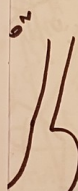
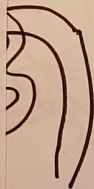


COMPANION

when clockwise



FOREGUT
ESOPHAGUS
→ JUDER
DUODENUM



HINDGUT
DISTAL 1/3 TRANSVERSE
→ ANAL CANAL
ABOVE PERINEAL
LINE

L
BYO

LE

clockwise

on

FOREGUT
ESOPHAGUS
→ SUPRACARDIAL
DUODENUM

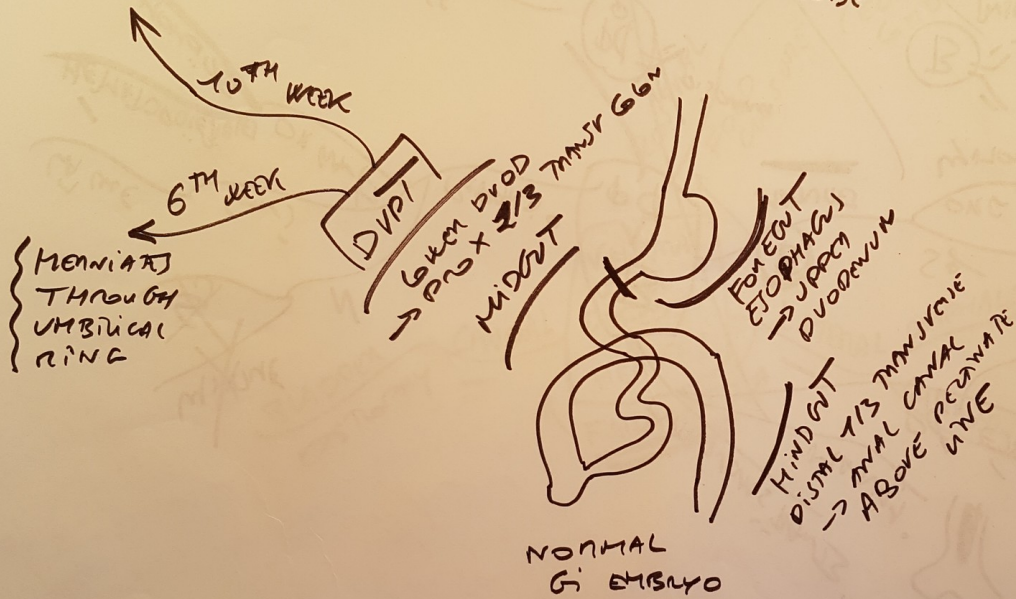
HINDGUT
DISTAL 1/3 TRANSVERSE
→ ANAL CANAL
ABOVE PERINEAL
LINE

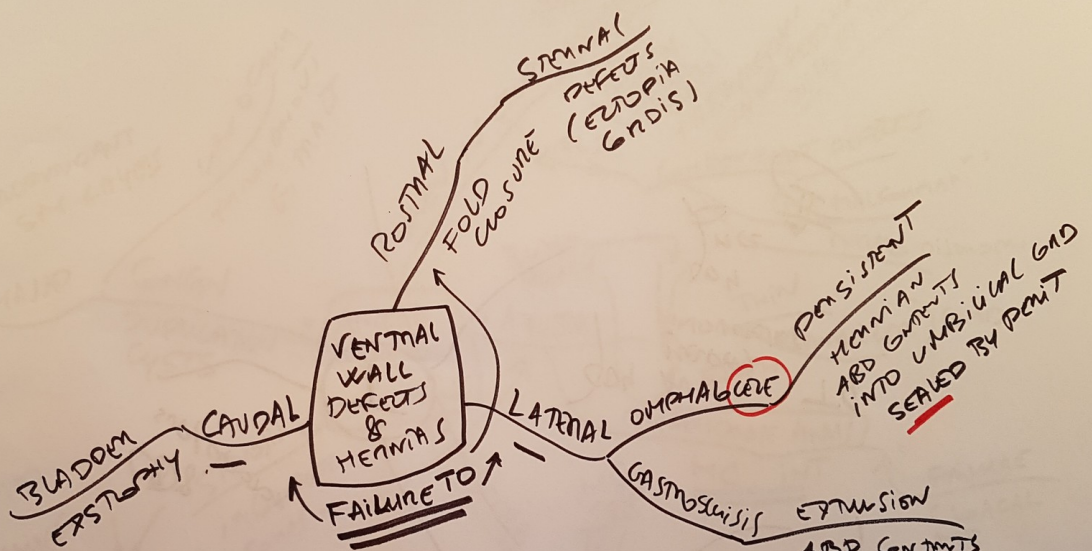
BYO

CONGENITAL

LE

{ RETURNS TO ABD CAVITY
+ ROTATES AROUND SMA TOTAL 270° COUNTER CLOCKWISE

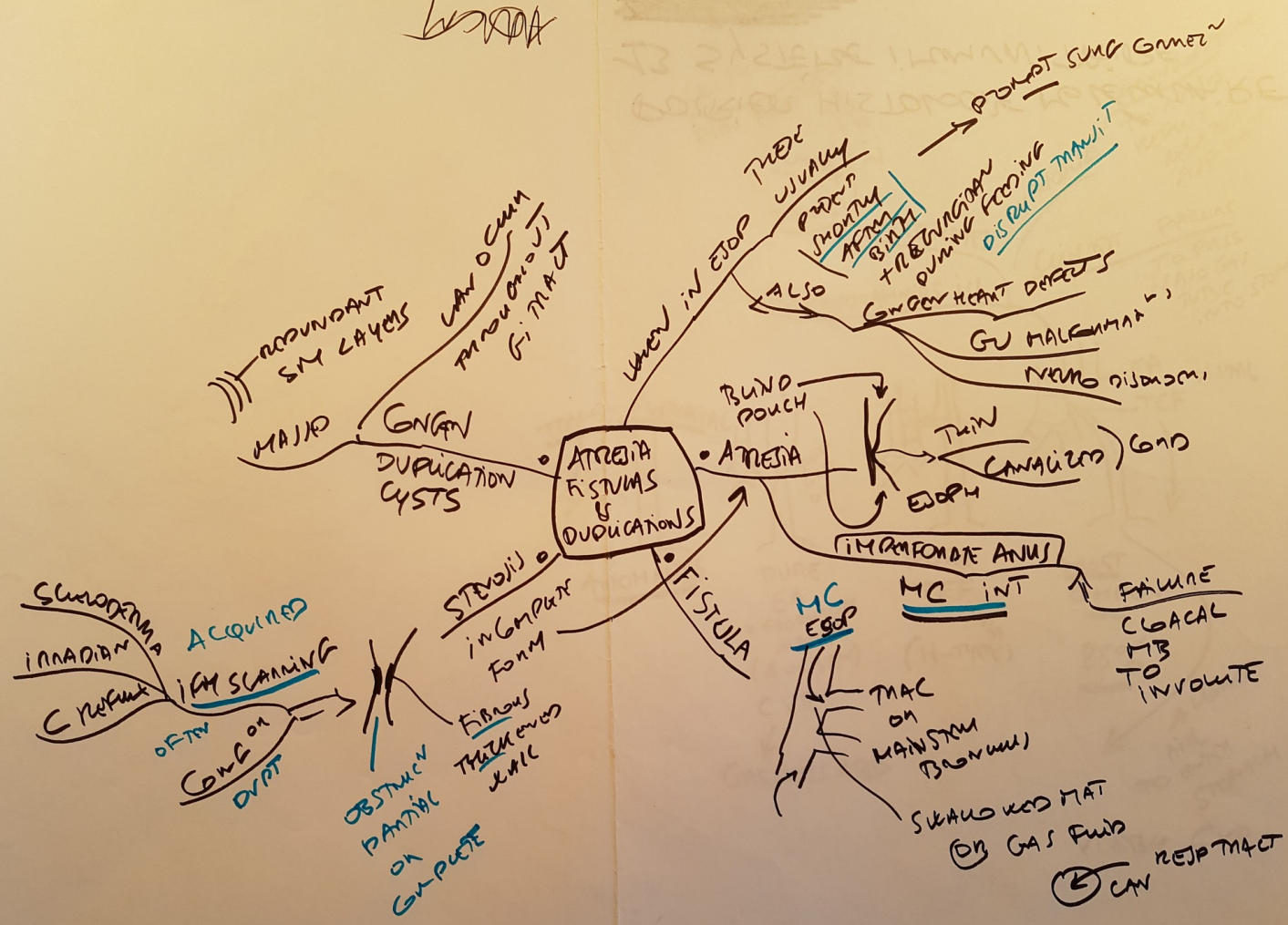




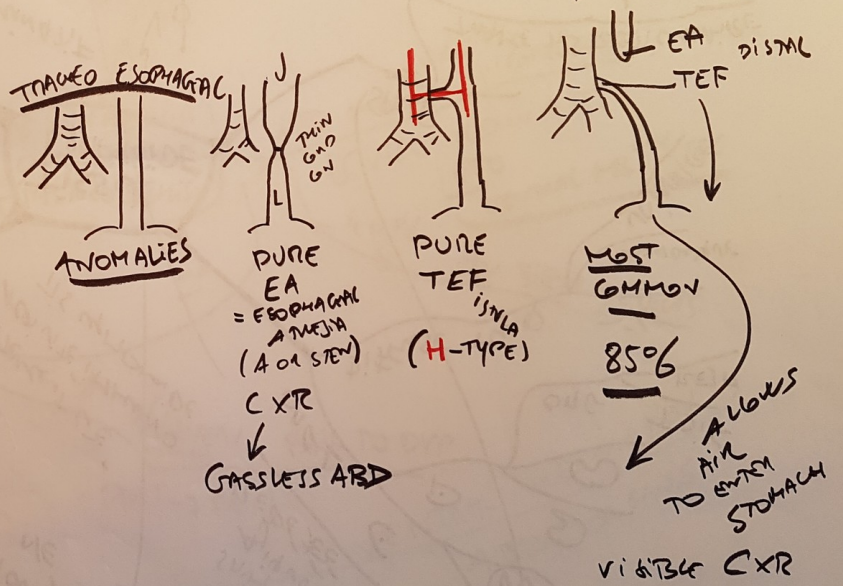
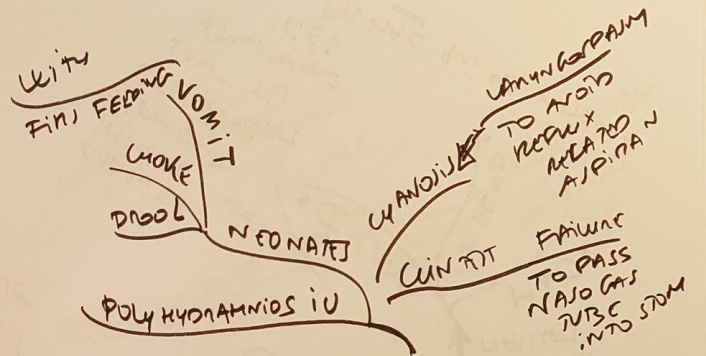
GNCOW
 UMBIL
 HERNIA
 = INCOMPLETE
 CLOSURE OF UMBILICAL
 MAY CLOSE SPONT

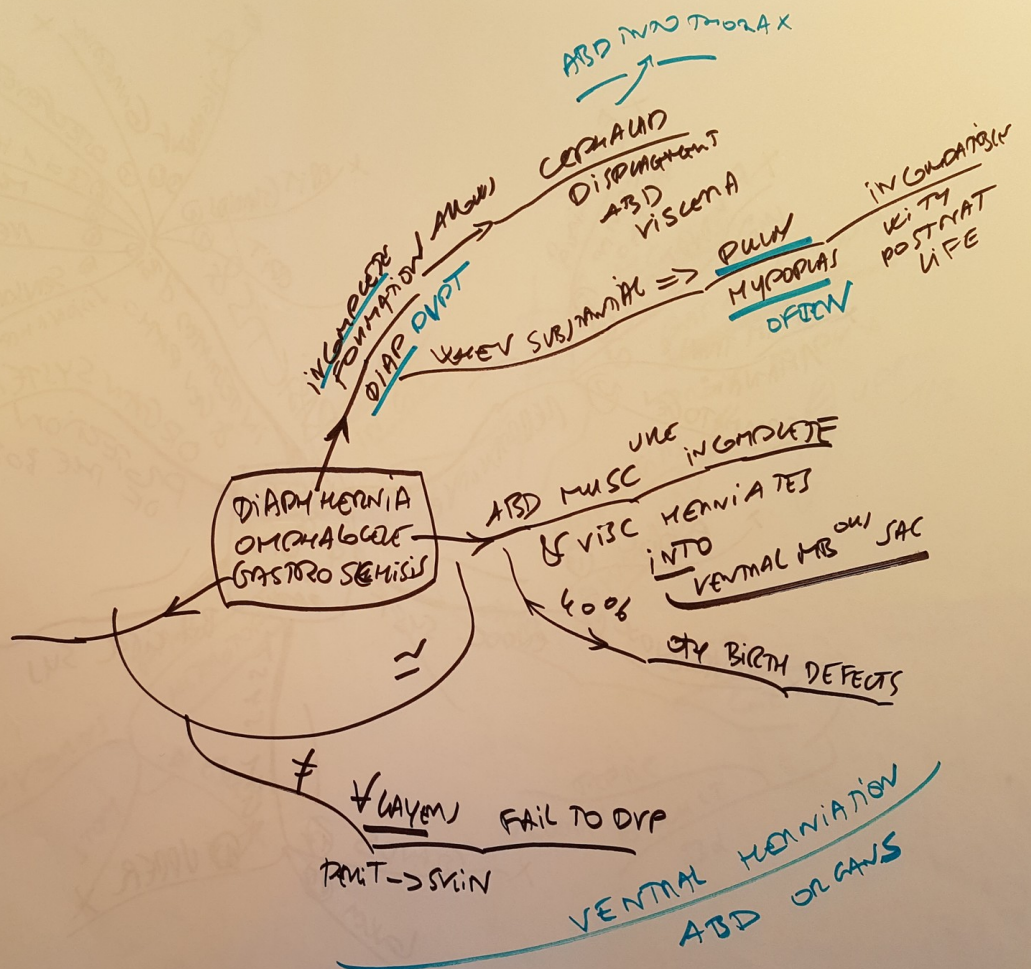
EXTENSION
 ABD CONTENTS
 THROUGH
 ABD FOLDS
 (TYPICALLY
 R OF UMBILICAL)
 NOT SEALED
 BY PERITONEUM
 OR AMNION

