

Chief Complaints

- ▣ Mr.Durai, 48 yrs male from Coimbatore, who is an electrician by occupation and belongs to Lower socioeconomic class presented with chief complaints of
 - ▣ Vomiting – for 3 months
 - ▣ Mass in the upper abdomen – for 3 months

History Of Presenting illness

The patient was apparently normal before 3 months after which he developed vomiting for 3 months

- ▣ insidious in onset, non bilious, not blood stained ,contains food particles
 - ▣ 1-3 episodes per day
- ▣ Immediately after food intake (within 20 minutes)
 - ▣ Not relieved by medication
 - ▣ Not projectile, non progressive

The patient also noticed a mass in the upper abdomen

- ▣ Insidious in onset
 - ▣ Gradually progressive in nature
 - ▣ Associated with pain on pressing
 - ▣ H/O constipation, no h/o obstipation
 - ▣ H/O dyspepsia , no h/o belching
 - ▣ No h/o halitosis
 - ▣ H/O ball rolling movements present
 - ▣ H/O loss of weight (7kg in 3 months) and loss of appetite
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- ▣ No h/o dysphagia
- ▣ No h/o Black tarry stools
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- ▣ No h/o fever
- ▣ No h/o yellowish discolouration of sclera / abdominal distention
- ▣ No h/o bone pain
- ▣ No h/o cough with haemoptysis
- ▣ No h/o swelling elsewhere in the body

Past History

- ▣ No h/o similar complaints in the past
- ▣ No h/o previous surgeries
- ▣ No h/o chronic drug intake
- ▣ No h/o DM, HT ,Tuberculosis, Asthma, Epilepsy

Personal History

- ▣ Consumes non vegetarian diet
- ▣ Chronic alcoholic for past 20 years – 180 ml/day
- ▣ Occasional smoker
- ▣ No h/o spicy food intake
- ▣ Normal bladder habits. Constipation is present

▣ Family History

- ▣ No significant family history

Summary

- ▣ 48 years old male, who is a chronic alcoholic came with complaints of non-bilious vomiting-immediately following food and water intake, mass in the epigastrium for 3 months with history of constipation, ball rolling movements and loss of weight and loss of appetite. Probable pathology is in the gastric region.

General Examination

Patient is conscious, oriented , moderately built and moderately nourished.

- ▣ Pallor present, No cyanosis, No jaundice
- ▣ Grade 2 clubbing present
- ▣ No pedal edema
- ▣ No generalized lymphadenopathy

VITAL SIGNS

- ▣ **Pulse Rate** 75/ min, regular in rate, rhythm.No specific character. No vessel wall thickening. No radioradial/radiofemoral delay.
- ▣ **BP:** 116/80 mmHg, measured in the right upper arm seated posture
- ▣ **RR** 15/min
- ▣ **Temp** afebrile

Examination of Abdomen

After getting consent from the patient, he was exposed from the level of the nipples to mid thigh and examined under bright light in supine position.

INSPECTION

- ▣ A single, locally distended mass is present in the epigastric region. Size: 7x5 cm, irregular in shape, extending 2cm below the xiphoid process, 2cm from the left costal margin, 6 cm from the right costal margin and 5cm above the umbilicus. Moves with respiration

- ▣ Skin over the mass – normal
- ▣ On lifting the head with arms folded on chest, mass becomes less prominent
- ▣ Visible Gastric Peristalsis
- ▣ Umbilicus in midline, flanks free
- ▣ All quadrants move equally with respiration
- ▣ No fullness in the left supraclavicular fossa
- ▣ External genitalia normal

Palpation

- ❑ The patient's hips and knees are flexed on both sides and examination is done.
- ❑ Inspectory findings of size, shape , extent confirmed.
- ❑ Surface irregular, Ill defined margins
- ❑ Moves with respiration
- ❑ Left Supraclavicular node and axillary nodes not palpable
- ❑ Liver not palpable

Percussion:

- ▣ Shifting dullness is absent
- ▣ Liver dullness Right 5th Intercostal Space in the Mid Clavicular line
- ▣ Impaired resonance over the mass.
- ▣ Resonant over other regions of the abdomen

Auscultation:

- ▣ Normal Bowel sounds heard.

Per Rectal Examination

Diagnosis

- ▣ Gastric Carcinoma with Gastric Outlet Obstruction

Differential Diagnosis:

Peptic Ulcer with ciccatrization

Investigations

Baseline:

- ▣ CBC- TC, DC, ESR, Hb%
- ▣ Blood- Sugar, Urea
- ▣ Serum Creatinine, Electrolytes
- ▣ Urine – Albumin, Sugar
- ▣ Blood grouping and typing
- ▣ X-Ray Chest
- ▣ ECG

Specific:

- ▣ Upper GI Endoscopy
- ▣ Barium Meal
- ▣ X-ray Abdomen
- ▣ USG Abdomen
- ▣ CT Abdomen
- ▣ Endoscopic Ultrasonogram
- ▣ Diagnostic Laparoscopy

Management

- ▣ Subtotal radical gastrectomy with anterior gastrojejunostomy.