

Búsqueda de endoscopia:

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PubMed Results

Items 1 - 4 of 4

1 Ugeskr Laeger. 2011 Jun 20;173(25):1808-9.

[\[Mega-duodenum and constipation after surgery for congenital atresia of the jejunum\]](#).

[Article in Danish]

[Karstensen J](#), [Raahave D](#), [Kirkegaard P](#).

Source

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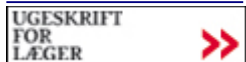
Abstract

A 33 year-old female presented with constipation and a right-sided palpable abdominal mass, suspected to be the colon. The colonic transit time was prolonged, but the dilated organ was a mega duodenum that had developed after surgery for three jejunal atresias performed one day after birth. The colon was malrotated, being situated to the left of the column. Renewed resection surgery was uneventful, and after such surgery the constipation receded and the colonic transit time returned to normal.

PMID:

21689512 [PubMed - indexed for MEDLINE]

[Related citations](#)



2 Am J Med. 2011 Jul;124(7):605-7.

[Heart failure, aneurysms and telangiectases, oh my!](#)

[Ruygrok M](#), [Combs B](#), [Campbell J](#), [Maher M](#).

Source

University of Colorado School of Medicine, Denver, USA.

PMID:

21683828 [PubMed - indexed for MEDLINE]

[Related citations](#)



3 Surgeon. 2011 Aug;9(4):195-9. Epub 2010 Nov 12.

[Colonoscopy in the octogenarian population: diagnostic and survival outcomes from a large series of patients.](#)

[Khan S](#), [Ahmed J](#), [Lim M](#), [Owais A](#), [McNaught C](#), [Mainprize K](#), [Babu S](#), [Renwick I](#), [Macfie J](#), [Mitchell C](#).

Source

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Abstract

OBJECTIVE:

Our aim was to audit the diagnostic and survival outcomes of colonoscopy in octogenarians and to determine if it confers any survival benefit.

METHODS:

A review of a prospectively maintained database over a two year period between

October 2005 and September 2007 was undertaken. Data on numerous outcome variables and survival were collected and analysed. Categorical variables were compared using the Chi-square test. Kaplan-Meier survival curves were constructed and log rank test were used to compare survival curves.

RESULTS:

There were 1905 patients, of which 289 (15%) were over the age of 80 years. Caecal intubation was significantly lower in octogenarians when compared with young patients (239/289, (82%) vs. 1411/1616 (88%), $p = 0.025$). The most common reason for failure to intubate the caecum was presence of stenosing pathology in distal bowel (octogenarians 46% (23 out of 50 failed intubations) vs. young 23% (49 out of 205 failed intubations), $p = 0.002$). A greater proportion of octogenarians had poor bowel preparation when compared with the young (20% vs. 13%, $p = 0.001$). Significantly more pathology was detected in octogenarians (72% vs. 59%, $p = 0.001$). Forty-four (15.2%) octogenarians were found to have malignancy. Of these, only 23 (52%) underwent subsequent surgery. Median survival of octogenarians who had surgery was not statistically better (31 (IQR 12-38) months vs. 16 (IQR 5-31) months, $p = 0.10$) than those who did not.

CONCLUSION:

Colonoscopy is safe in octogenarians and provides a high yield. Our results suggest that it does not appear to result in any survival benefit. However, to establish this, further research with larger cohorts and longer follow-up periods would be required.

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PMID:

21672659 [PubMed - indexed for MEDLINE]

[Related citations](#)



4 Surgeon. 2011 Aug;9(4):179-86. Epub 2010 Nov 3.

[The management of rectal cancer in Ireland in 2007--room for improvement?](#)

[Boyle E](#), [Timmons A](#), [Al-Akash M](#), [Kennedy AM](#), [O'Grady H](#), [Hill AD](#), [Comber H](#), [Keane FB](#).

Source

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Abstract

INTRODUCTION:

Effective management of rectal cancer relies on accurate pre-operative assessment, surgical technical excellence and integrated neoadjuvant and adjuvant chemo and/or radiotherapy. The aim of this study was to examine the management of rectal cancer in Ireland.

METHODS:

This was a retrospective chart review. All cases of rectal cancer (15 cm or less from the anal verge) diagnosed in Ireland in the year 2007 were included in the audit.

RESULTS:

In total data for 585 patients were included, under the care of 87 consultant surgeons operating in 48 hospitals. Only data recorded in medical charts were included. Pre-operative investigations were less utilised than recommended by current guidelines and consequently many cancers were inadequately staged. In total 52.5% of cases were discussed at a multi-disciplinary meeting. Overall, 88% of the patients had surgery, and the 30-day mortality rate was 1.7%. The quality of post-operative pathology reporting was variable, with adequacy of total mesorectal excision status unclear or unknown in 74% of cases. Cases were managed in a large number of centres, and in lower volume centres (<5 cases per annum) patients appeared to be less adequately investigated.

CONCLUSION:

This study gives a snapshot of recent practice in the management of rectal cancer in

Ireland but is of necessity limited as the audit was retrospective and long term outcomes have not been assessed. In 2007 rectal cancer was managed in a large number of centres and best practice was frequently not adhered to. The impending centralisation of cancer services is likely to impact on the management of rectal cancer in Ireland.

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