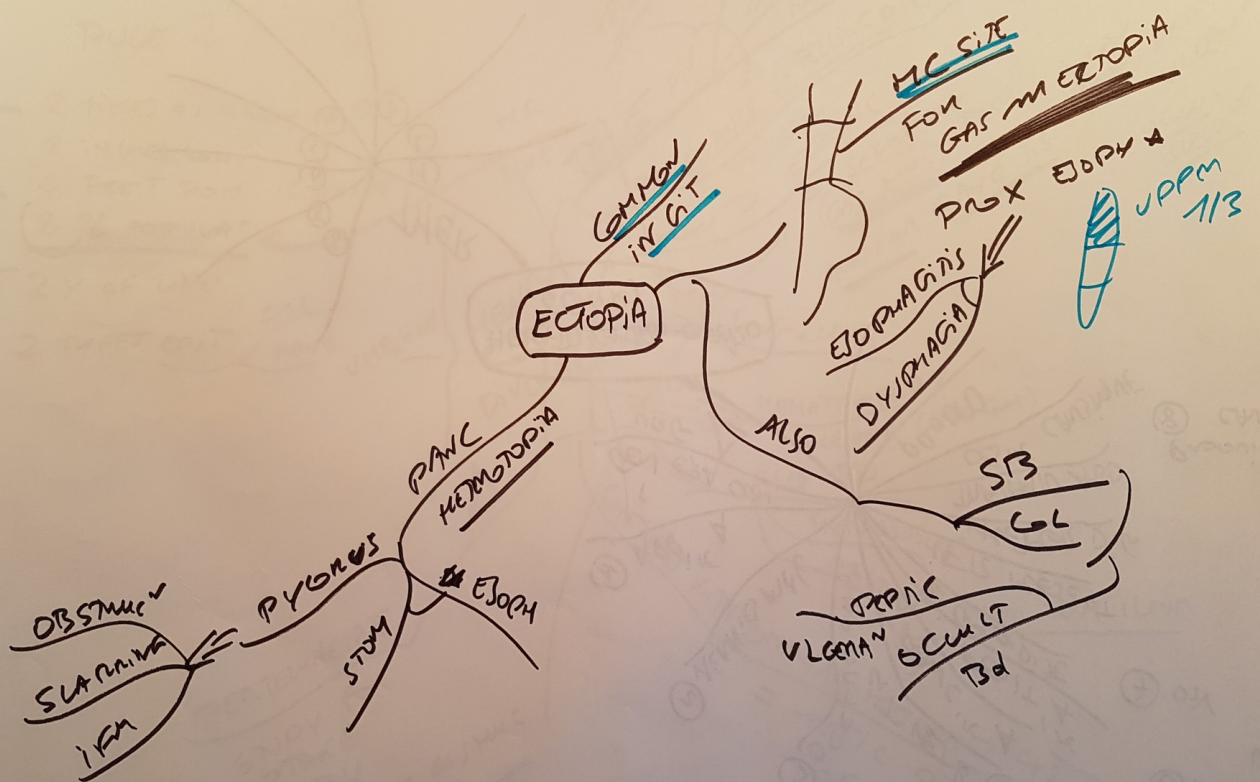
WADA



POSTA

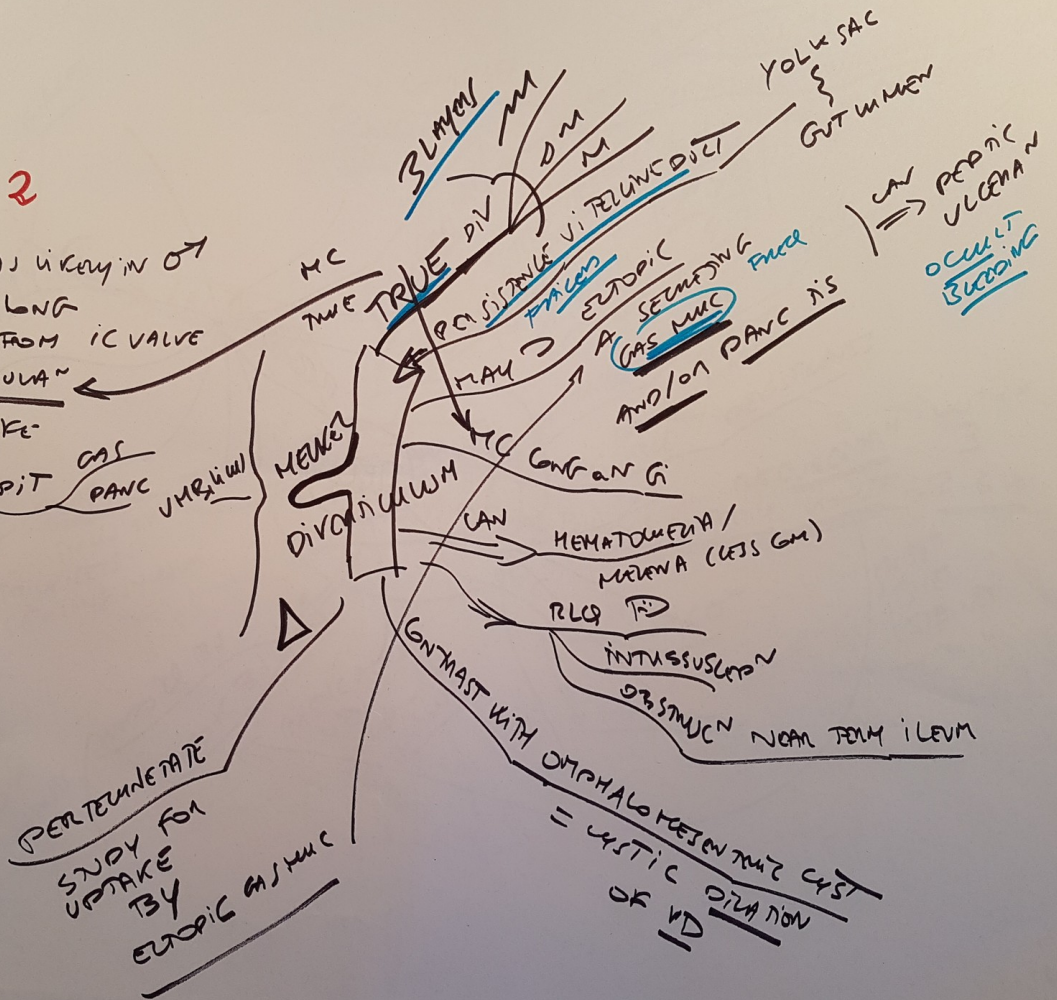


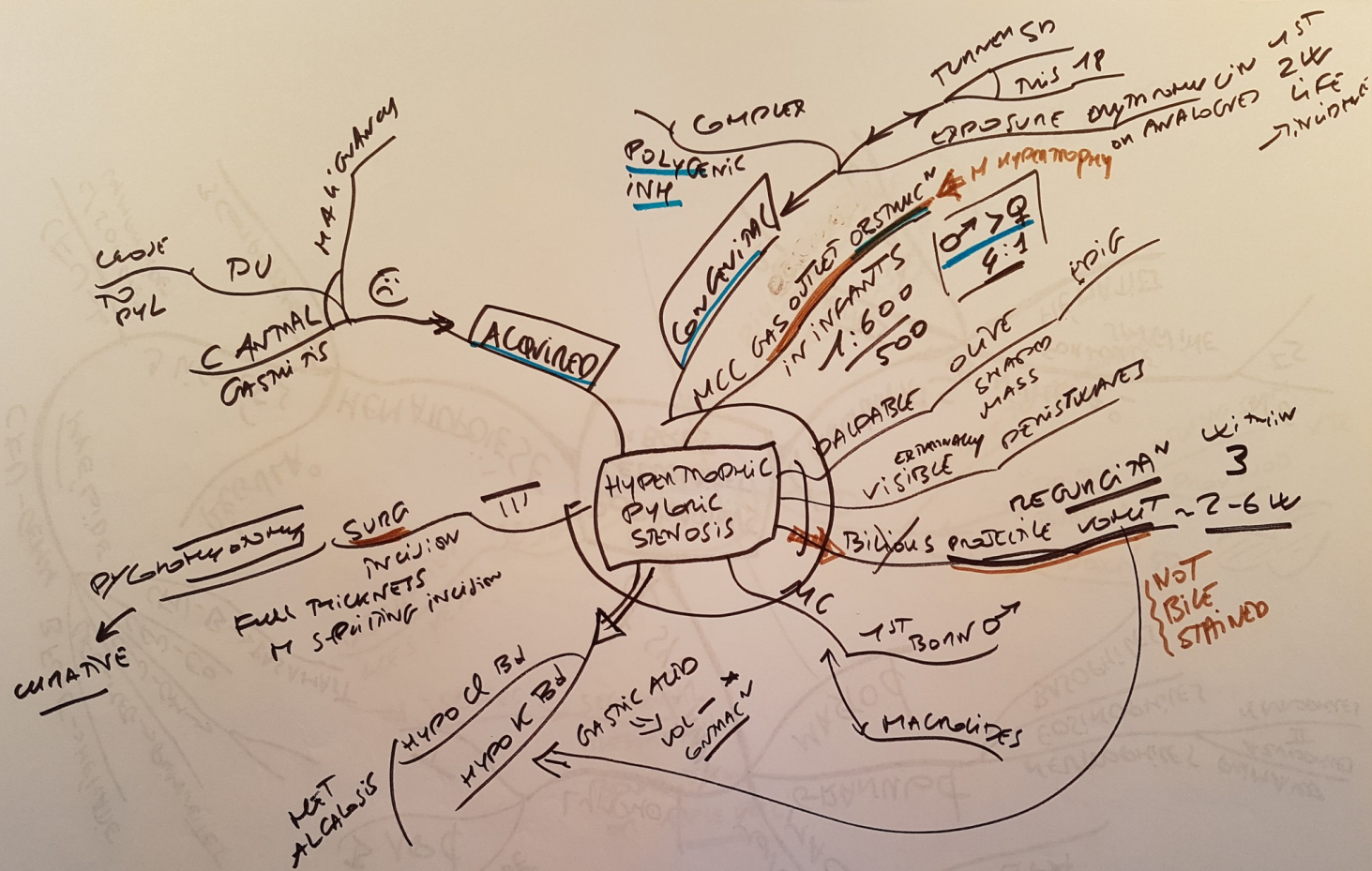


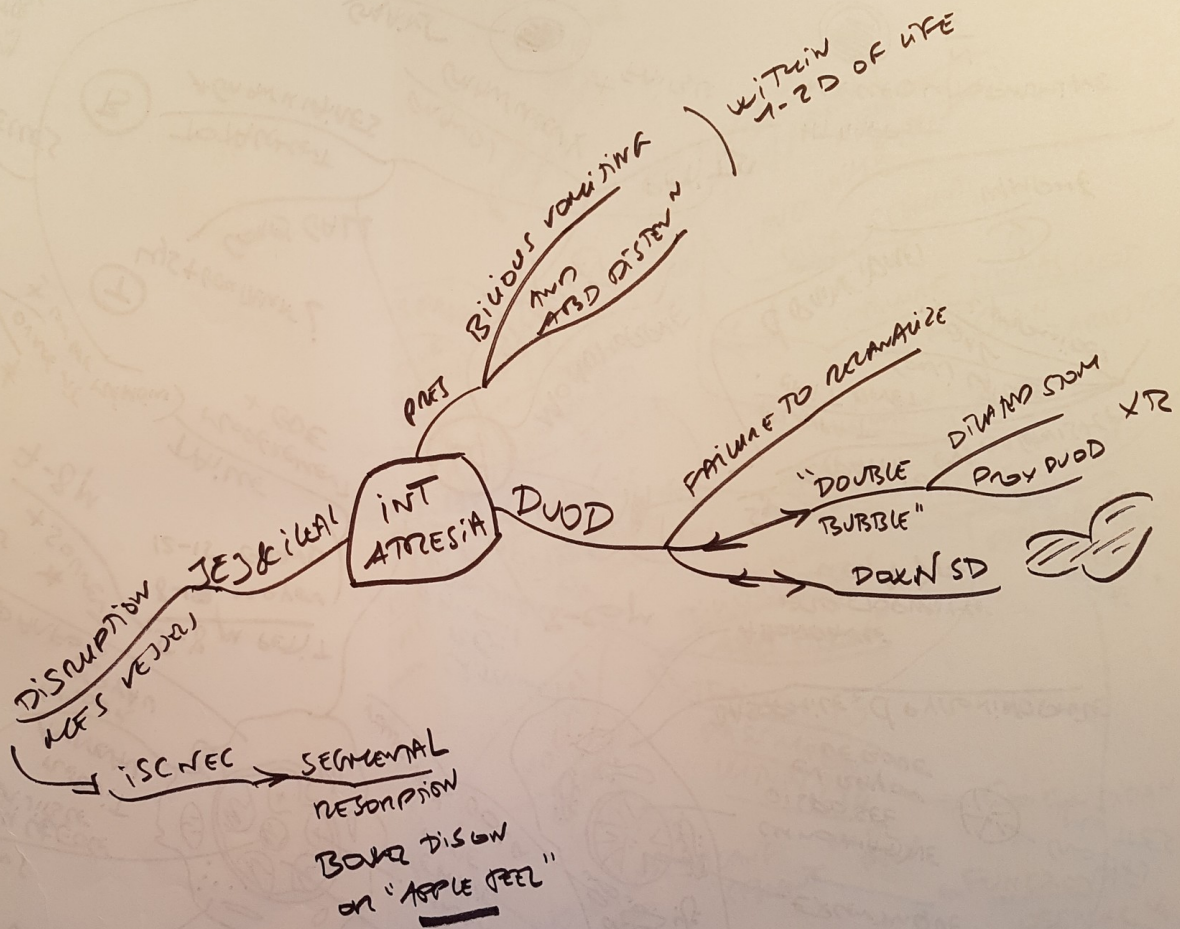


RULE 2

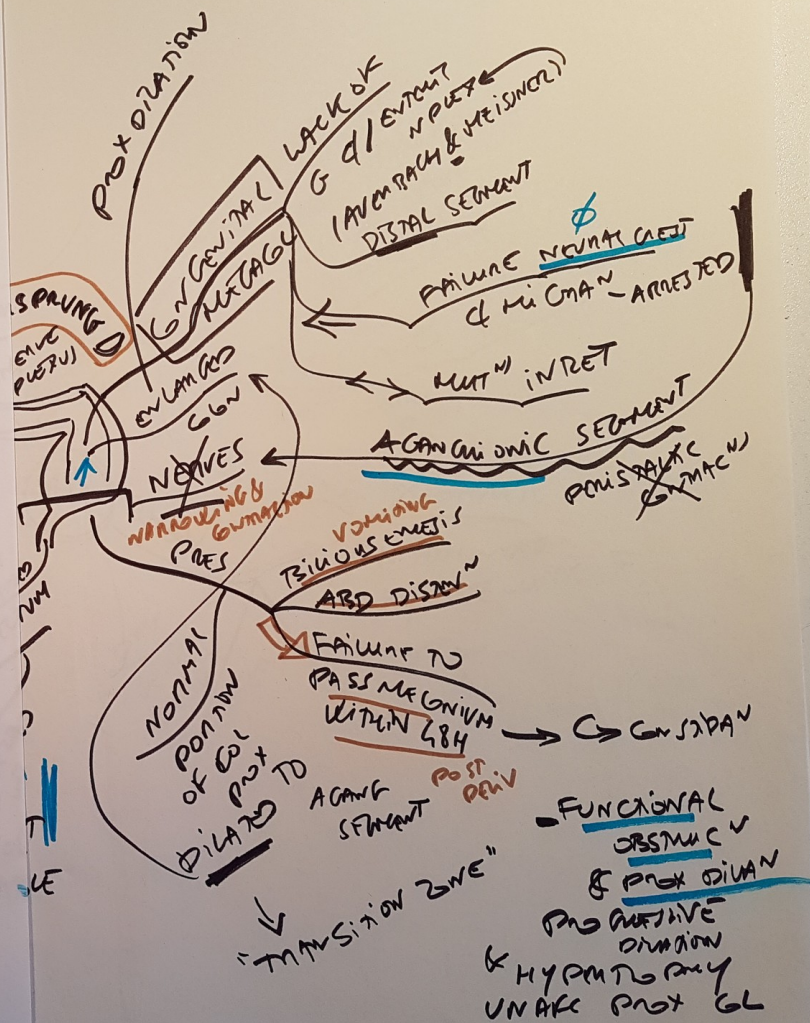
- 2 TYPES AS KEY IN OT
- 2 INCHES LONG
- 85cm 2 FEET FROM IC VALVE
- (2% POPULATION)
- COMPLETE FMT 2 Y OF LIFE
- MAY 2 TYPES EPIT

