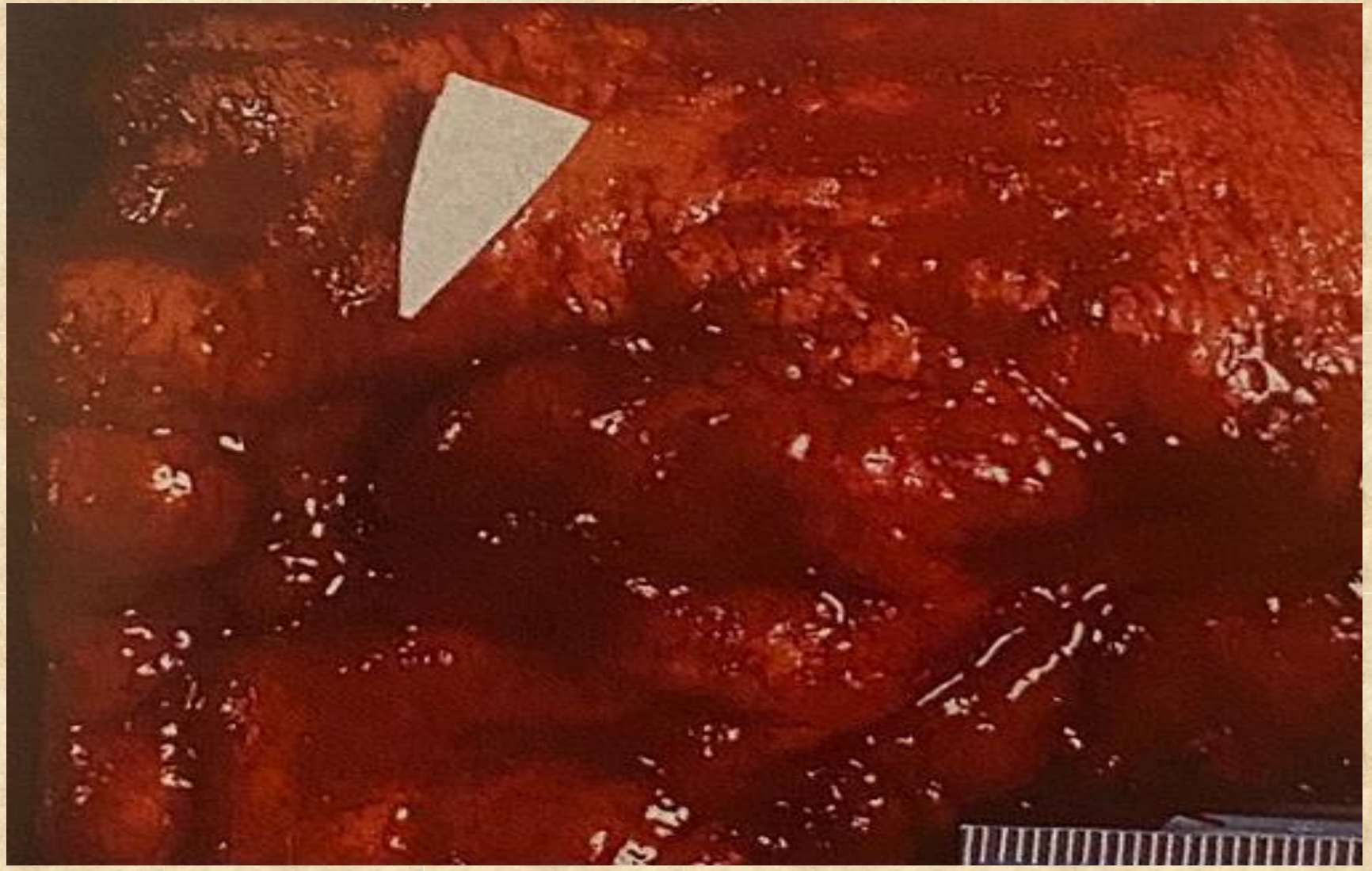

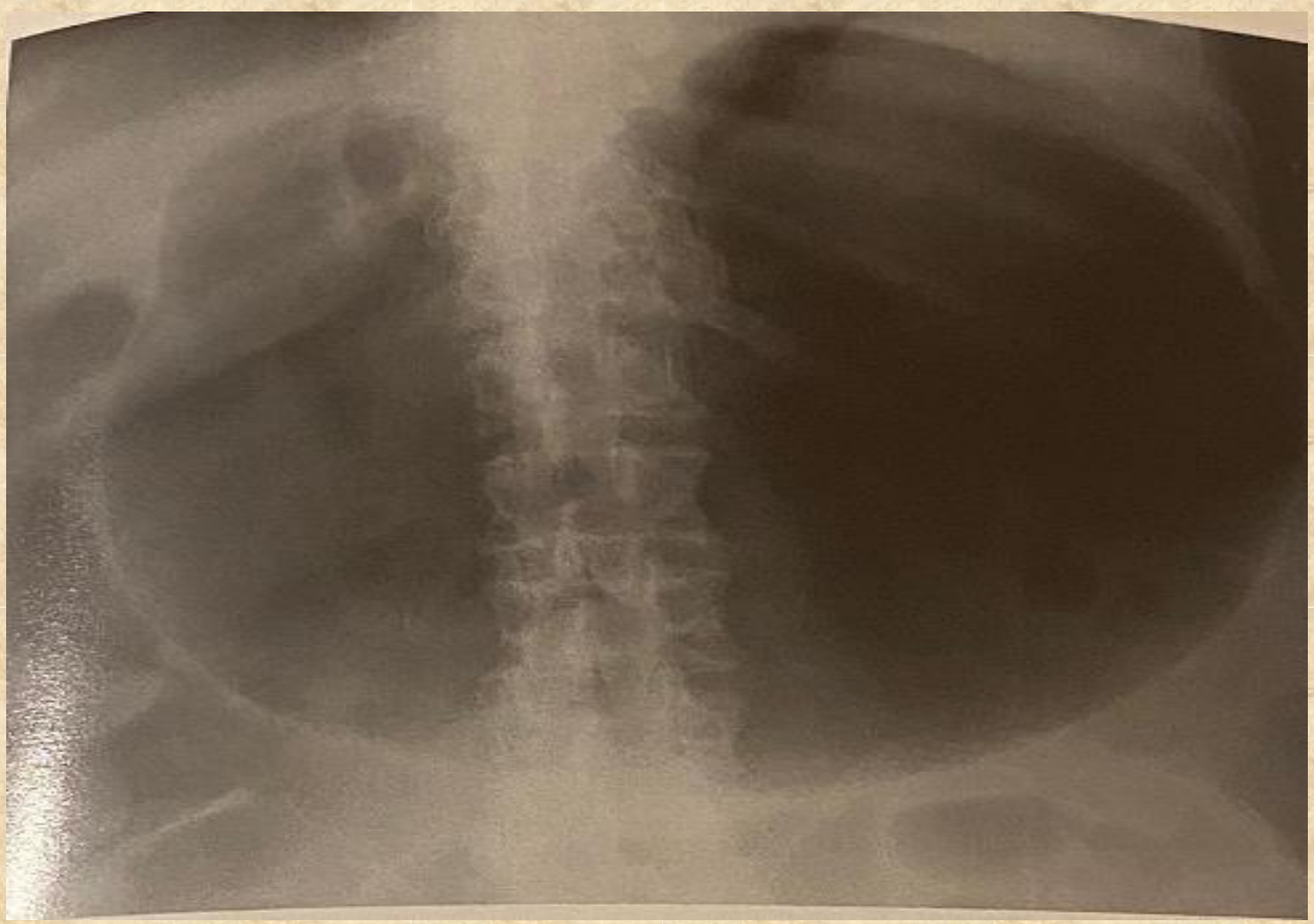

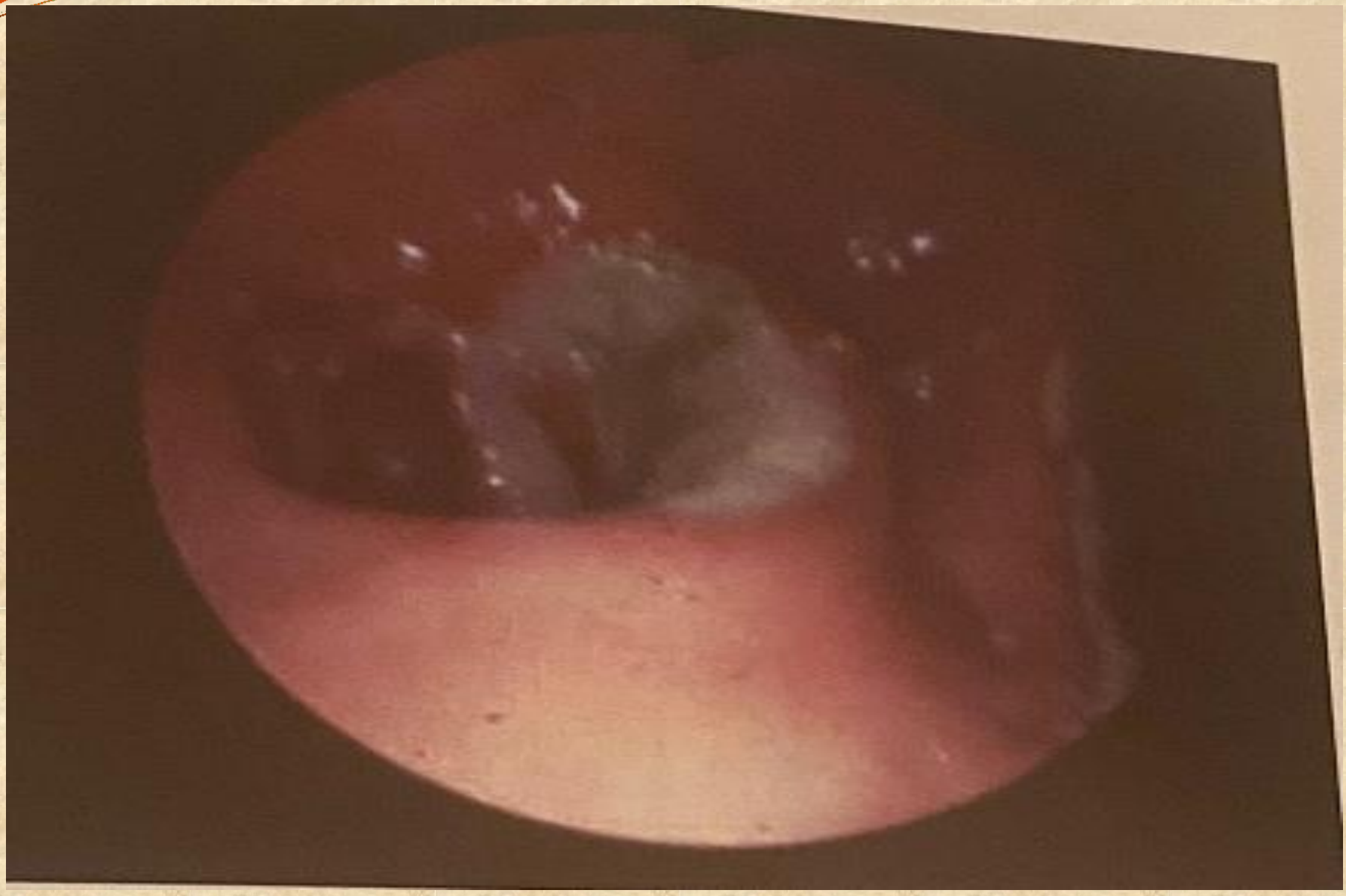

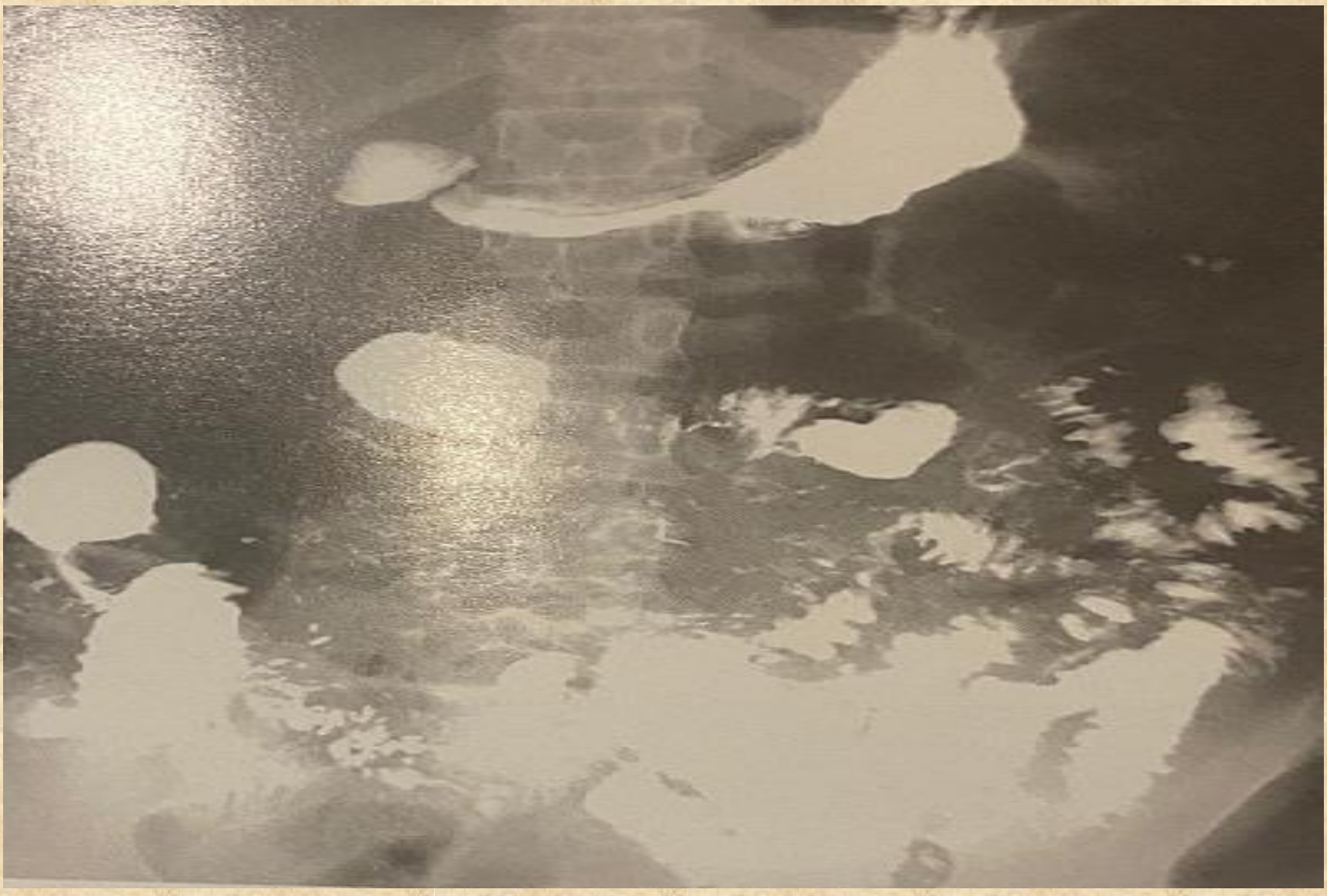

**Figure 4.9** (a) Non-tropical (celiac) sprue is radiographically demonstrated as small intestinal dilatation, and evidence of hypersecretion. In this example, a 58-year-old man with a 2-month history of diarrhea and 10lb (4.5 kg) weight loss had a small bowel study showing dilatation of the small bowel, with normal thickness folds. Hypoproteinemia is often associated with fold thickening. The duodenal folds are somewhat thickened. Transit time is often somewhat increased (in the 3–5-h range), but occasionally can be reduced or markedly increased. (b) A 48-year-old woman presented with tetany due to hypocalcemia, steatorrhea and osteopenia. Radiograph from a barium study shows flocculation of barium within the small bowel, with segmentation due to pooling of barium in regions containing extensive secretions. The areas of narrower bowel opacified with barium are described as a 'moulage' or cast-like pattern. (c) Intussusception can occur in sprue. It is usually transient, and usually does not cause obstruction. The intussuscepted portion of bowel is seen in the mid-abdomen with a typical 'coiled spring' appearance


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