**#9**

|  |  |  |
| --- | --- | --- |
| **Gastroesophageal reflux disease (GORD):**The problem is in gastric sphincter Can lead to barret esophagus → potentially malignant **Risk factors:**Smoking Alcoholism Obesity Stress **Signs and symptoms:**\*\*\* stomach pain N,V Angina like chest painChronic cough→ larynx irritation**Diagnosis:**signs/symptomsendoscopy→ esophagus mucosa PH to eliminate helicobacter pylori **Dental aspect:*** erosion→ palatal ant+ occlusal post
* Xerostomia
* Palatal erythema
* Antihistamine Drug interaction with antifungal drugs
 | **Peptic ulcer:**2 types: Stomach (gastric ulcer)Duodenum(duodenal ulcer)**Causes:*** 3/4pts→ H.pylori
* Other causes:

Stressdrugs(steroids)Hyperparathyroidismchronic renal failure;lead to secondary hyperparathyroidism**Clinical features:**\*\*Epigastric painDigestion painOr Asymptomatic + anemia → in elderly**Diagnisis:**Endoscopy-test H-pylori-CBC **Dental aspect:**-xserostomia-erosion→ bcoz reflux-signs of anemia: atrophic tongue, burning sensation, angular chelitis, candidal infection\*\*NSAIDS -->contraindicated Drug interactions in antibiotics:tetracyclin /erethromycin with antiacids.\*\*amoxicyline is safe |  |

**Peptic ulcer + barret esophagus if not treated → may lead to Cancer**

|  |  |
| --- | --- |
| **Crohn**Granulomatous inflammatory diseaseSite mostly → illeum+ secum**Signs and symptoms:**-Abdominal pain, malaise, weakness, fever, diarrhea, vomiting,-Symptoms associated with malabsorption-affect any part of the GI and oral cavity-specific oral manifestations:1. Mucosal tags
2. Recurrent lip swelling
3. Fissured mucosa

-there are patients have crohn's disease limited to the oral cavity, called oral crohn's disease.**Diagnosis:**-Cinical findings non specific symptoms-Malabsorption→ folic acid,iron,B12 defficiency-endoscopy,biopsy→ chronic inflammation+granuloma+macrophages**management:**Treated with steroids → immunosuppressed ptnsAntibiotic prophylaxis Polypharmacy → secondary hepatotoxicity NSAID are contraindicated nutritional support-surgical removal of inflamed part  | **Ulcerative colitis**Inflammatory disease **Signs and symptoms:**Abdominal painVomiting Bleeding Symptoms of anemia or malabsorption**Diagnosis Management** Same as crohn **differences :**Site → colon No granulomaLess oral manifestation less specific→ aphthous ulcer, angular chelitis, candidal infections, glossitis and biostomatitis vigitans (rare). ---- \*chronic inflammation is a risk factor for cancer  |

**Crohn additional notes:**

- if patient has done resection in bowel he may has bleeding tendency, why?

Because the intestine has bacteria responsible for absorption of vitamin K, and after surgical resection of the bowel the absorption will decrease and this lead to increase in bleeding tendency.

-Granuloma present in → Crohn, Sarcoidosis, TB

|  |  |
| --- | --- |
| **Coeliac Disease → wheat intolerance “gluten”****Causes:** Gluten intolerance → atrophy of the intestine→ malabsorption.**Signs and symptoms:*** non specific (abdominal pain, malabsorption, nausea, vomiting..)
* skin rash“ dermatitis herpetiformis”.

**Diagnosis:**At childhood clinical features-endoscopy-IGA antibody**Treatment:**Gluten free diet **Dental aspect:**aphthous like ulcerenamel hypoplasia→ malabsorption at young age.glossitis\*dental treatment is not complicated except if he has anemia. | **Pseudomembranous colitis** Mostly hospitalized elderly**Causes:**Broad spectrum Antibiotics (mostly clindamycin, amoxicillin and tetracyclin may cause it) oral and IVBacteria (cluserdium difficle) → normally present in the colon**Signs and symptoms**:-watery diarrhea-bloody diarrhea-fever-abdominal pain**Diagnosis**Mainly clinical; patient has diarrhea after taking antibiotic.-stool culture to roll out infectious causes.-sigmoidescopy (تنظير) in chronic cases.**Treatment:**Stop antibioticSupportive (fluids,electrolyte replacement)Severe cases(metronidazol/vancomycin)**Dental aspect:**Candidiosis as a result to BS antibiotic |