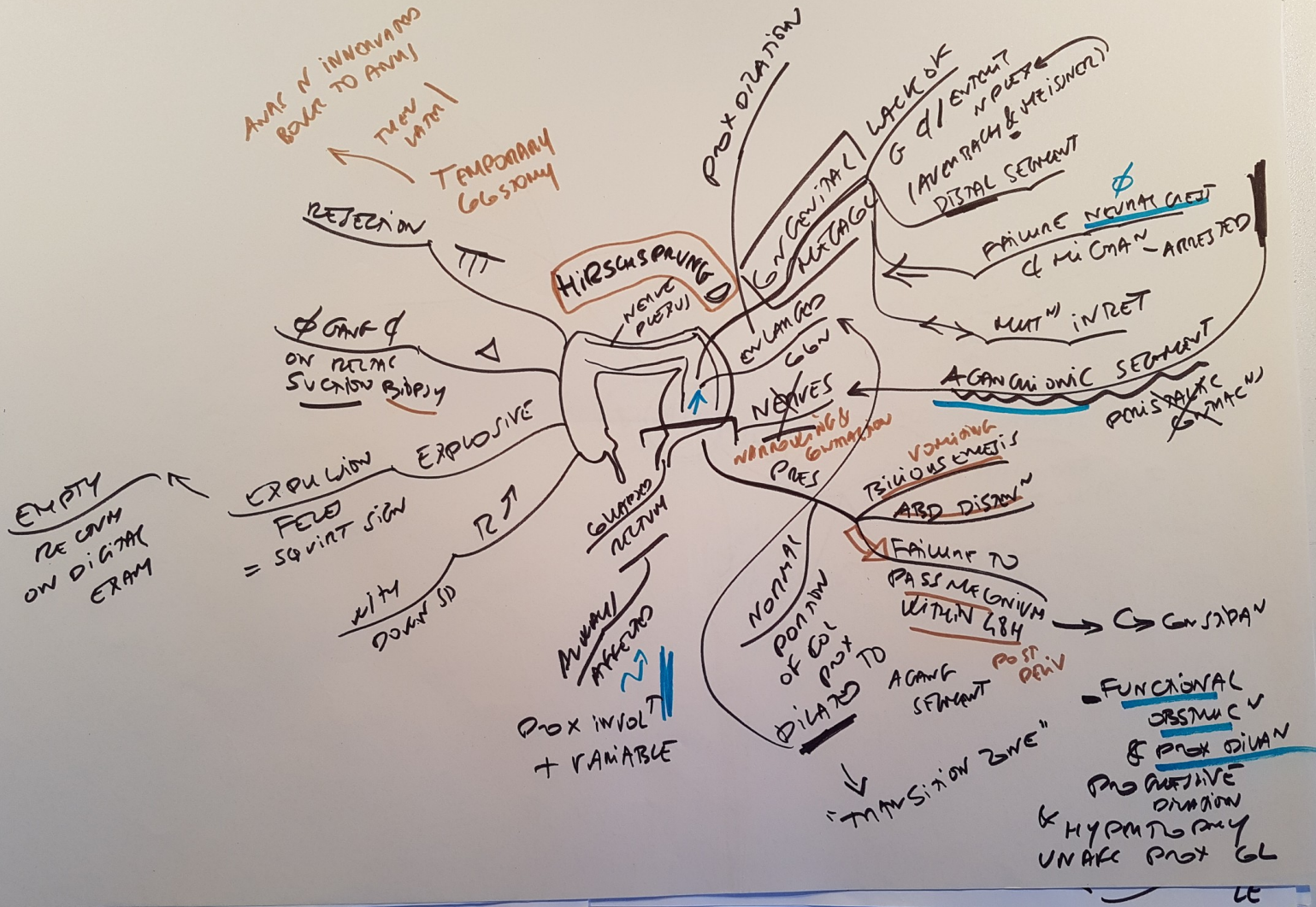


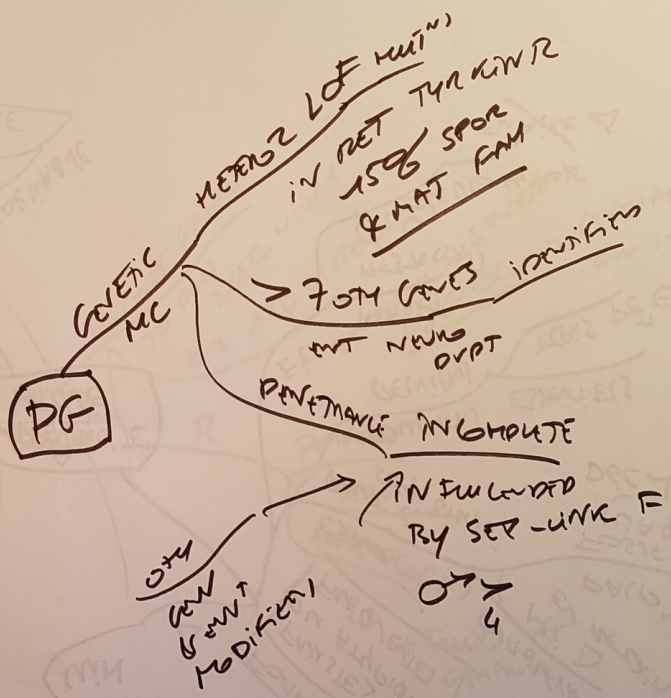


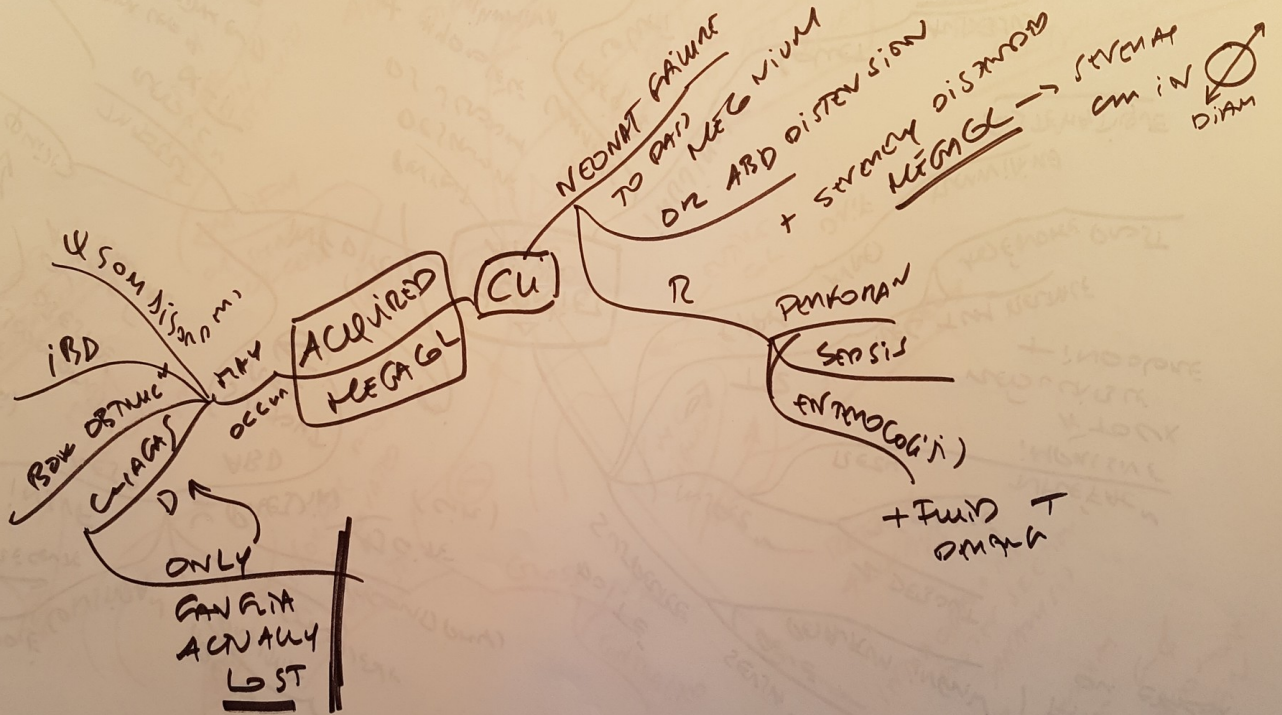


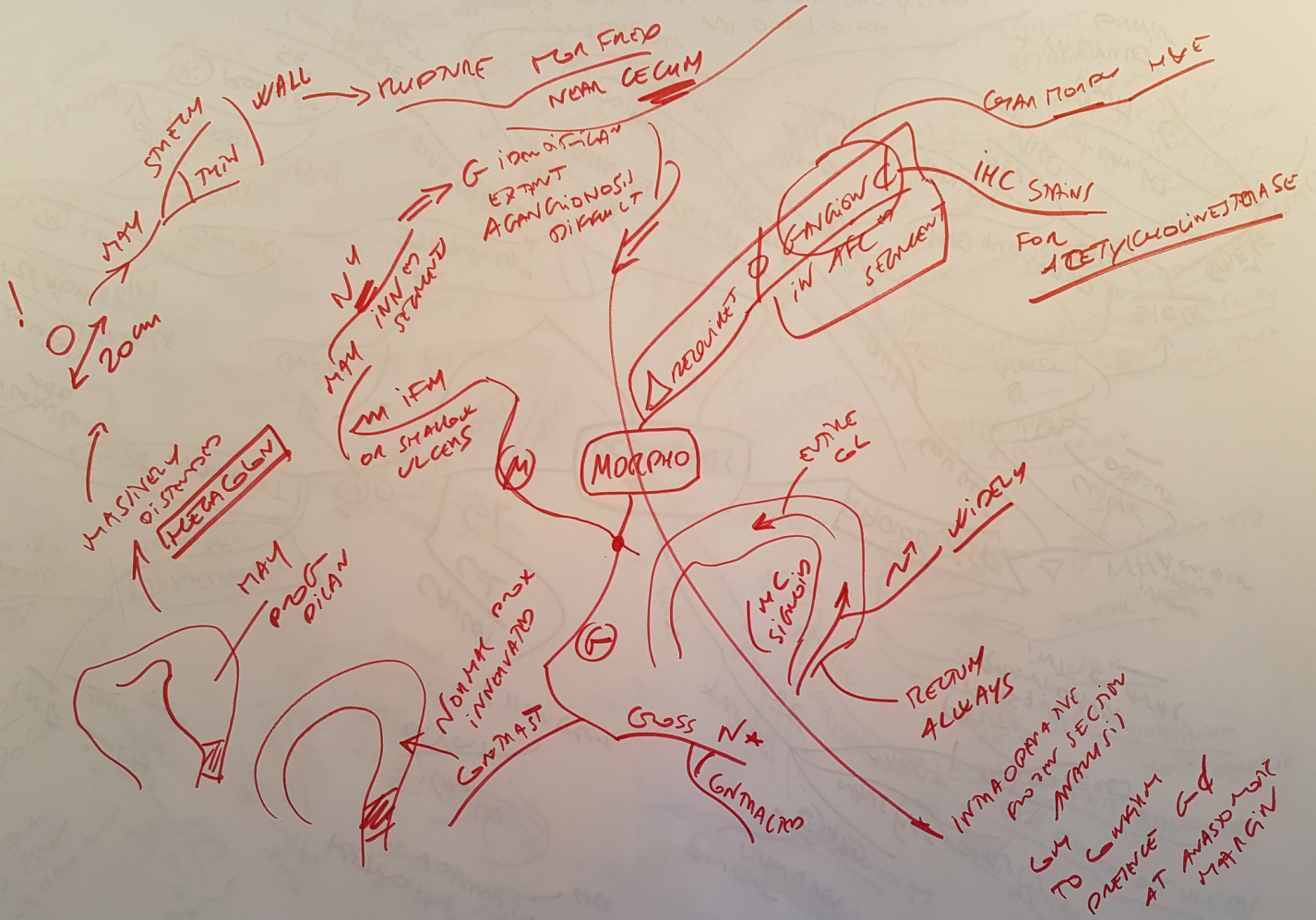
HIRSCHSPRUNG D



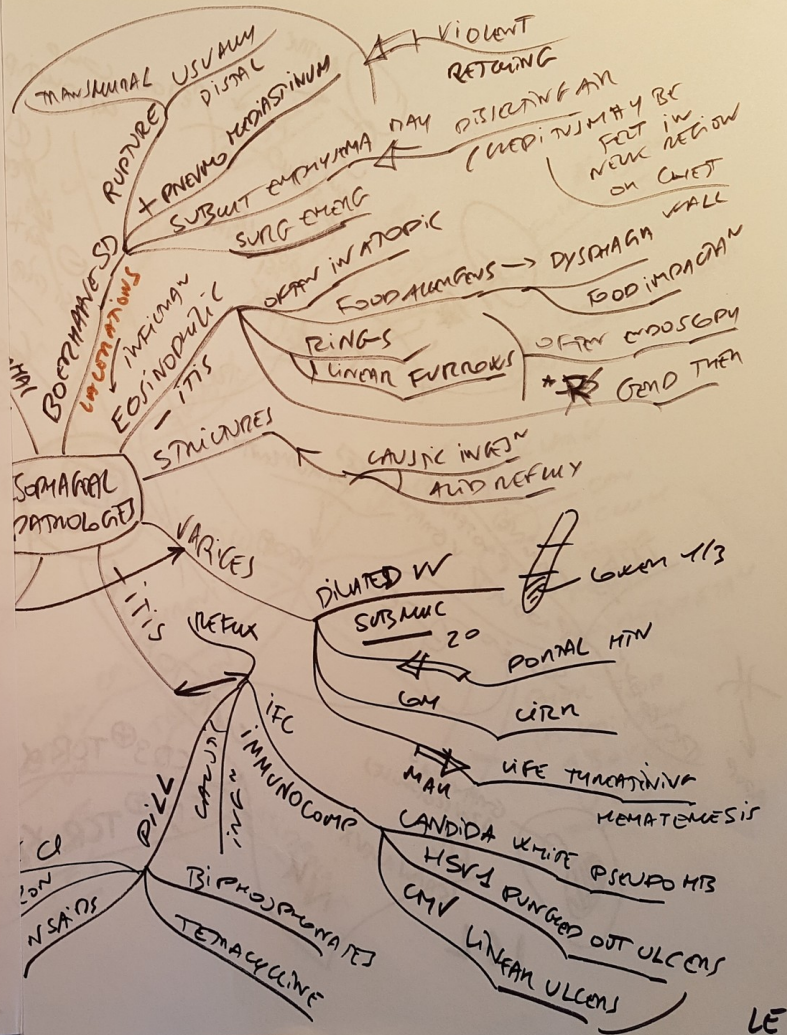




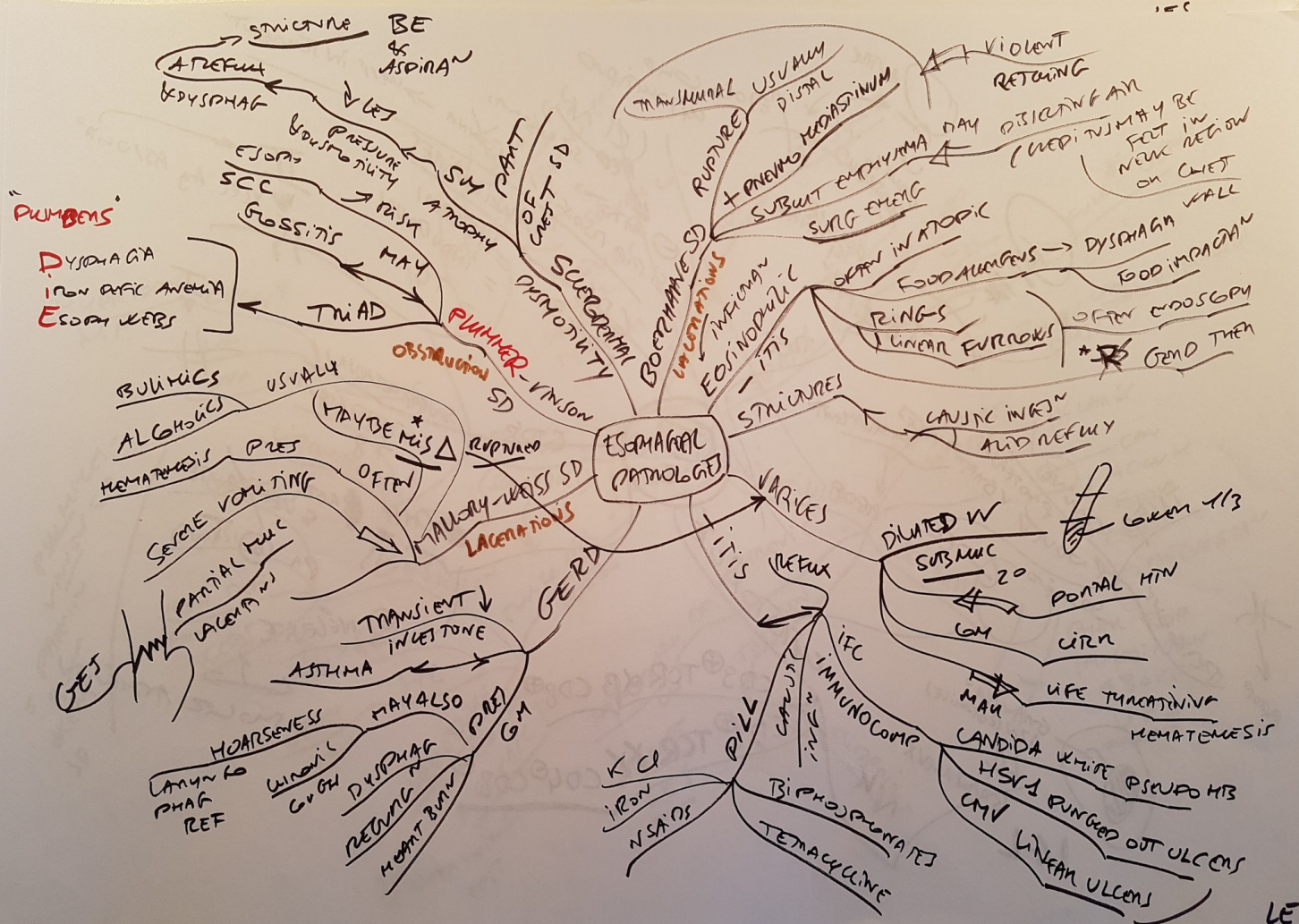


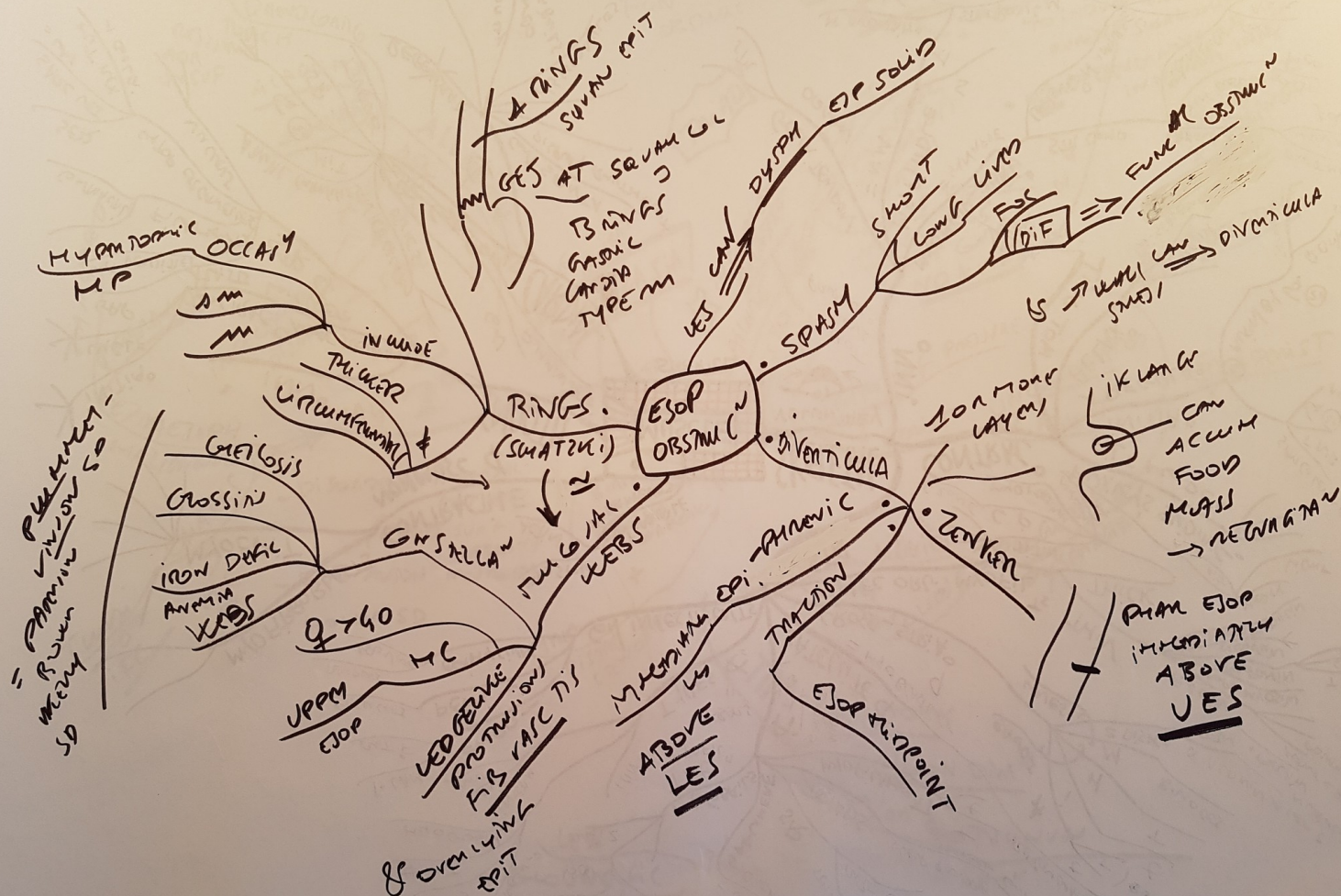


ESOPHAGUS



LE





CON FORM
FUNAL
OBSTRUCT

1

14 IDIOPATHIC

- FAILURE EOP TO INDUCE RELAXN LES DURING SWALLOWING
- OR DEGENERATIVE UP IN NORMAL INN
- CHOLINERGIC SIGNALING

2 LES TONE

3 APERT

TRIAD

ACHALASIA

FAILURE LES TO RELAX

LOSS MYENTERIC (Auerbach) PLEXUS
LOSS POSTG NG NEURONS (THAT GIVE NO KVID)

HIGH RESISTANCE PRESSURE
PERIST UNCOORDINATES (ABSENT)

VS OBSTRUCT ONLY LIQUIDS SOLIDS

PROGRESSIVE DYSPHAGIA

MYOTOMY

BALLOON DILAT

AND/OR BOTULINUM

TOXIN IN SEEN

LES CHOLINERGIC INHIBIT

BINDS PERIST BRAWN SWALLOW

ANNA DISTAL STENOSIS

- DISORDERS VA DORSAL LGT NUC (POLIO SURV ABIAN)
- DIAB AUTON NEURO
- DOWN SD

2

MAY 20

ACHALASIA
ALL GROVE SD
AR
MM
MYC
SANC

INDICATIVE DISORD

EXTREMELY MALIGNANT

CHAGAS
D MC

MAINTENANCE

TUMOR IEC

SURG

SEVERE
PROLIFERATION

TRANSITION
PHASE

DISTAL

BOERHAAVE SD
← GROW
→ SERIOUS

LACERATIONS

HIGHLY
FATAL

TEAR TO
BE PROMPT
USUALLY SURG

MM → CM
LONGITUDINAL

MALLORY-WEISS TEARS

GES

EXCESSIVE
VOLITING
SEVERE
RETAINING

OKTAM
SPRING
ALONG
INTOX

NY

PROLONGED

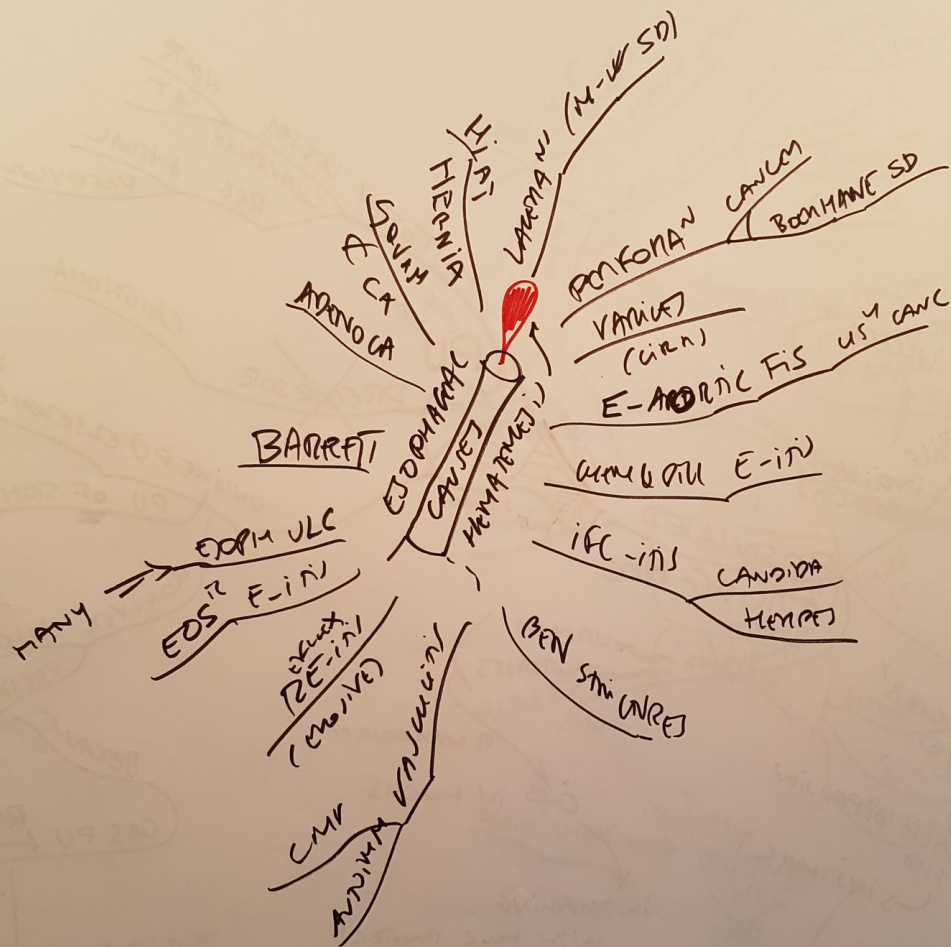
REF RELAXAN
LES
PRECEDES
ANTIPERIS
WAVE

FAILS

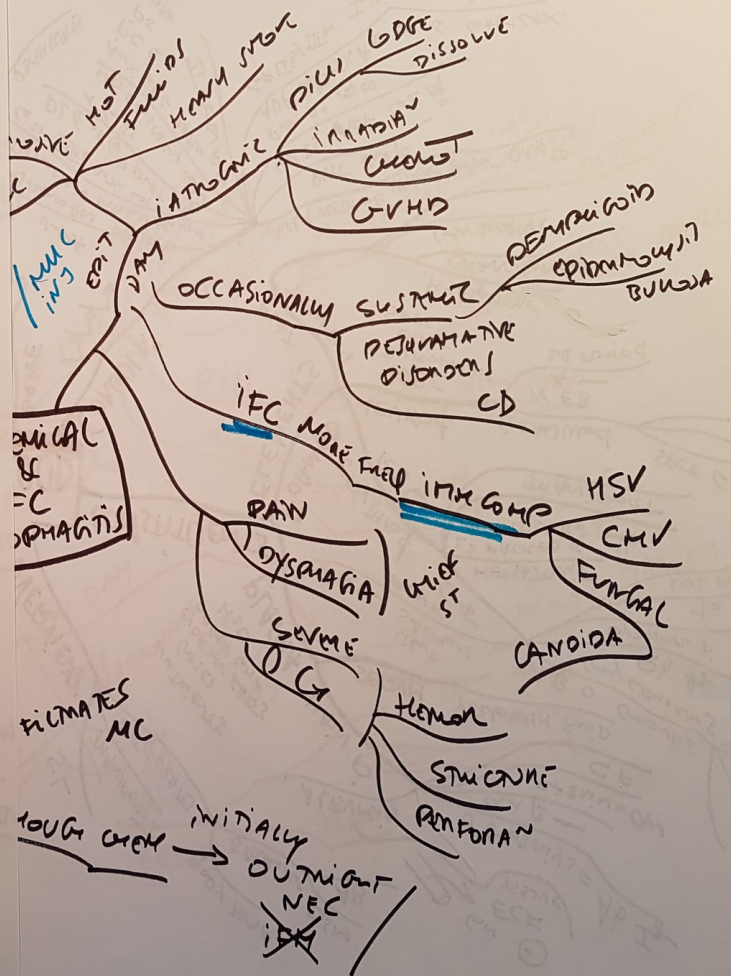
HEMATEMESIS

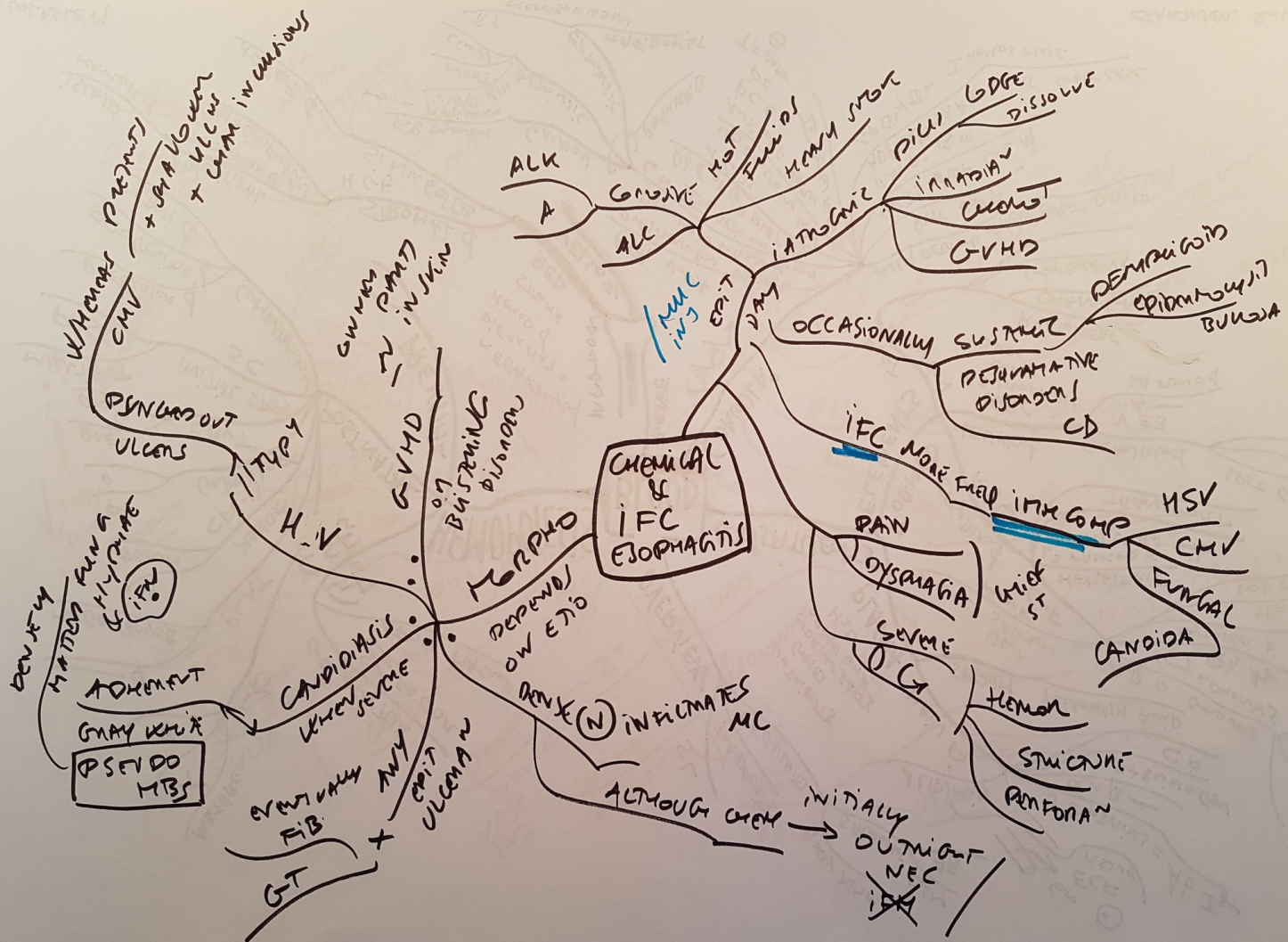
UP
TO 100
UPPER
GI BLEEDING
↓
TEAR

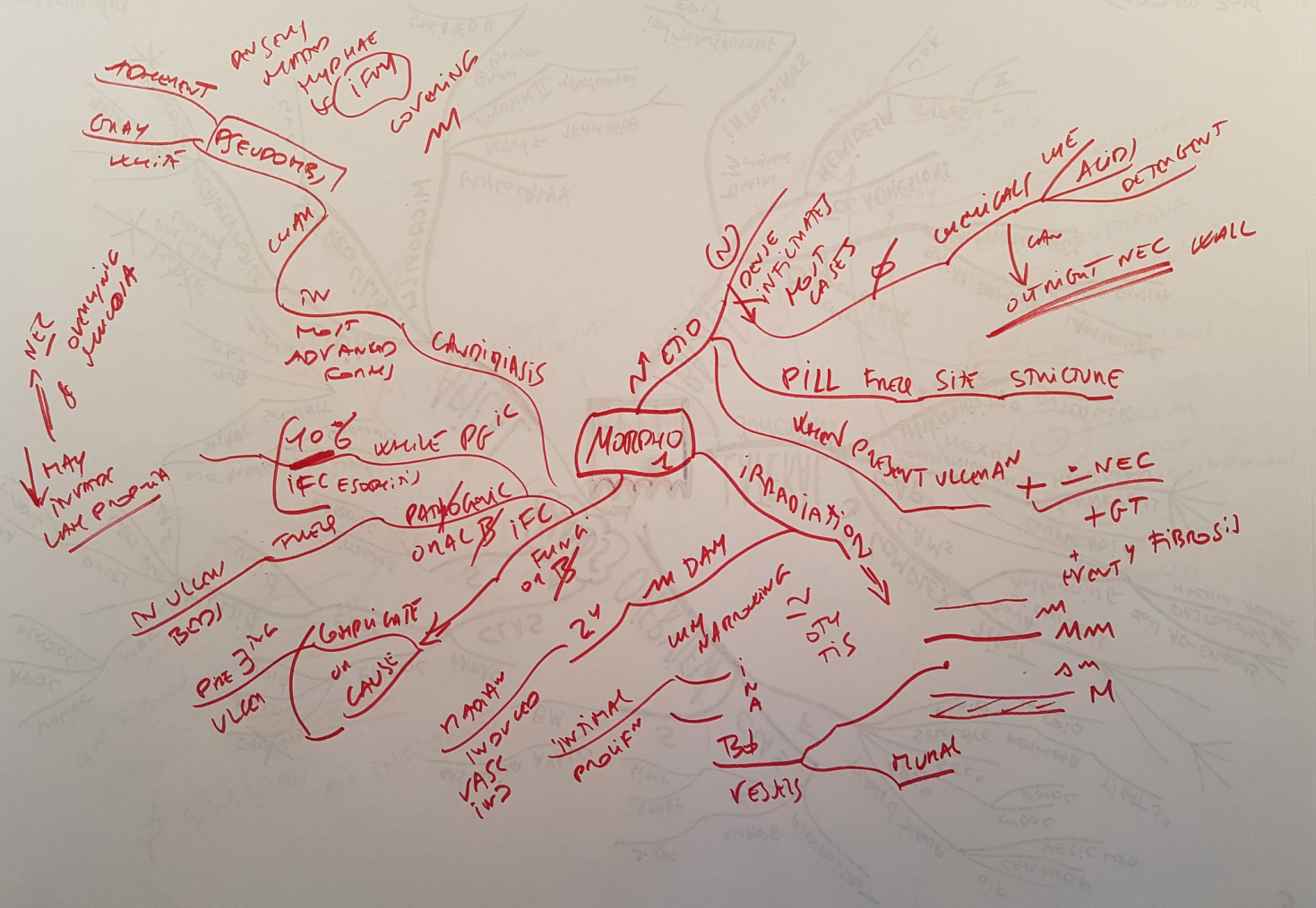
TEARING
SMETTING

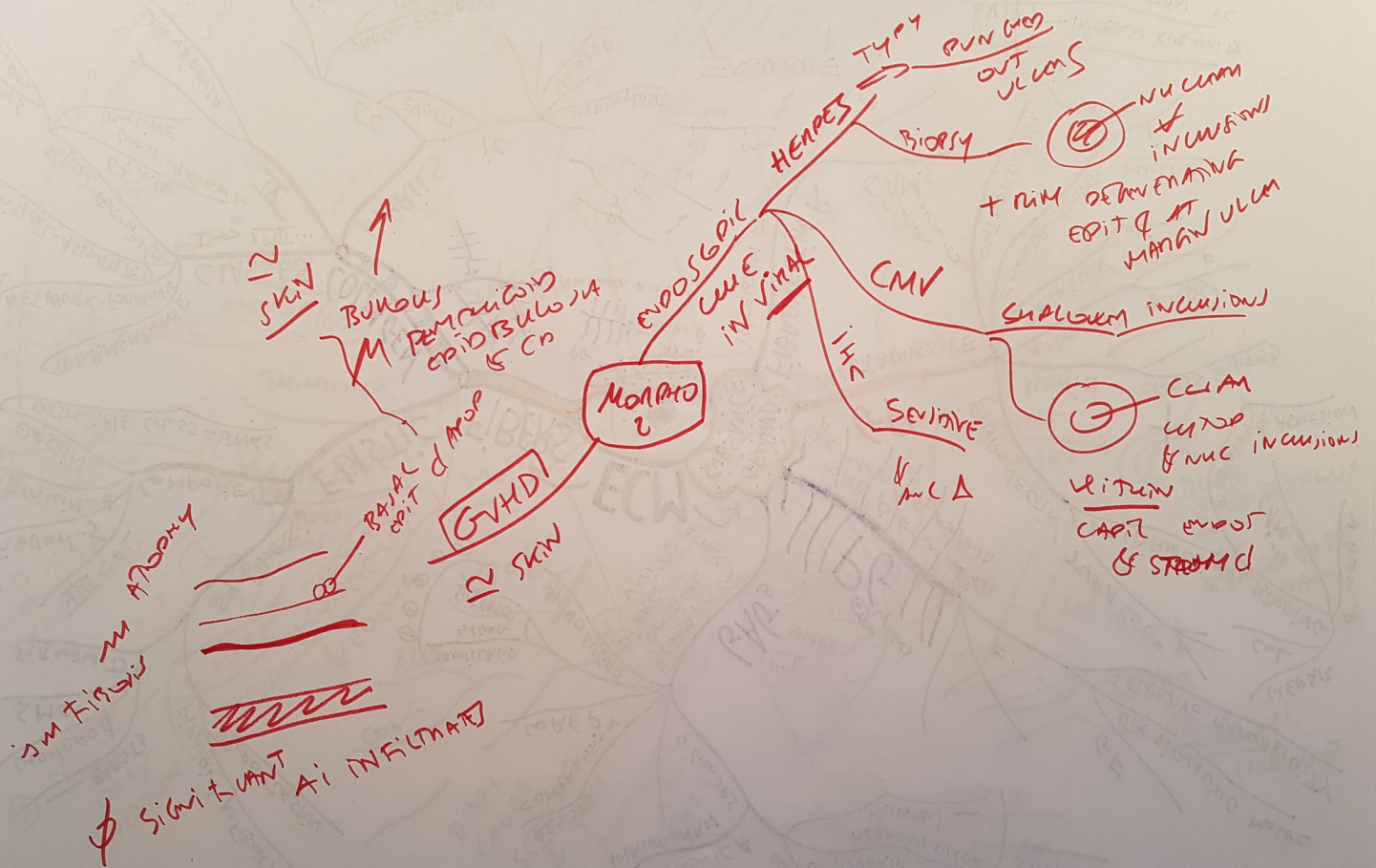


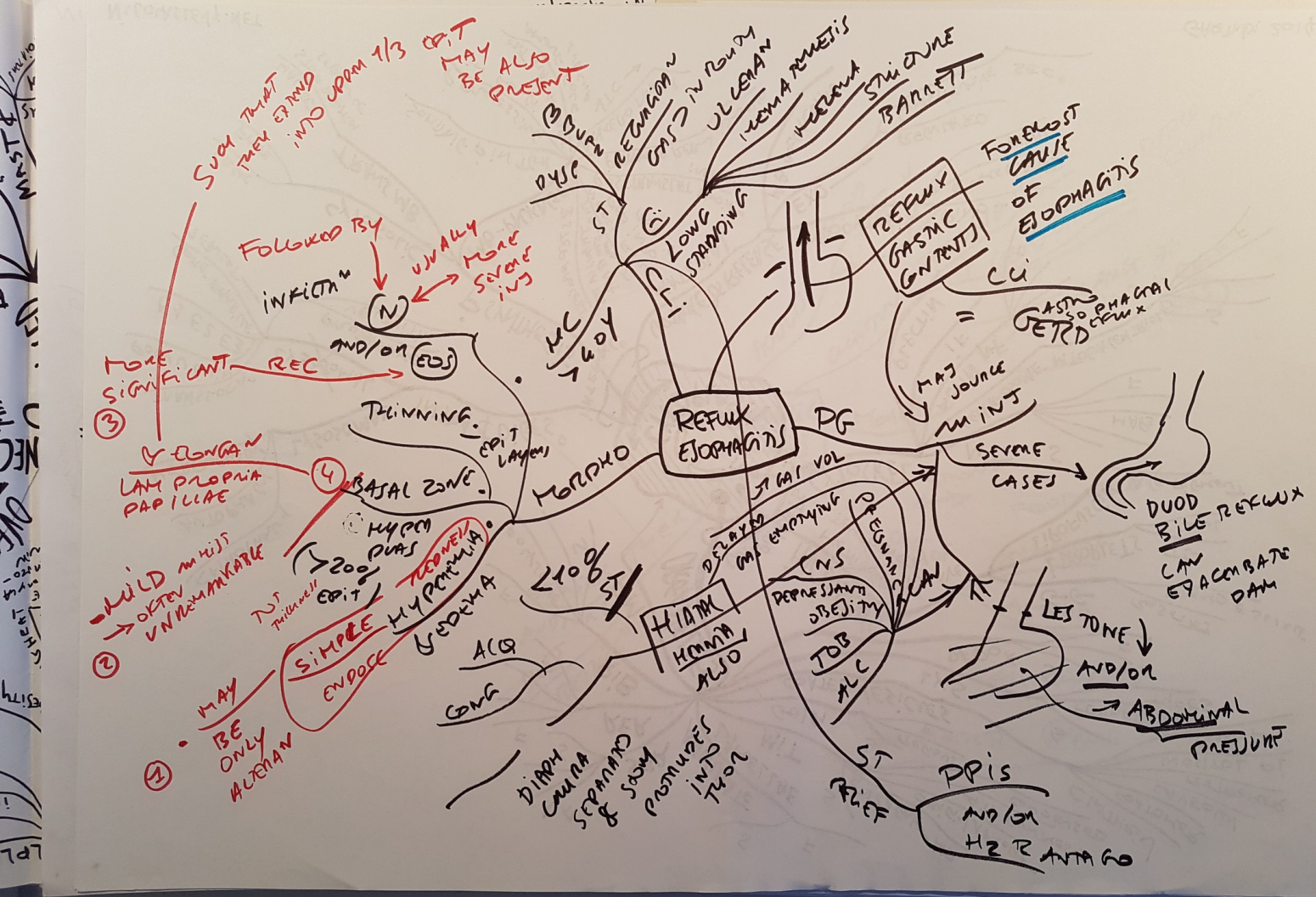
CMV & IFC EPIDYAGIS











Such that they expand into 1/3 of the stomach may also be present

Followed by infection usually more severe

More significant REC AND/OR (ES)

3. elongated lam propria papillae

2. mild inflammation to overt inflammation

1. may be only adenoma

4. basal zone

hypertrophy

simple endocervical

thinning

epithelial layer

hyperplasia

ACG

REFLUX ESOPHAGITIS

PG

ST

ST

REFLUX GASTRIC CONTENTS

FOREMOST CAUSE OF ESOPHAGITIS

CC

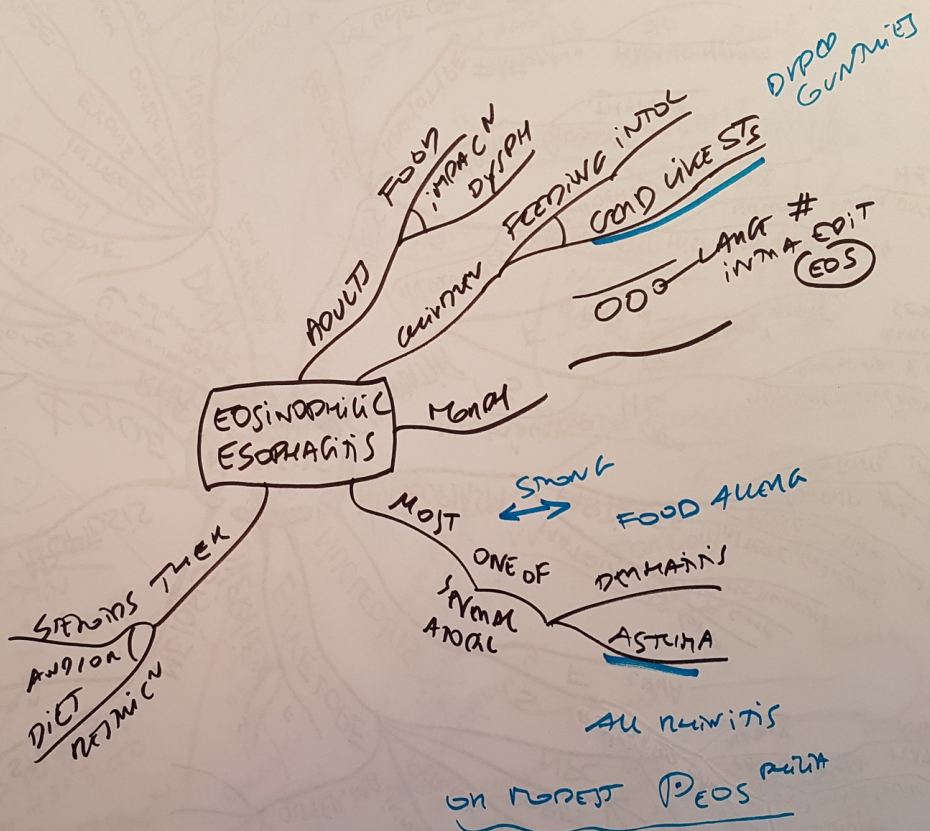
MAY JOURN

SEVERE CASES

DUOD BILE REFLUX

LES TONE

ABDOMINAL



PMID
THEN IFM
VTIF
IF PAST

* LUM ON WALL
MUCOSA ULC NEC

VP
IHA
EROSION

UNTIL RUPTURE + HEMATEMESIS
50-80% VARICED SURVIVAL

SCISSOR
BALLOON
BAND LIGATION
TAMPONADE

50% REC
WITHIN 1 Y WITH + V RATE

UP TO 1/2 DIE 1ST BLEED
WITH 1ST BLEED
HESITANT
COMA ON

MAY NOT BE OBVIOUS
SURV ON POST BANDING
LACERATE
Bd FUL
+ OBSCURED
OVER LYING

GI/2
CIN PATIENT

SEVERE
PORTAL HT

CLI

ESOPH VARICES

MORPH

IRREGULAR
MUCOSA PROTRUSION
OF MUCOSA

+ ULCERAN IFM
OR ADHERENT
Bd CLOTS

COLLAT
BY PASS
CHANNELS

PORTAL
CAVAL CIRCULATION

CONGESTED
SUBHEP
SUB HVC

ALC CIN

MCC
90% PATIENTS
VARICED

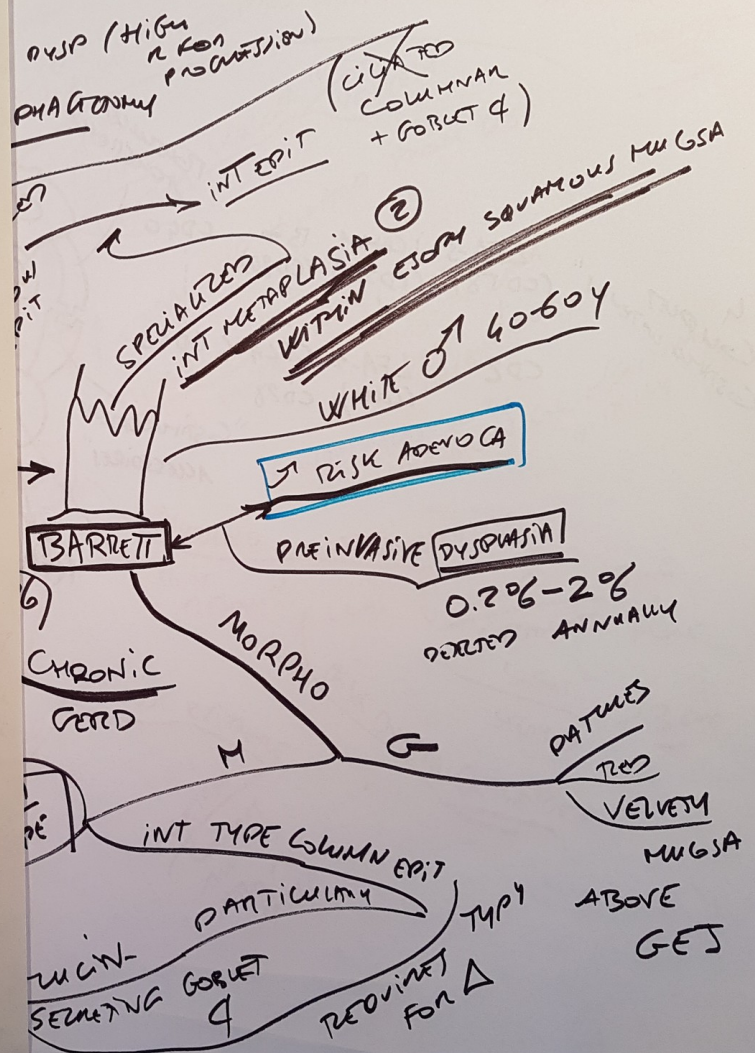
HEPATIC SCLEROSIS

2nd MCC
AND

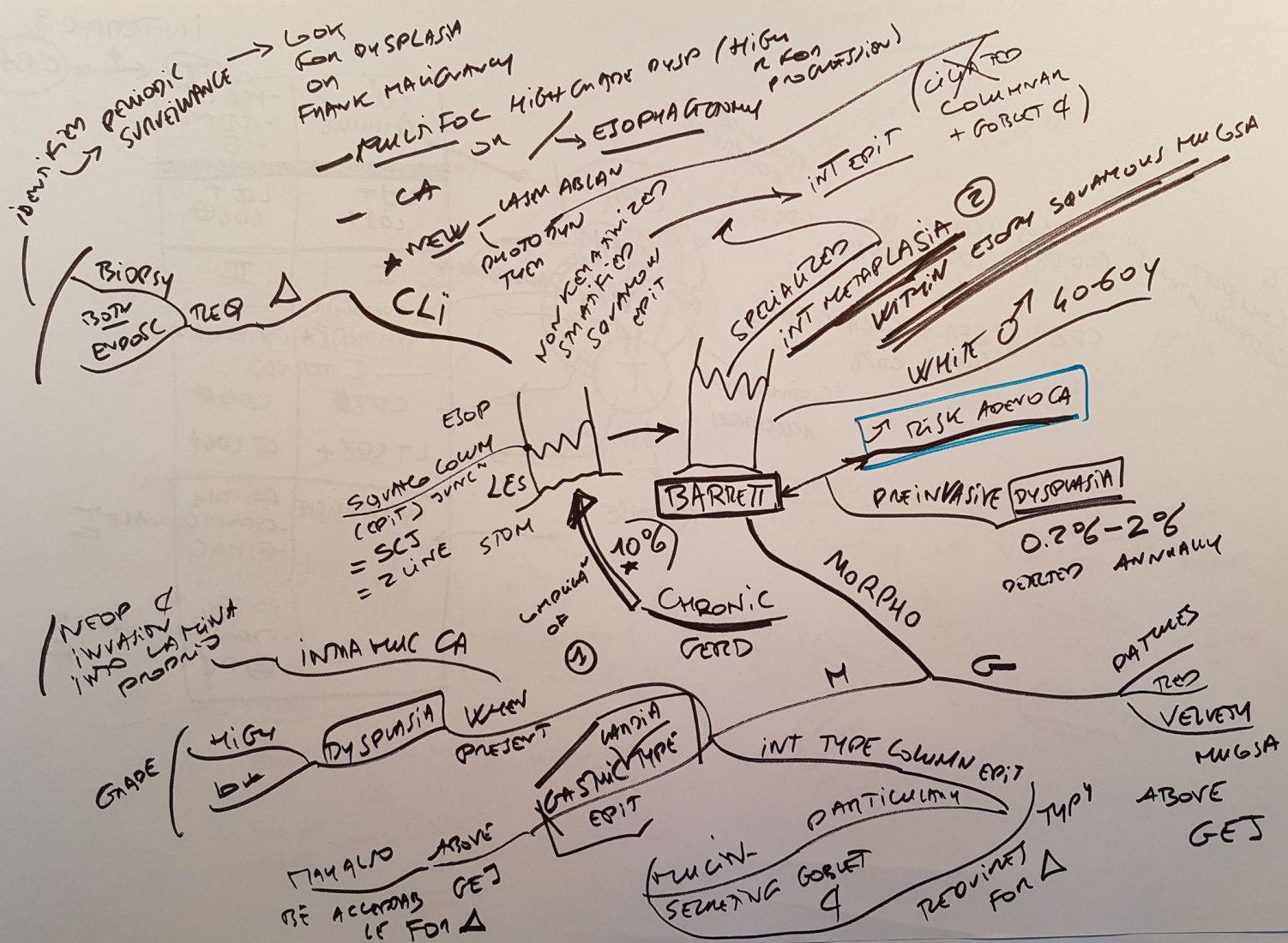
TORTUOUS
DILATED

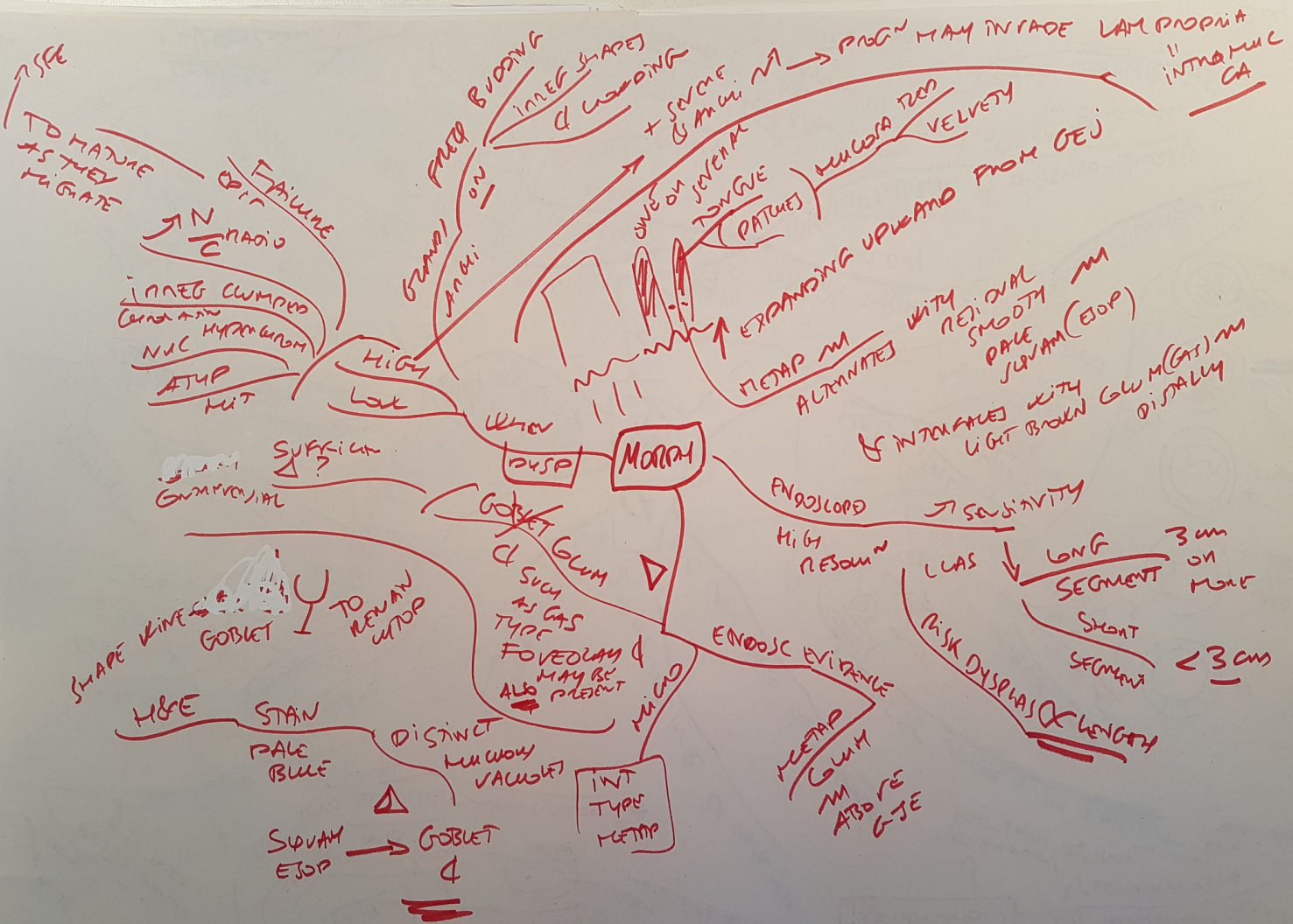
PROX
GAS
DM

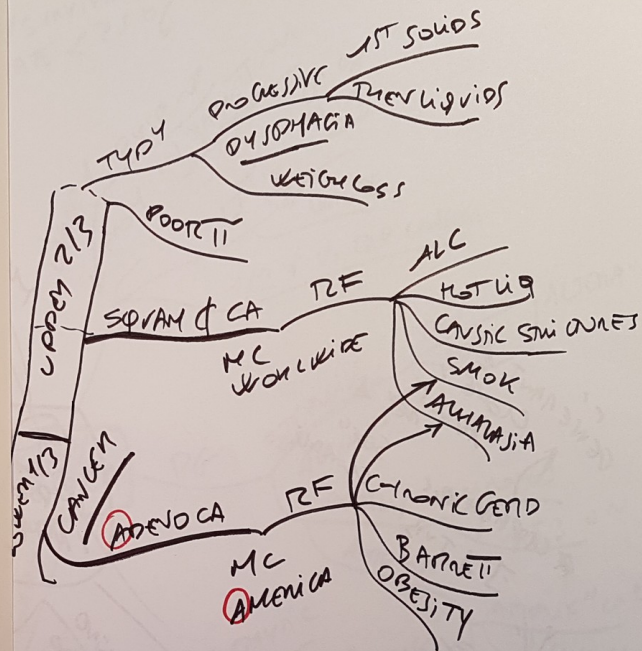
INTRACT
14



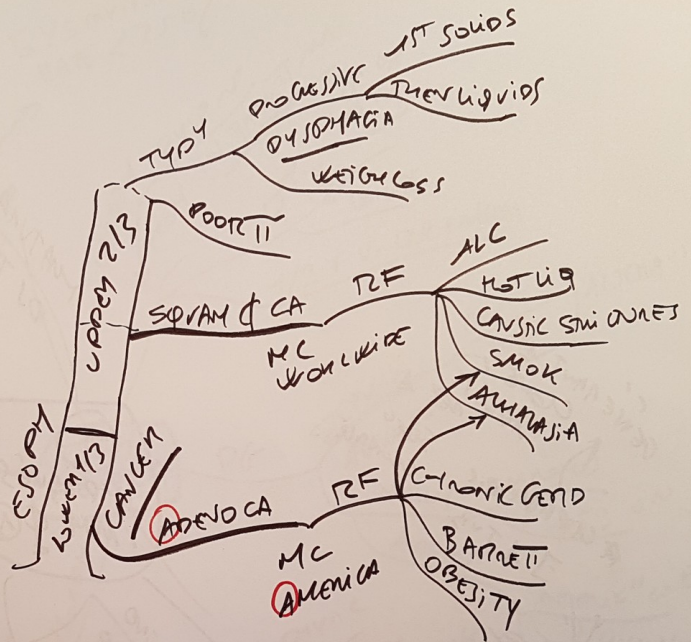
7 BARRETT

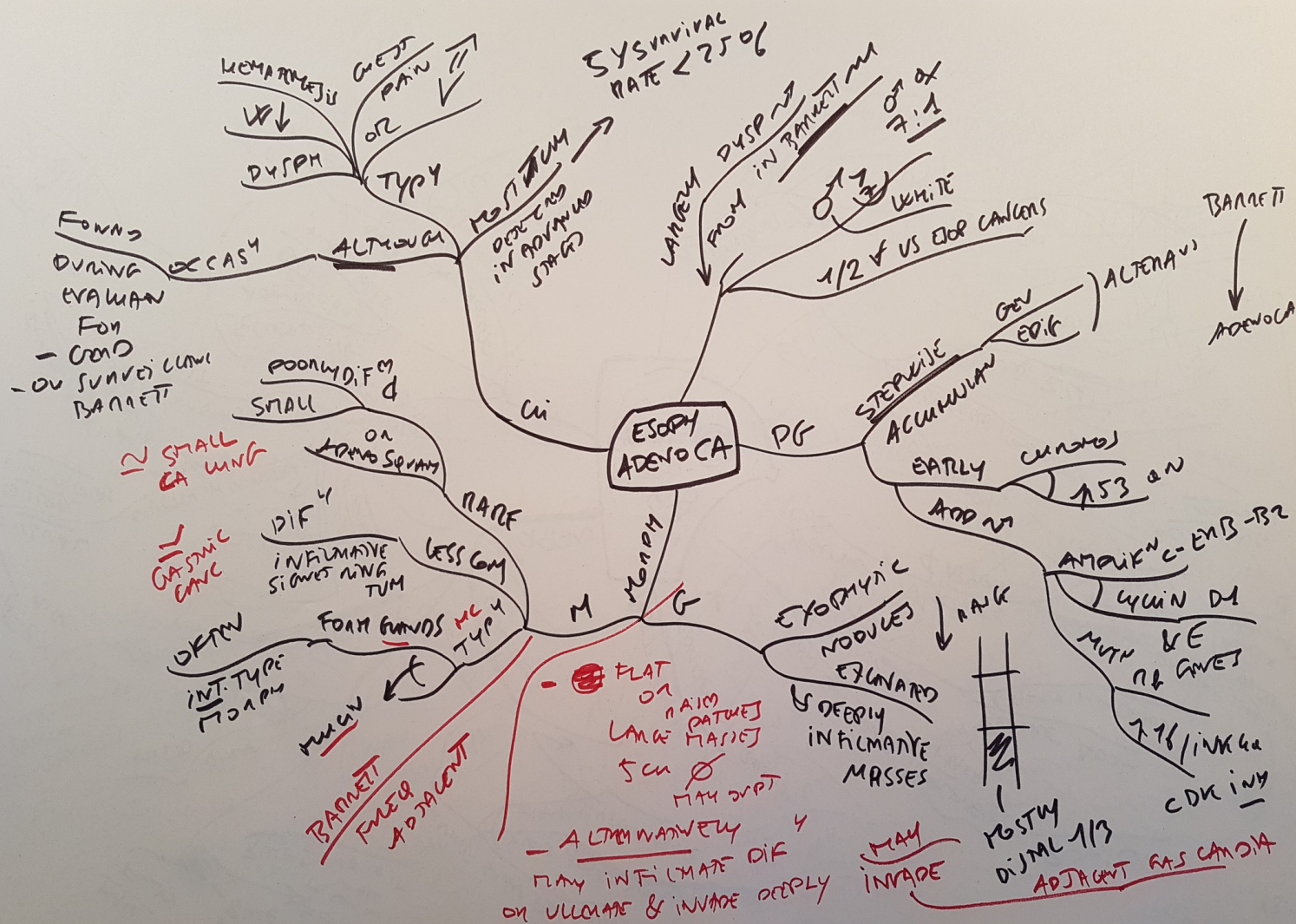


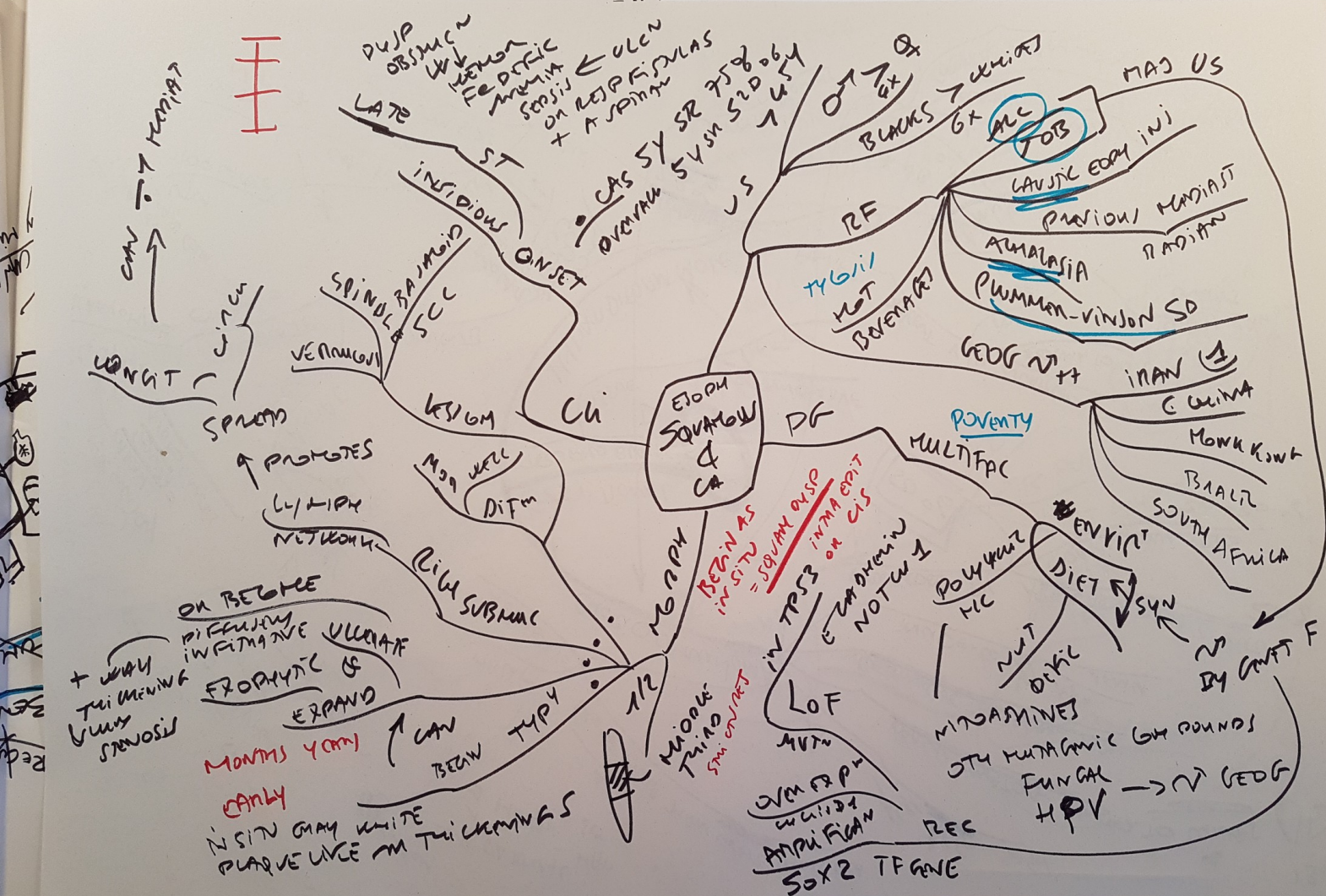




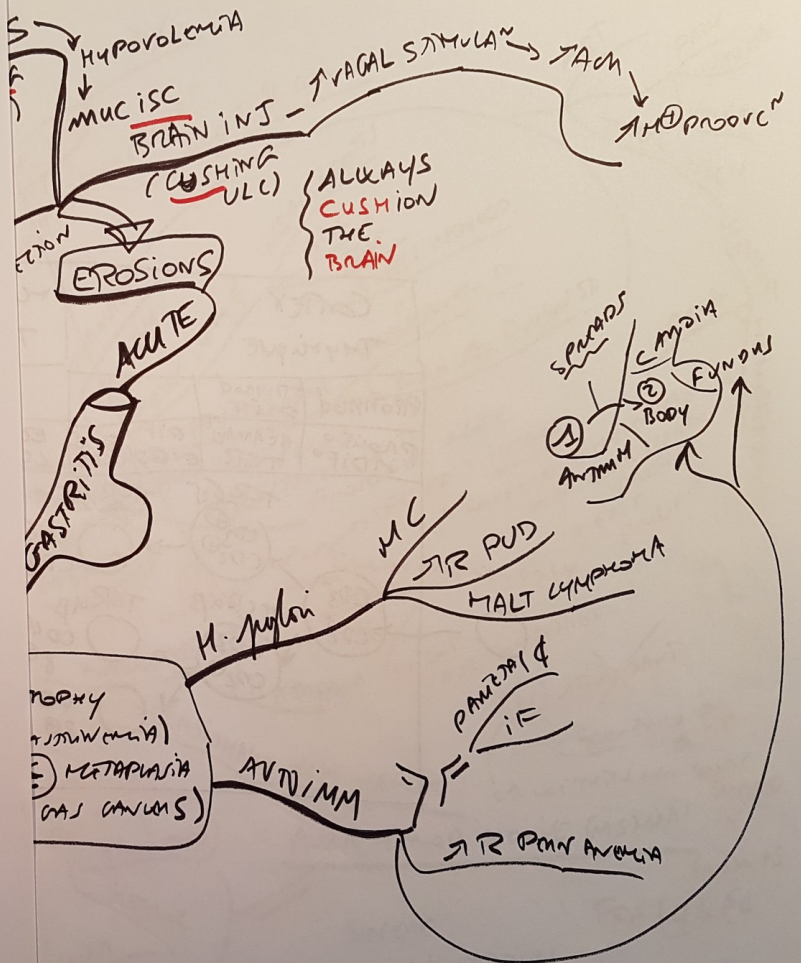
TUMORS







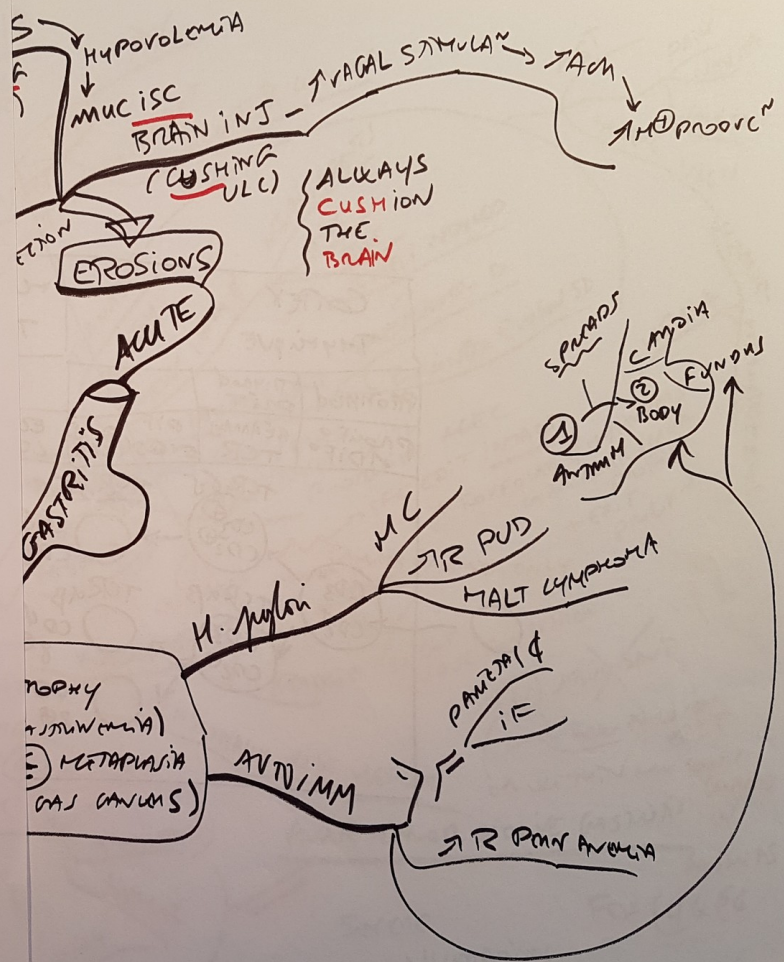
18.3



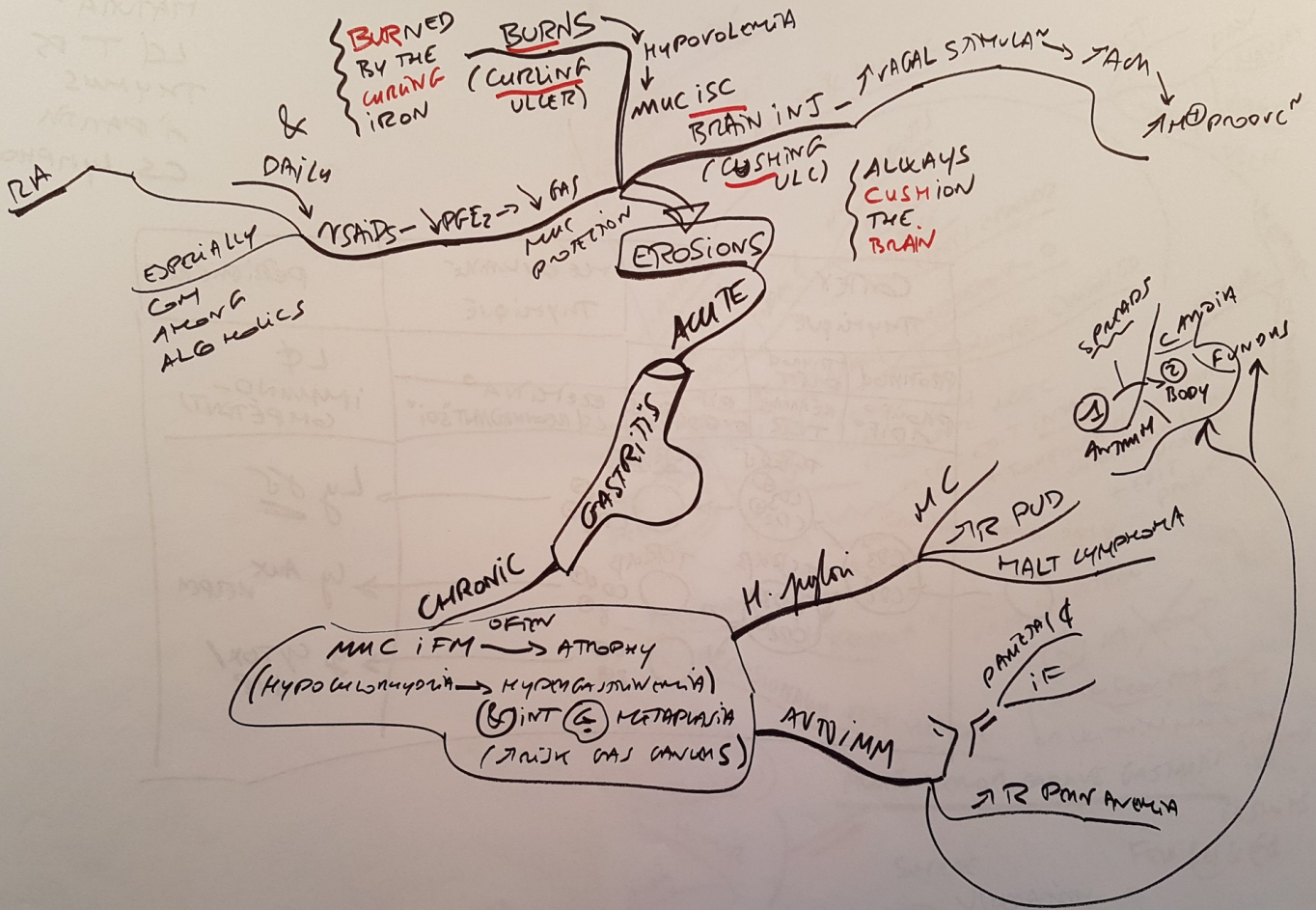
STOMACH

SC4

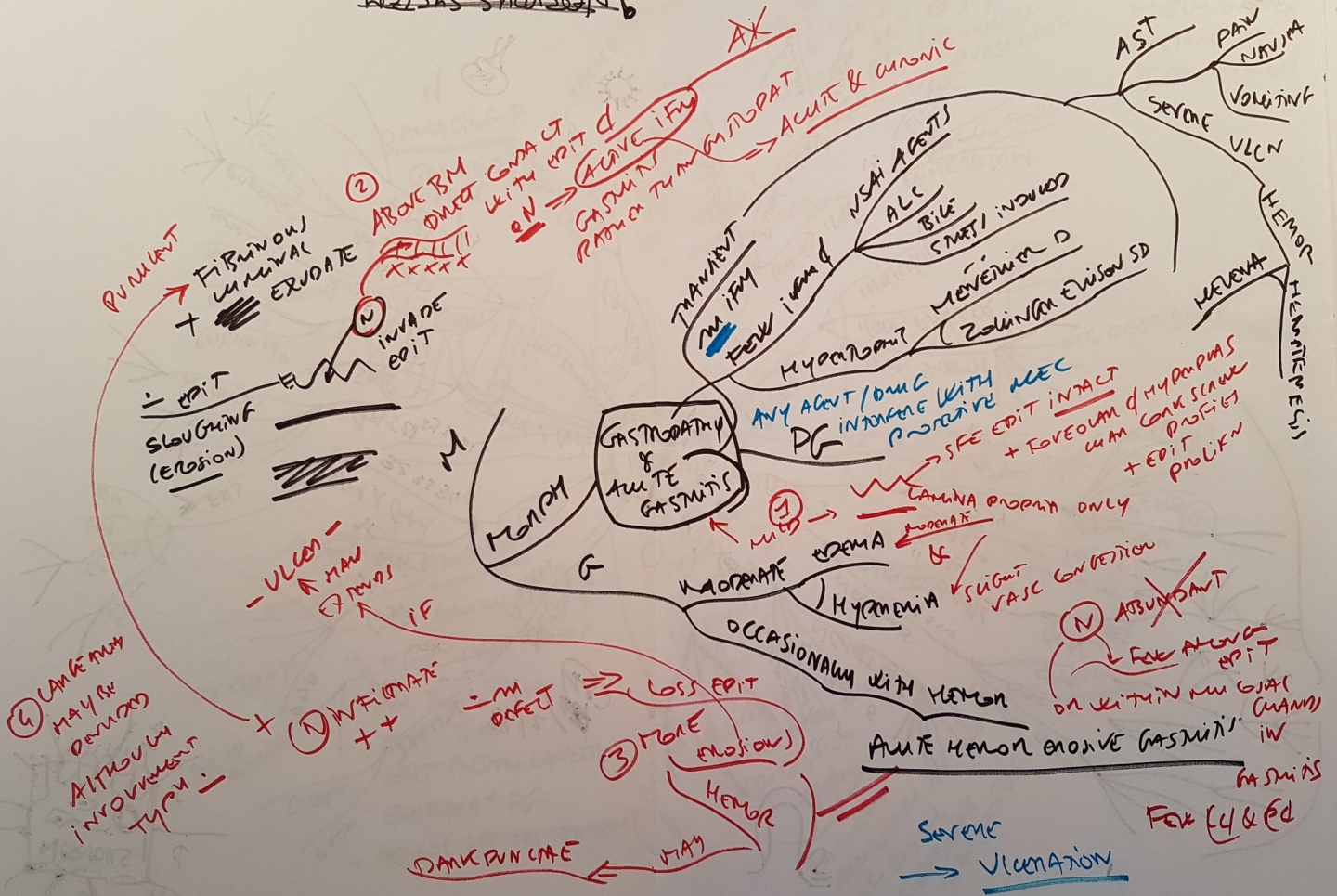
LE



GASTRITIS



ULCERS SYMPTOMS

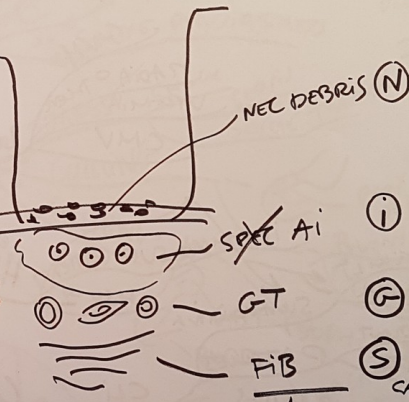
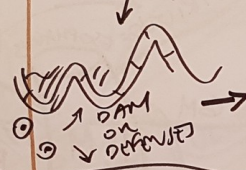
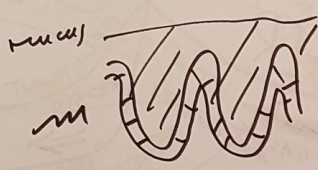


N
DAMAGING F
GAS ACIDITY
PEPTIC ENV

↑ + DAMAGING
inj
H. pylori
NSAID
TOB
ALC
GAS HYPER A
DUOD-GAS MUNE

↓ H₂O₂ TIME
& 40-50% ACN
→ CHRONIC ULC
PF
A P₄ ↑
MUCIN ↑
↑ INSCRETE
ULC
for GAS MUNE

MECHANISMS
GASTRIC INV
& PROTECTION



↓ MUC
↓ DEFENSE
PROTECTIVE F

- SFE MUCIN SEC
- H₂O₂ INTO MUCUS
- M TBI FLOW
- EPIT BATH FN
- EPIT REGEN CAPACITY
- ELABORATE PG
- APICAL SFE MO MAINTAIN

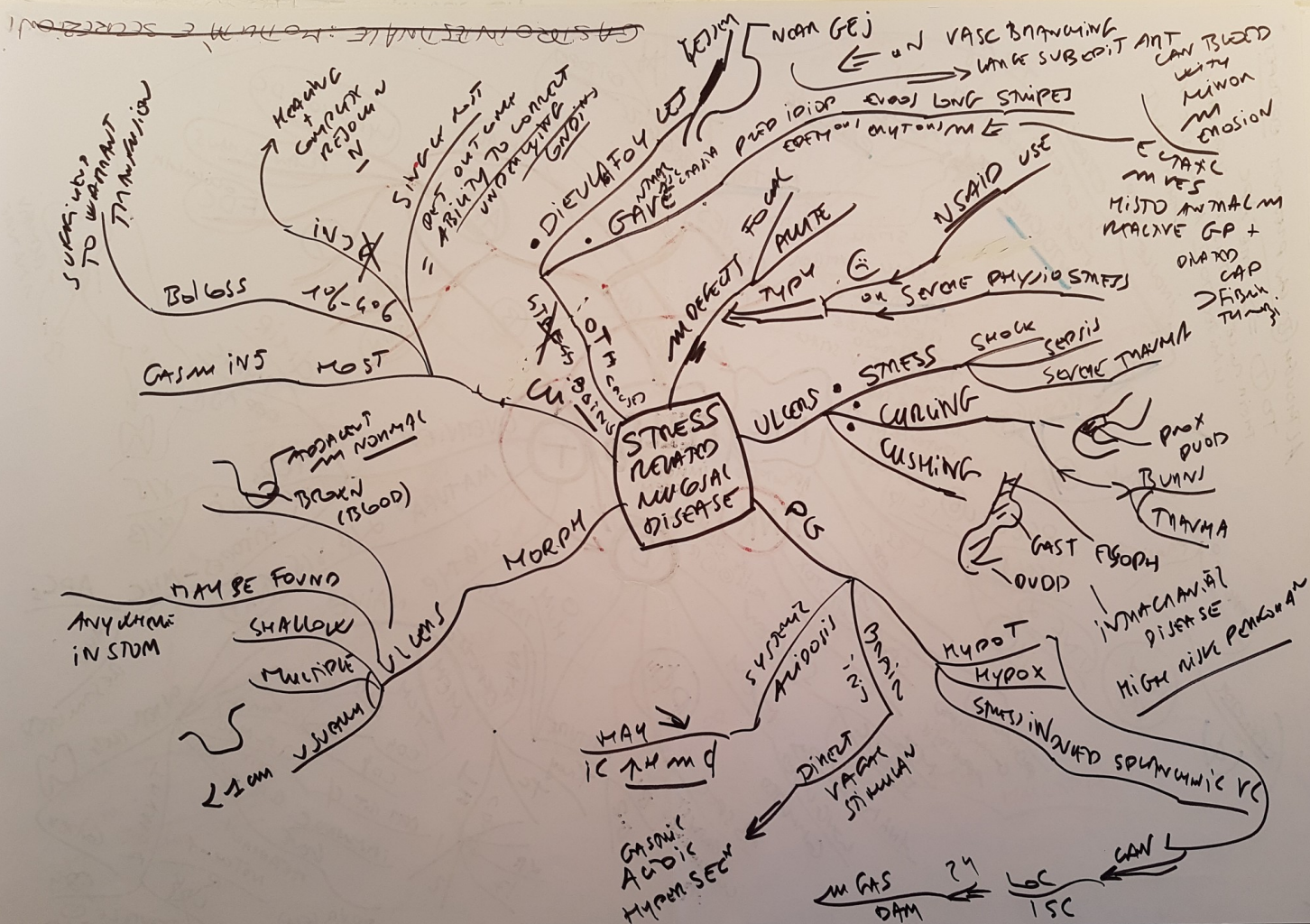
ISC SHOCK
NSAID
HYPOXIA
HIGH AMINO ACIDS
DELAYED
GAS MUNE
CHOTYNT

↑
UPPER OR
VAPOR SENSITIVE
H₂O₂ GAS MUNE
TYPIC

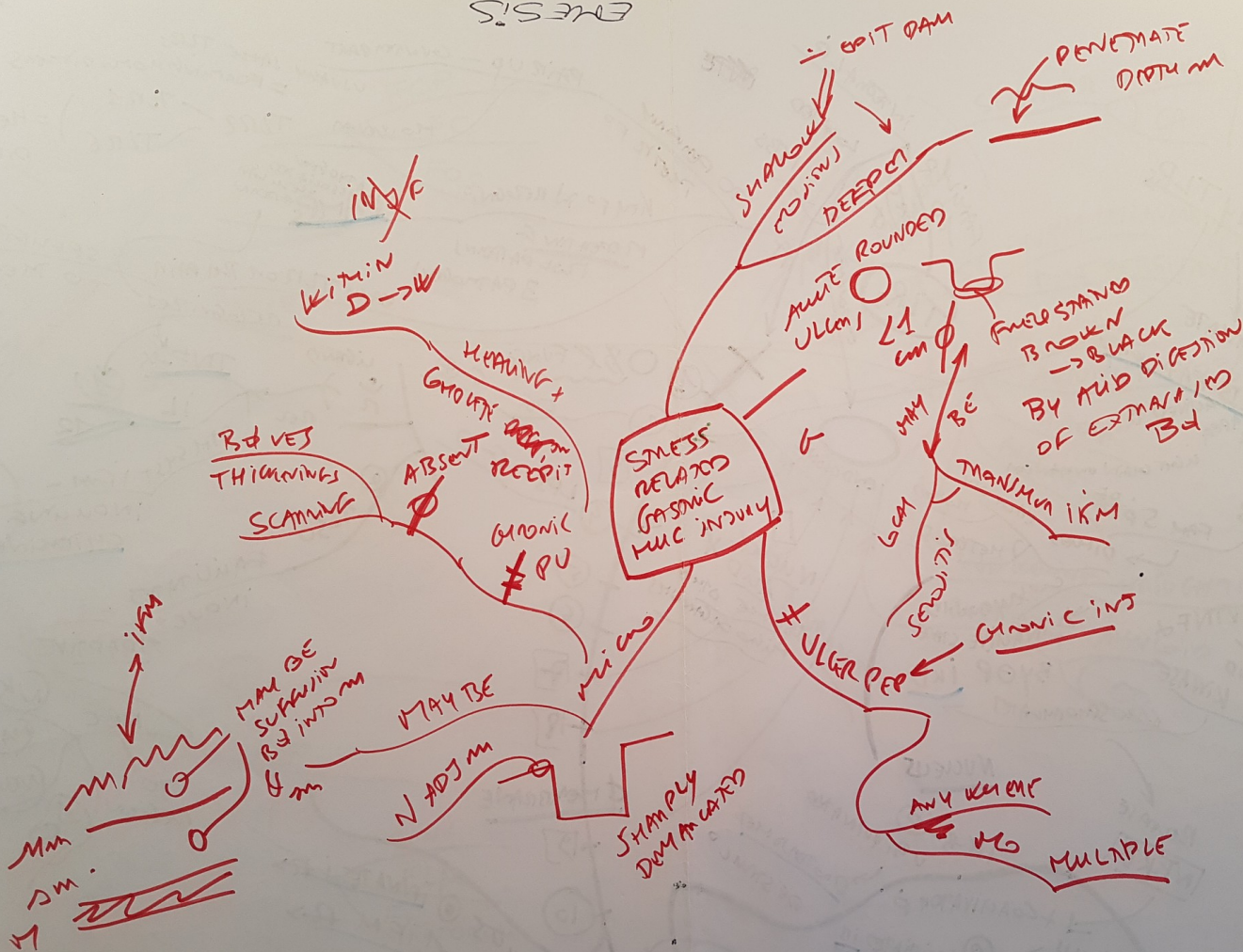
THROUGH
AMMONIUM IN INH
OF GAS MUNE
BILIRUBIN
MAGNESIUM

SEC A1 (I)
GT (G)
FIB (S)
ONLY CHRONIC ULS

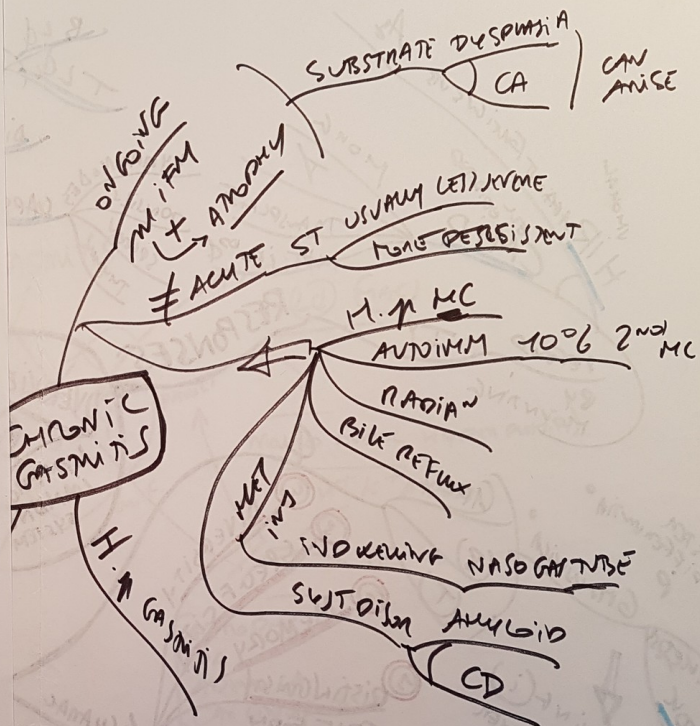
↓ MUCIN
DIT M
DAMAGE

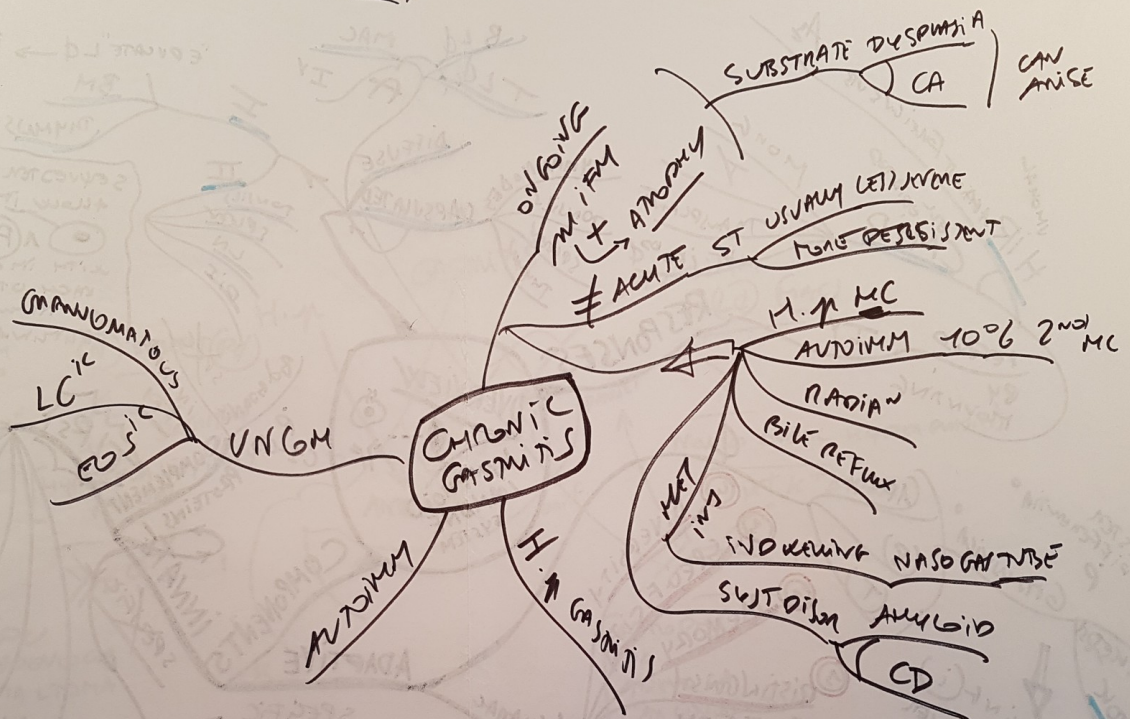


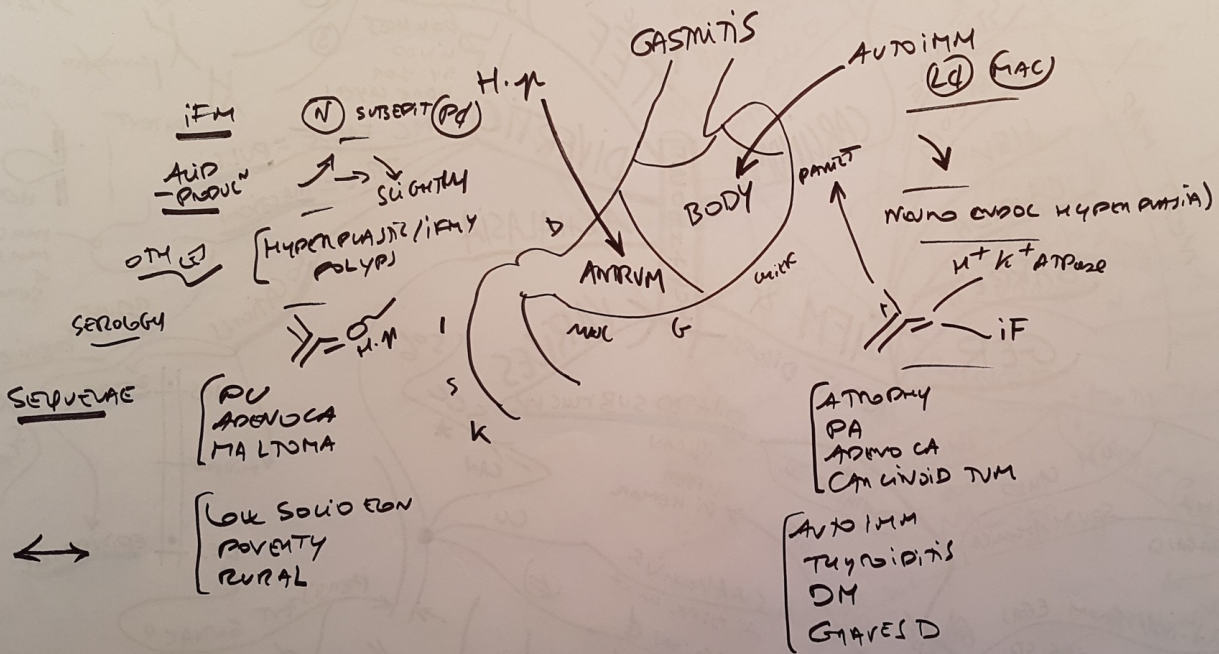
EMESIS



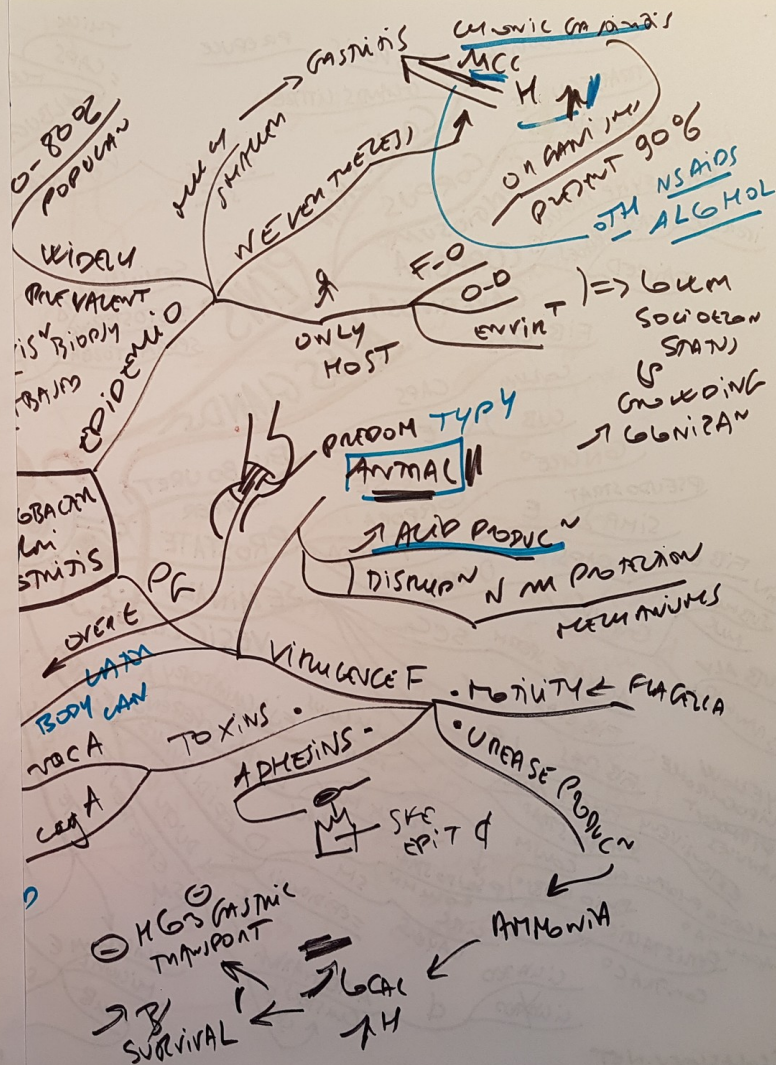
Chronic Gastritis

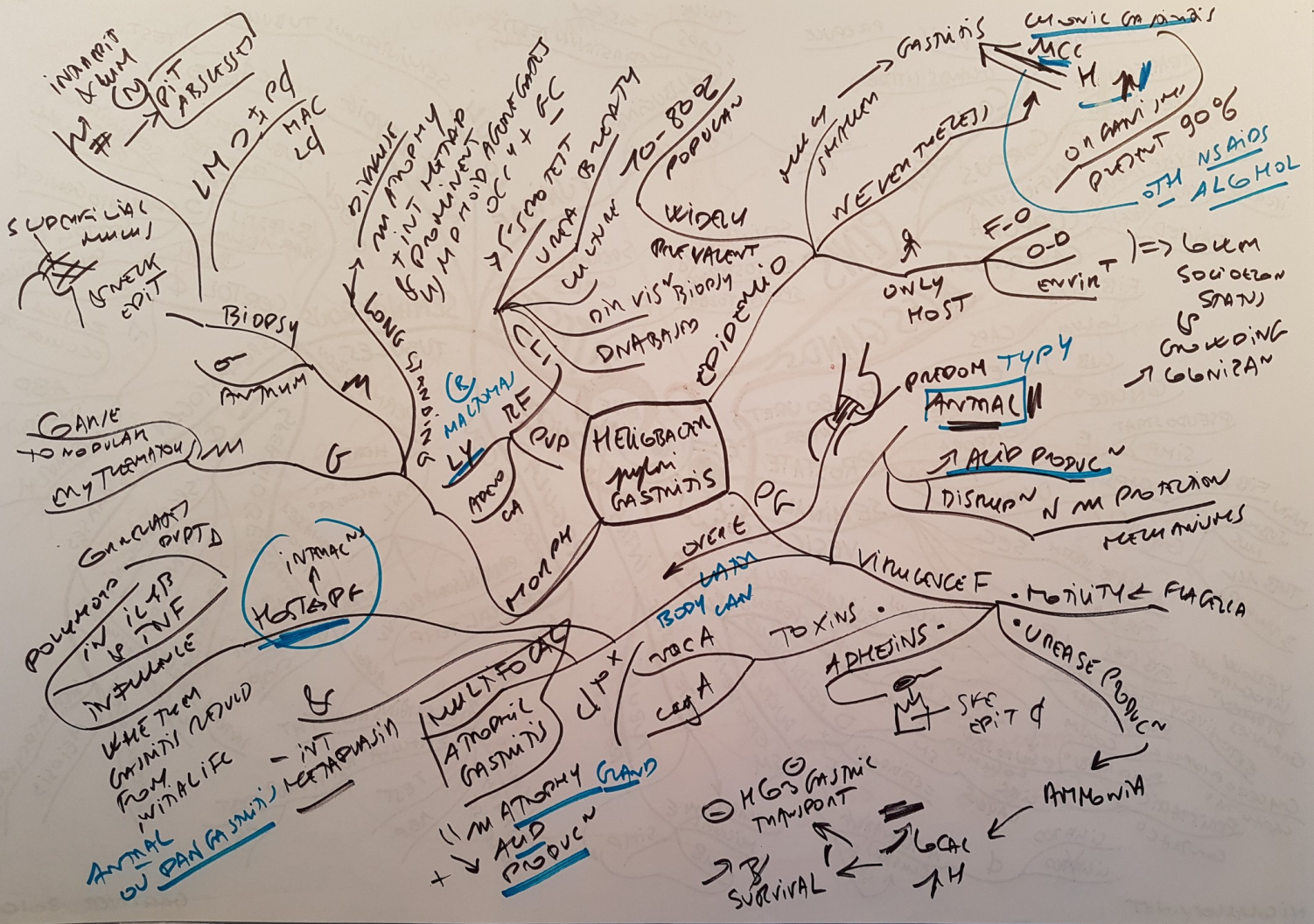






H. n GASTRITIS





Mix CANC

Thinners
run ~~can~~
FOLDS

INKILAP

DEL AGGREG
GE FREE MACI $\rightarrow$ LY

Cyanacrylic

29

SUBC

intn tpi t

17

ed okm
14057

7 LQ
MAC

ABJAJES

⑤ INTRADIT
C ACCUM IN

2#2

GOALIE ON

even
no
Adam

ENTRASC
Biop

H.M.
Gastmix
Memento

Δ_{TM}

SPECIAL

Therapism

F01

GAJ

Exp. 1
I.C.C. - 10/11/2020

~~Found -~~

INT METAP

CAN PET

LM SPES

OR FORGOTTEN

NEW d



CAV
to RND

1 (y) PITS

[illegible]

57 = muscles - SFE
NEUR regions

edit 4

disturbance can increase

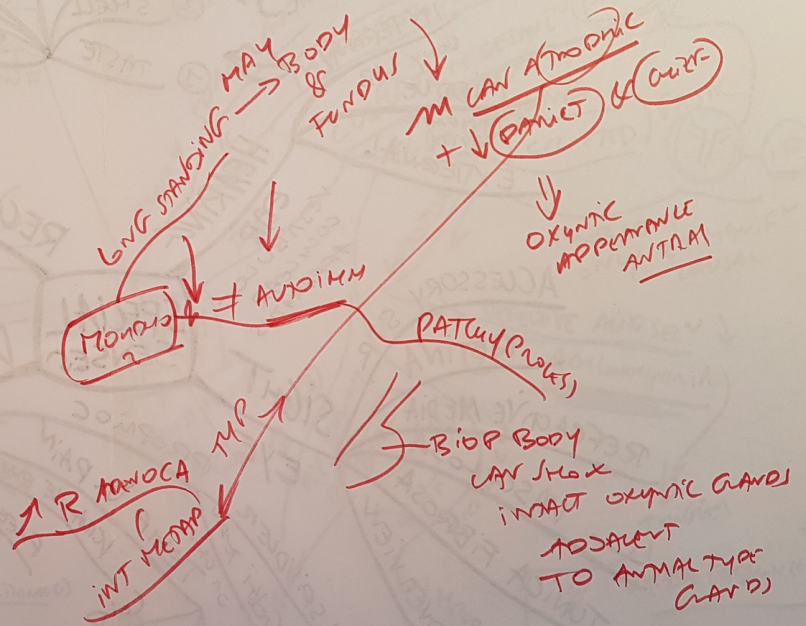
memory

FOX

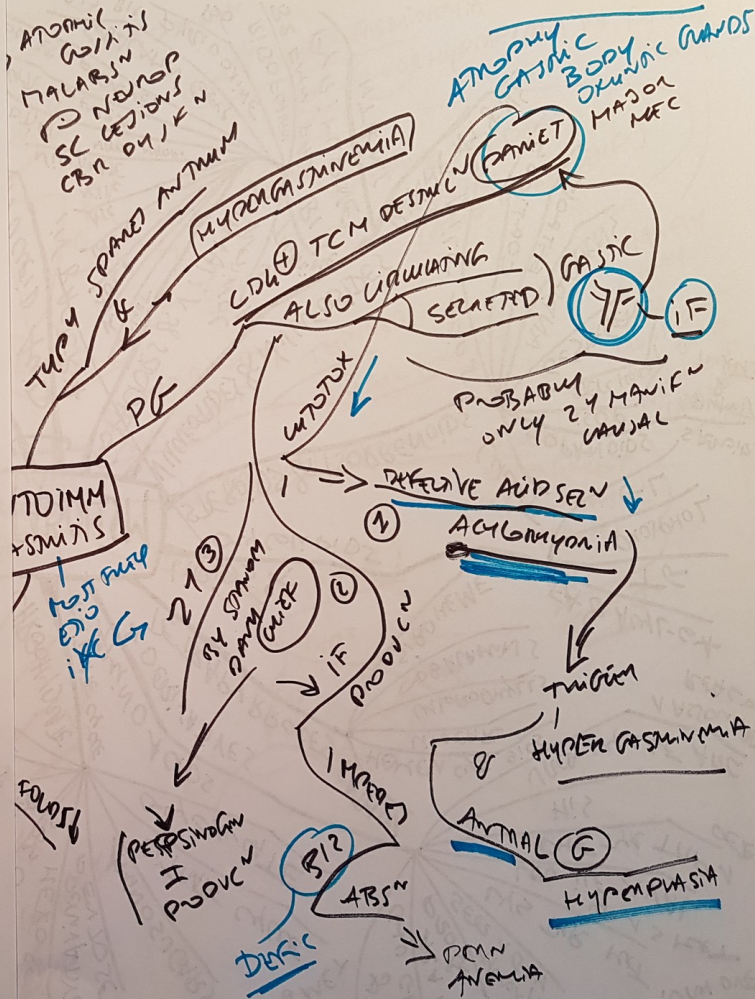
MISUN
 HARRY
 COLON
 EXTREME CASE
 FEK
 ADJALANT

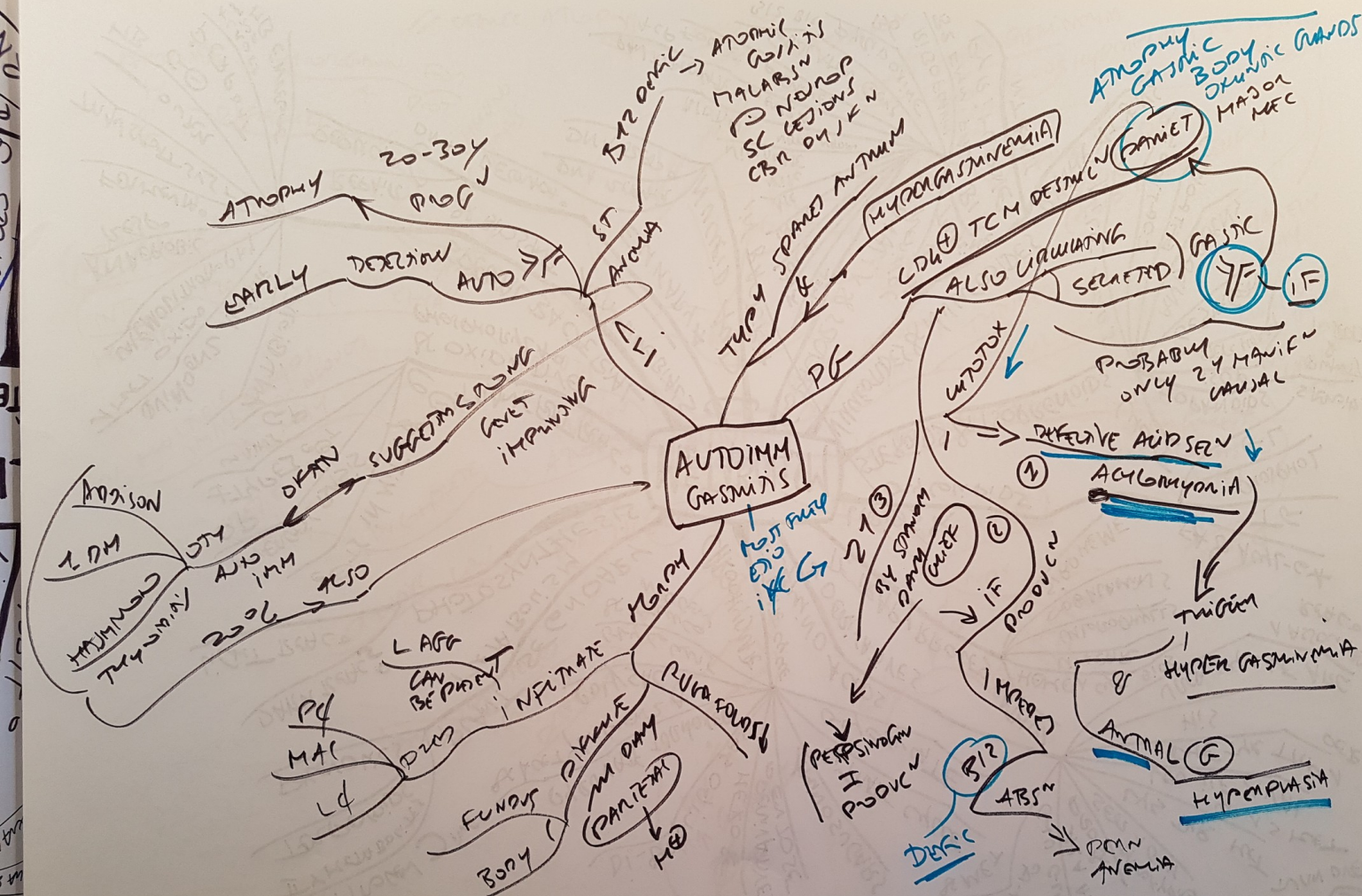
OR CARDIA
LOW CM
RATES

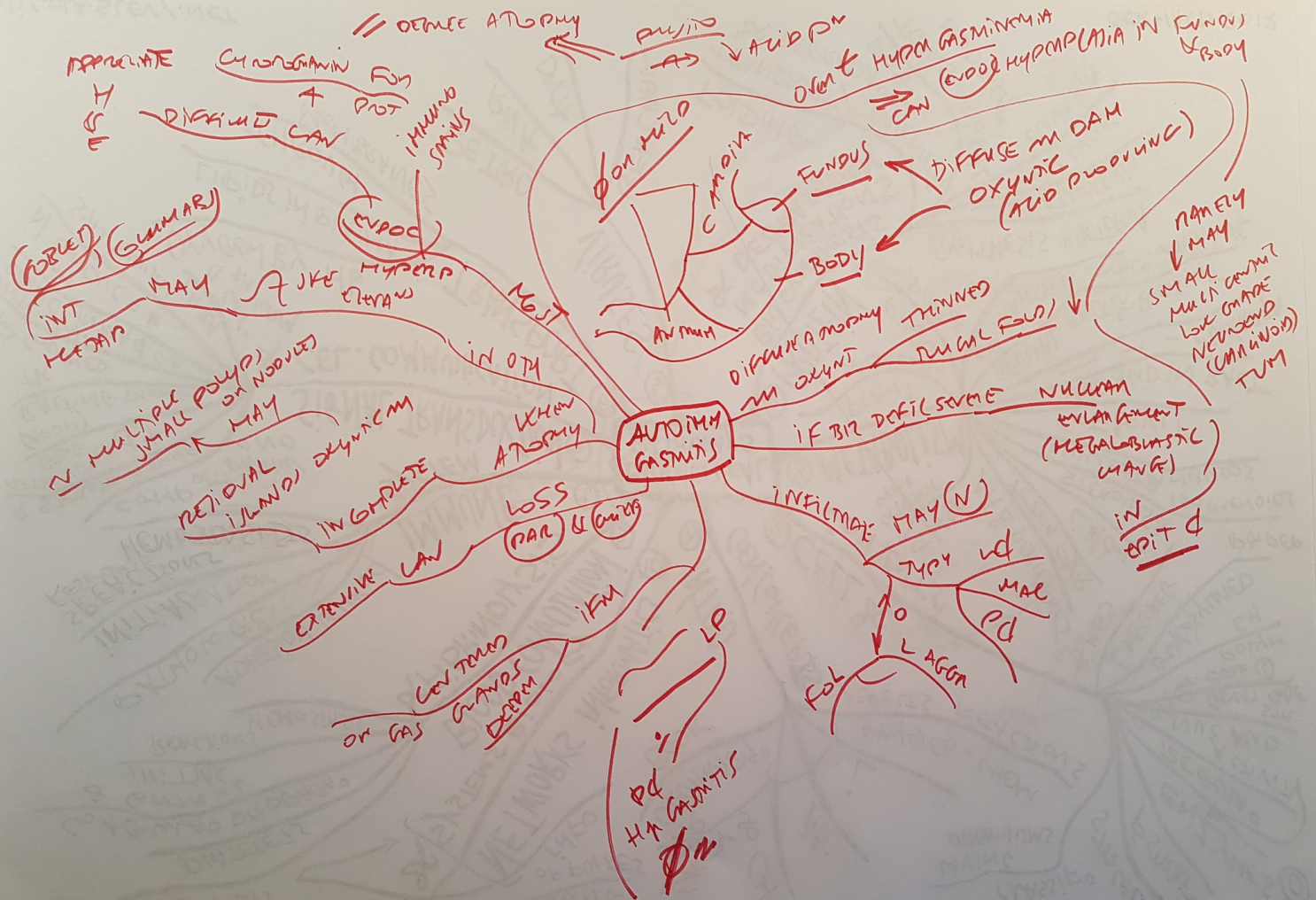
INFLAMMATION

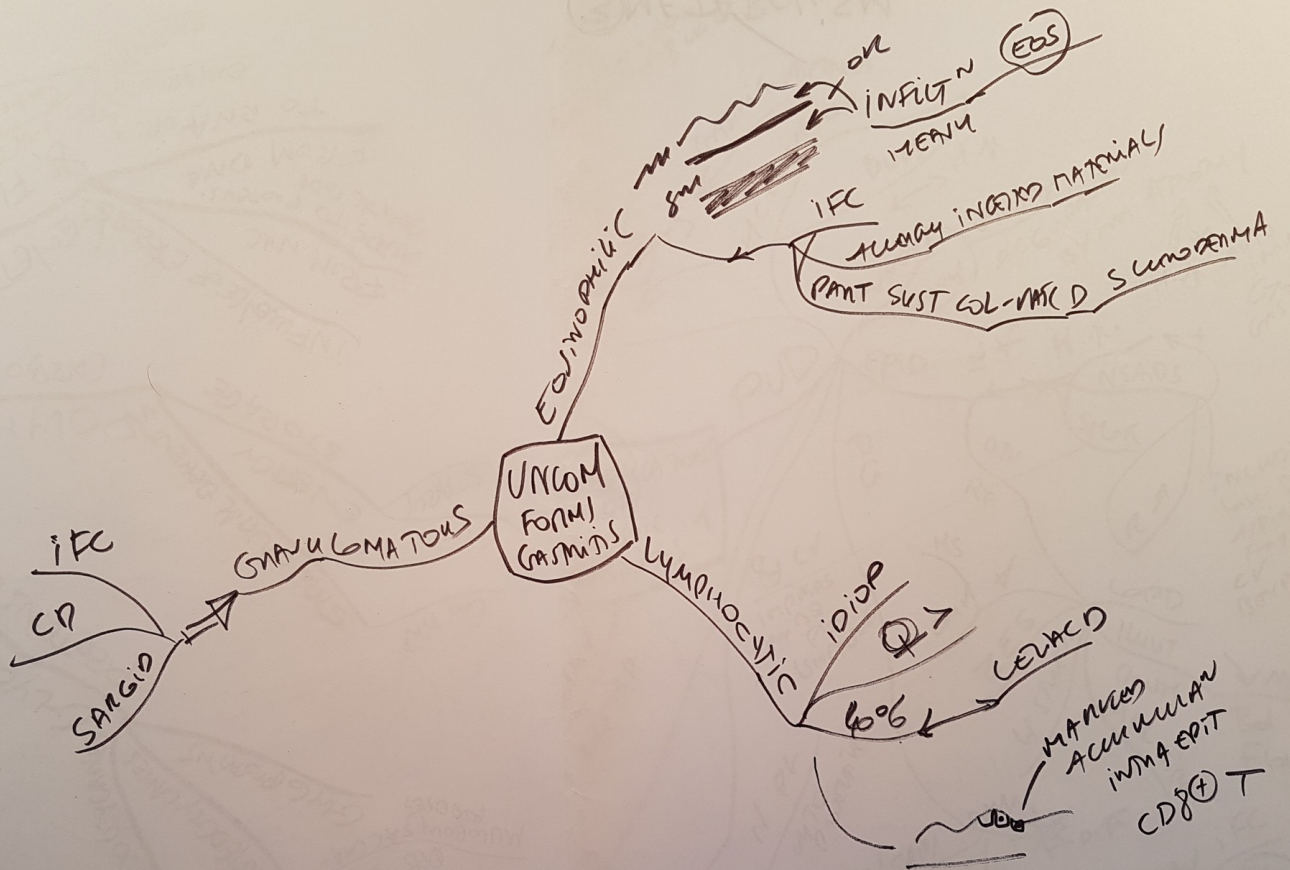


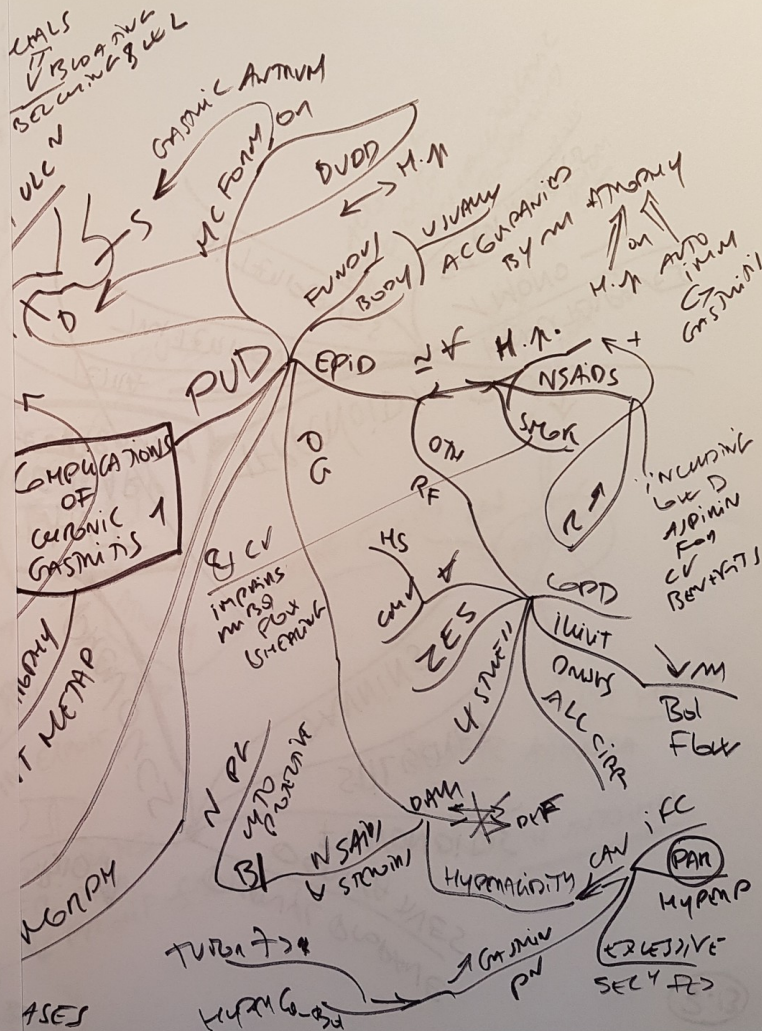
ADIMM GASTRITIS

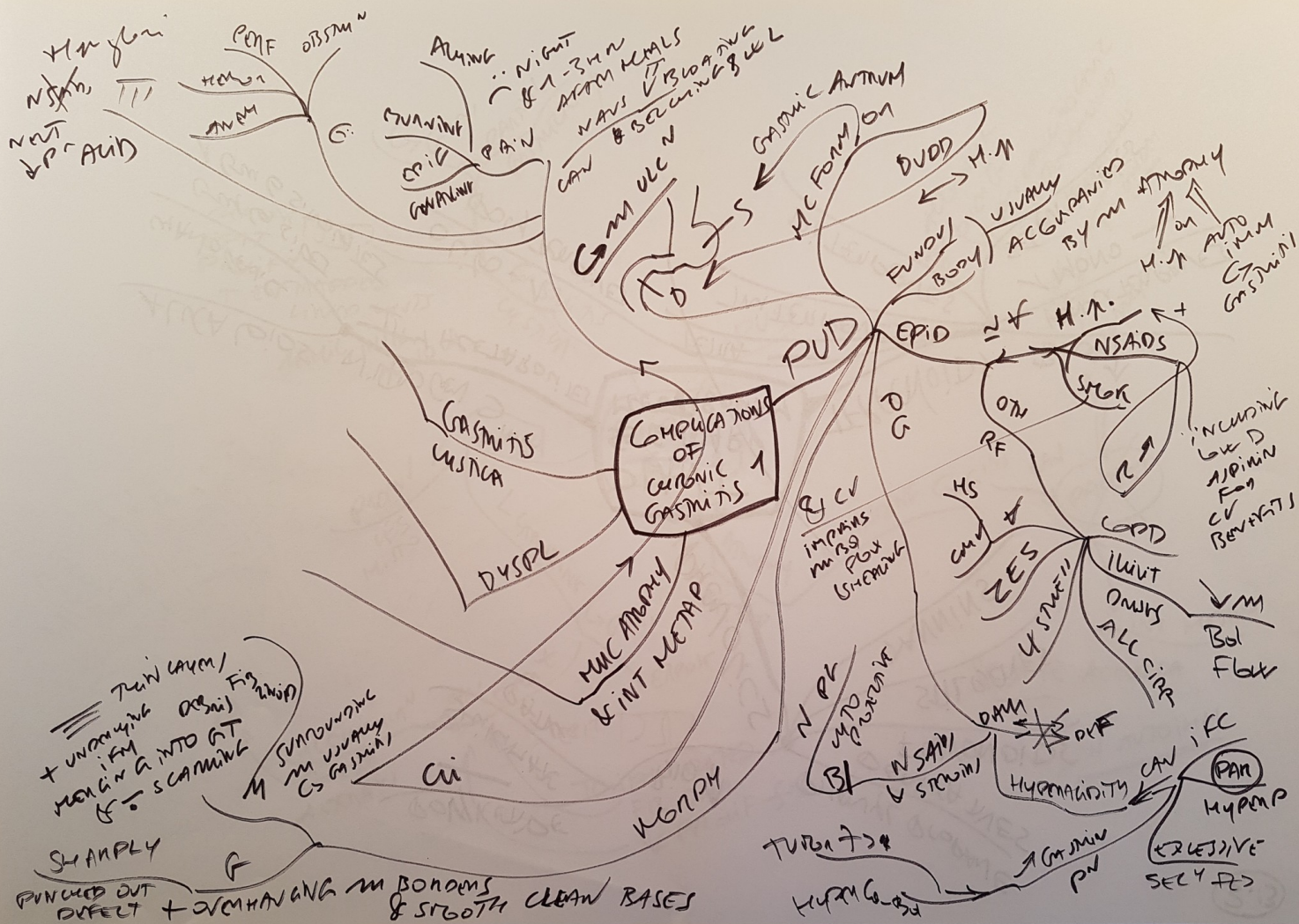


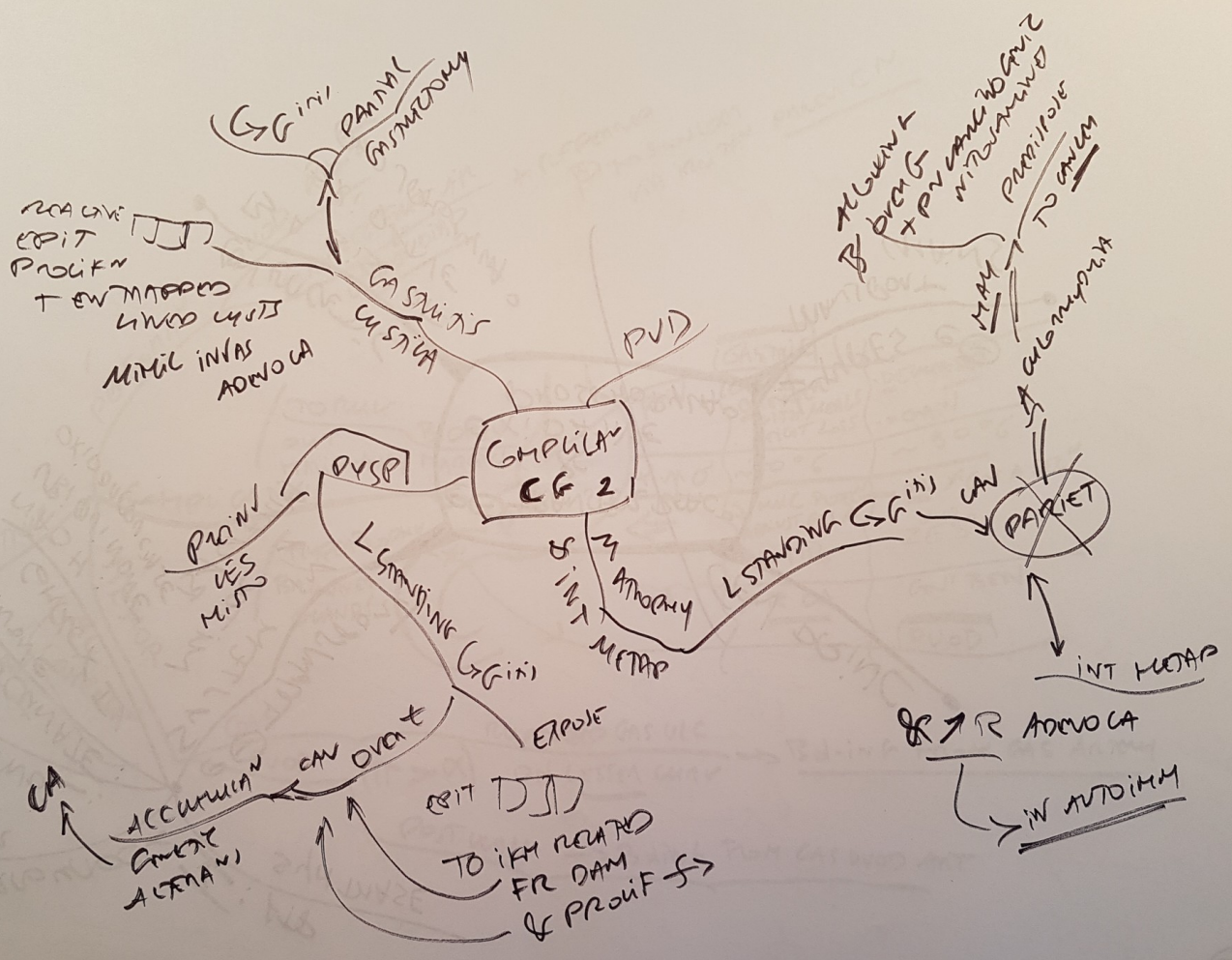


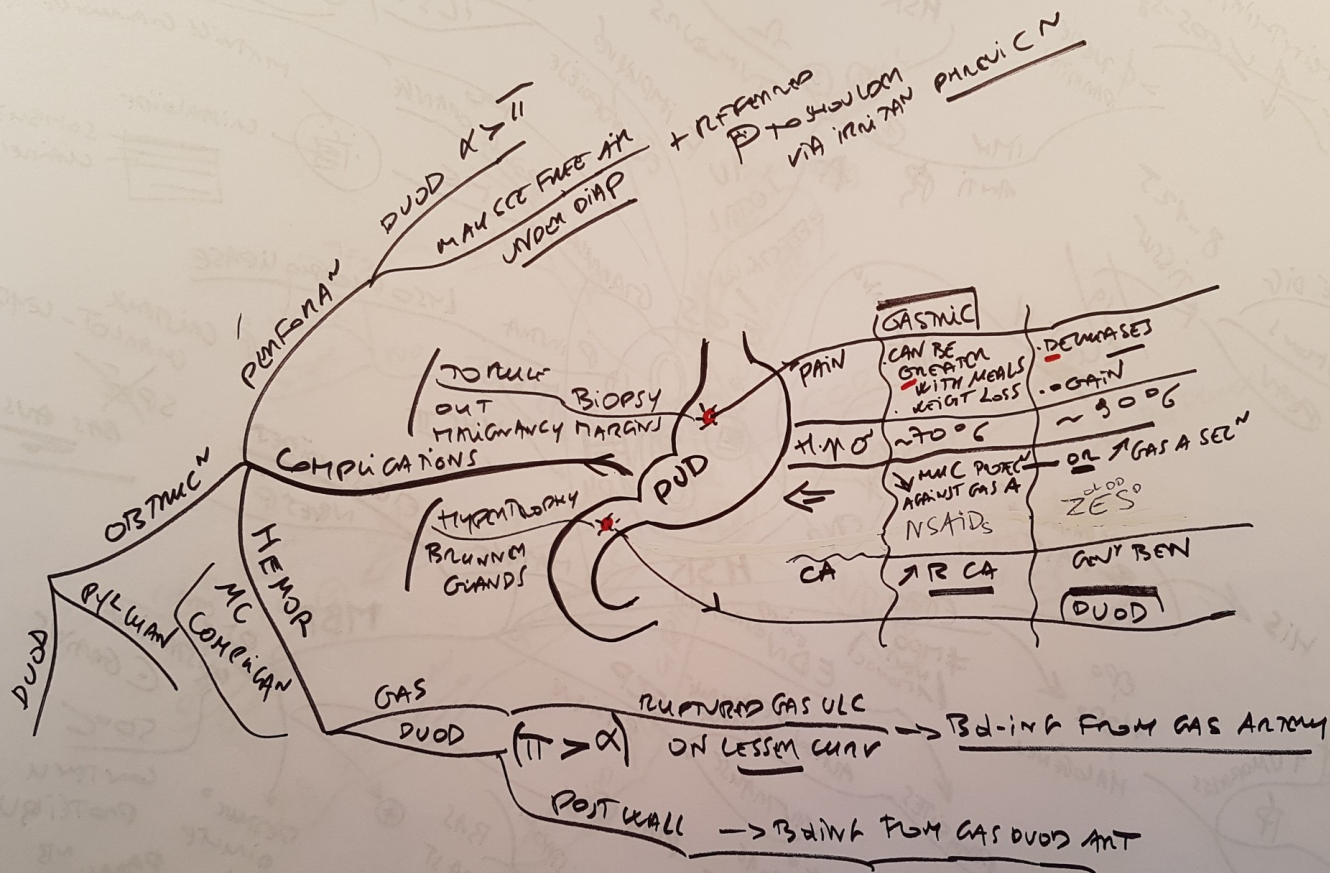


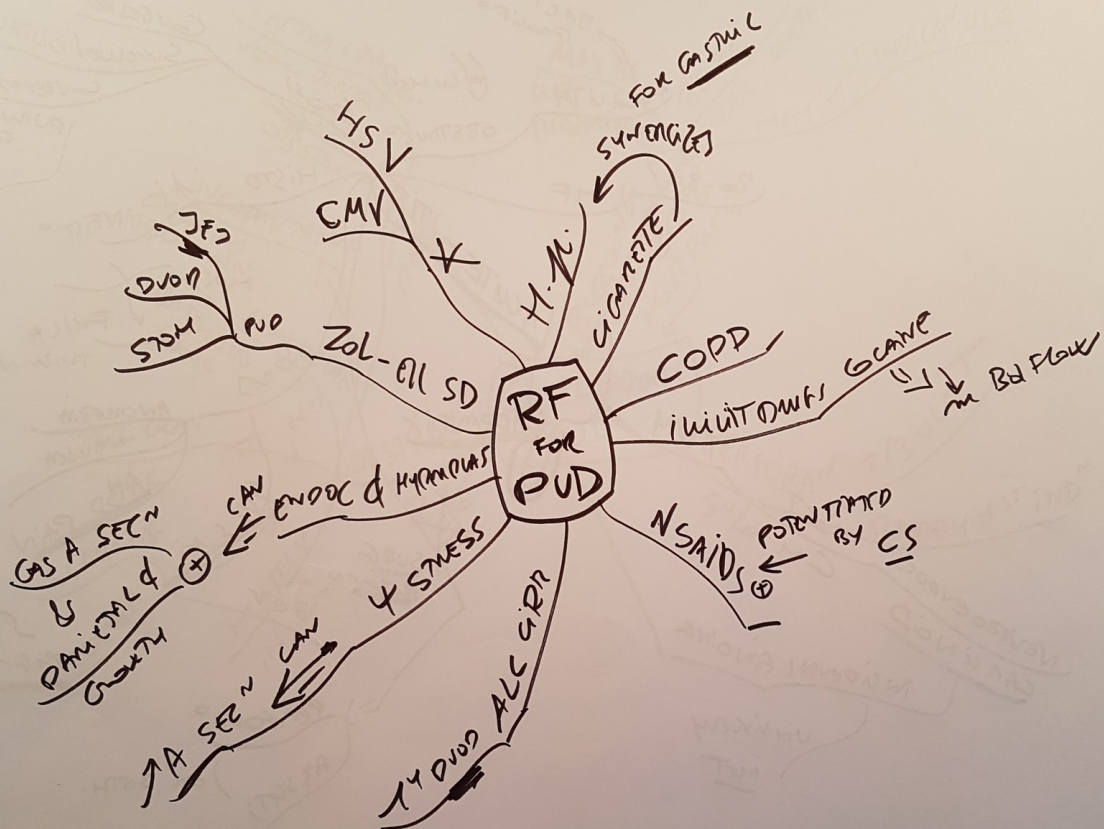


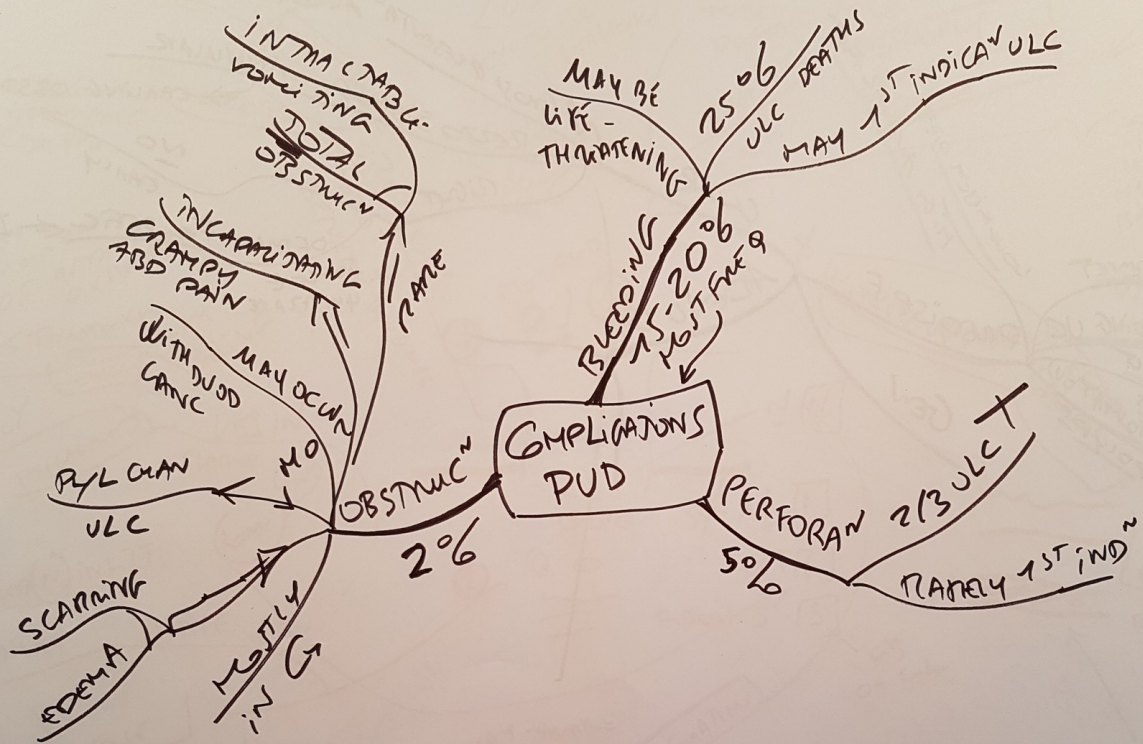
[illegible]

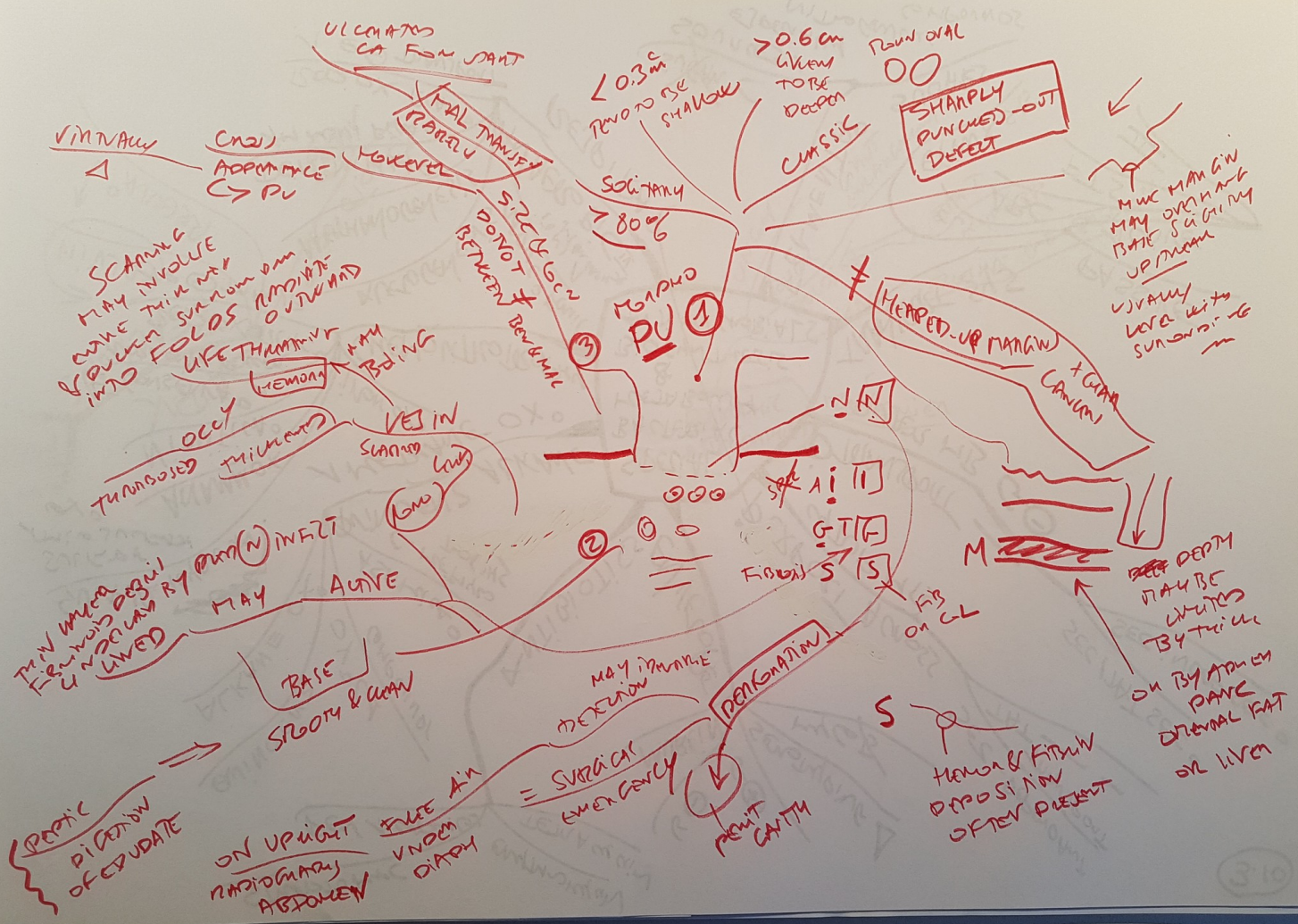




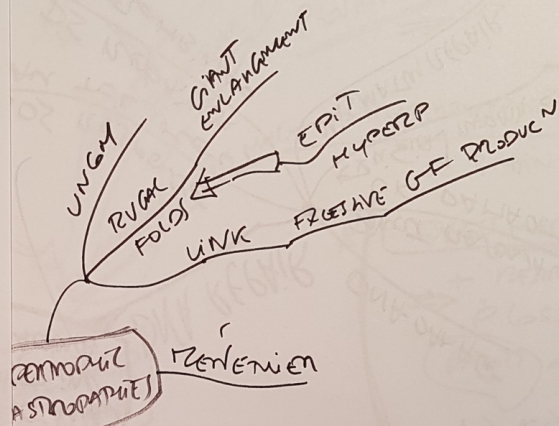


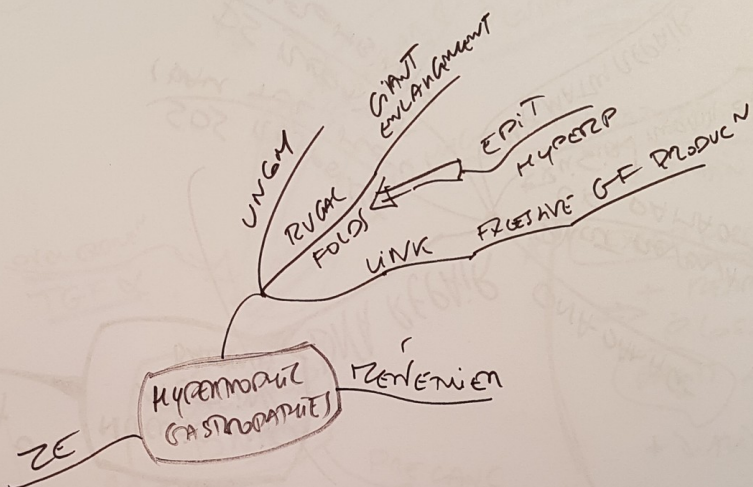


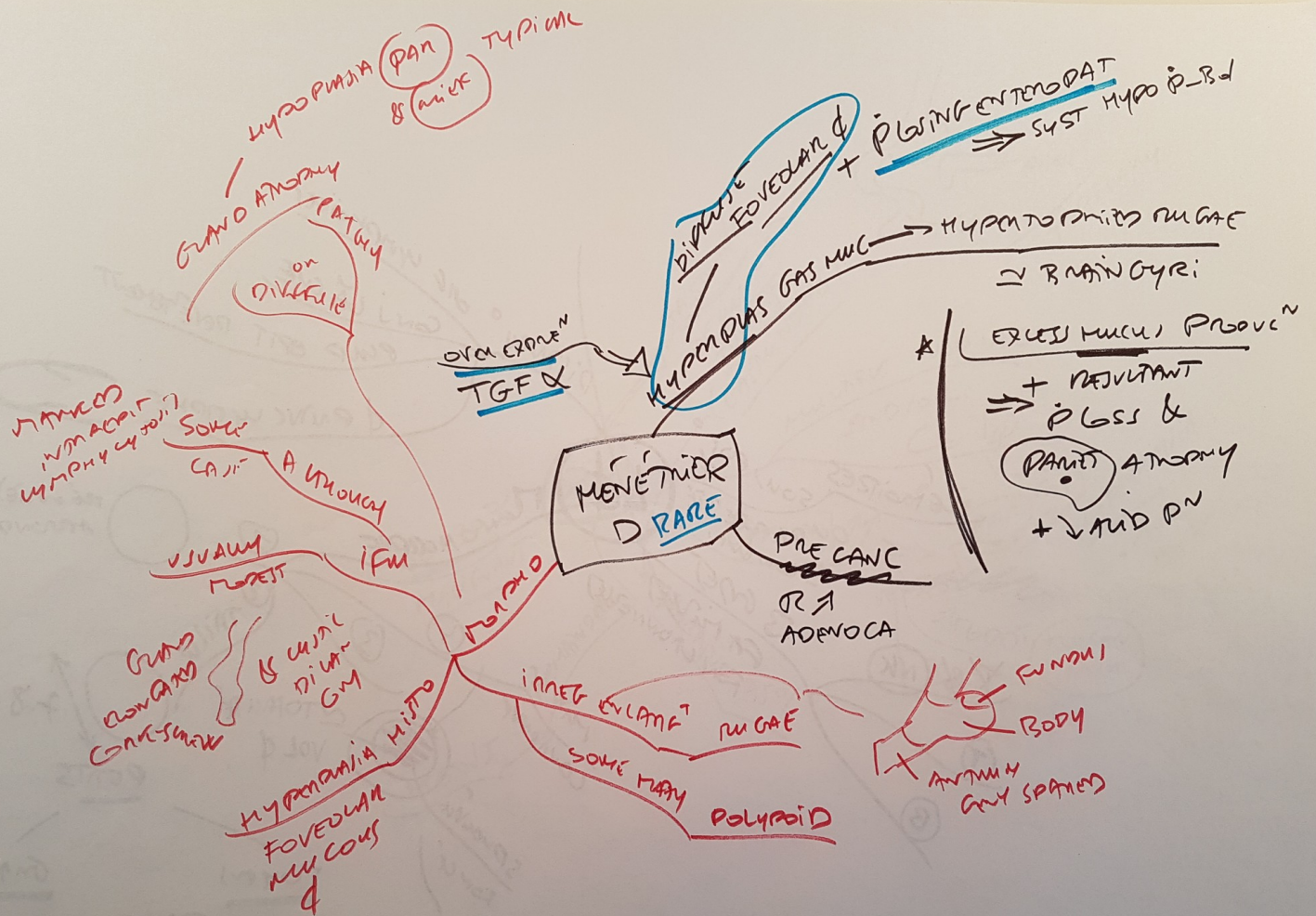


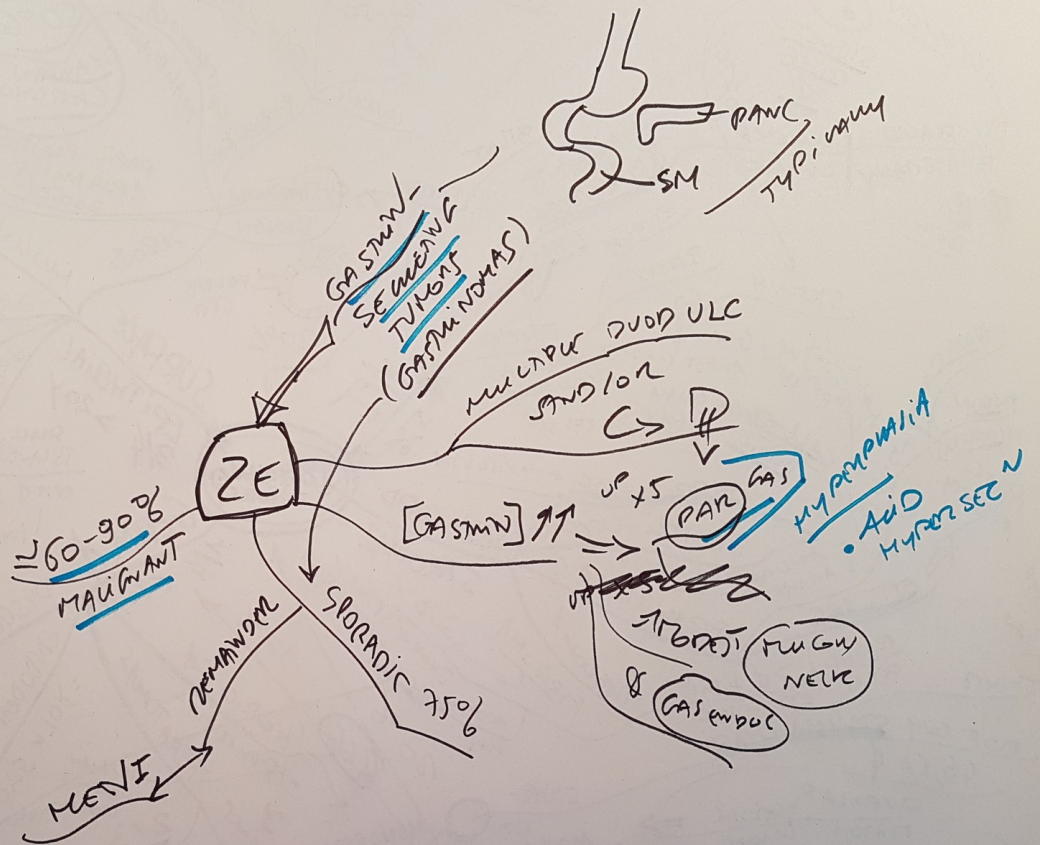


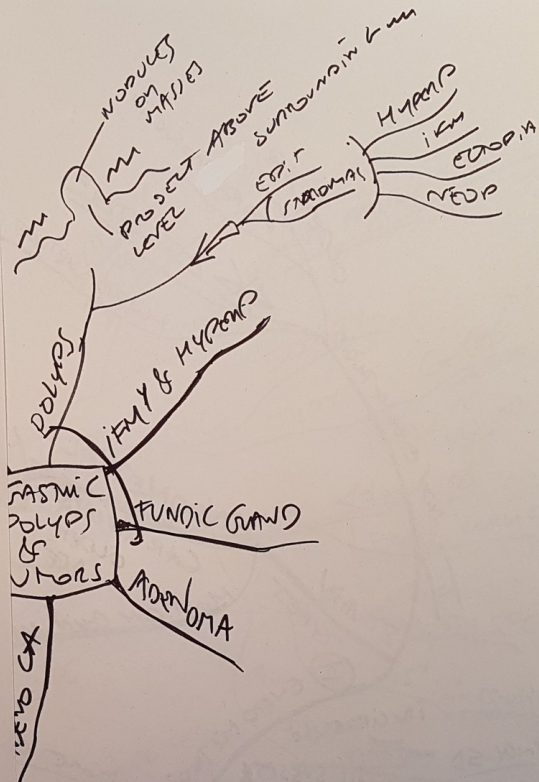
HYPERMORPHIC GASTROPATHIES



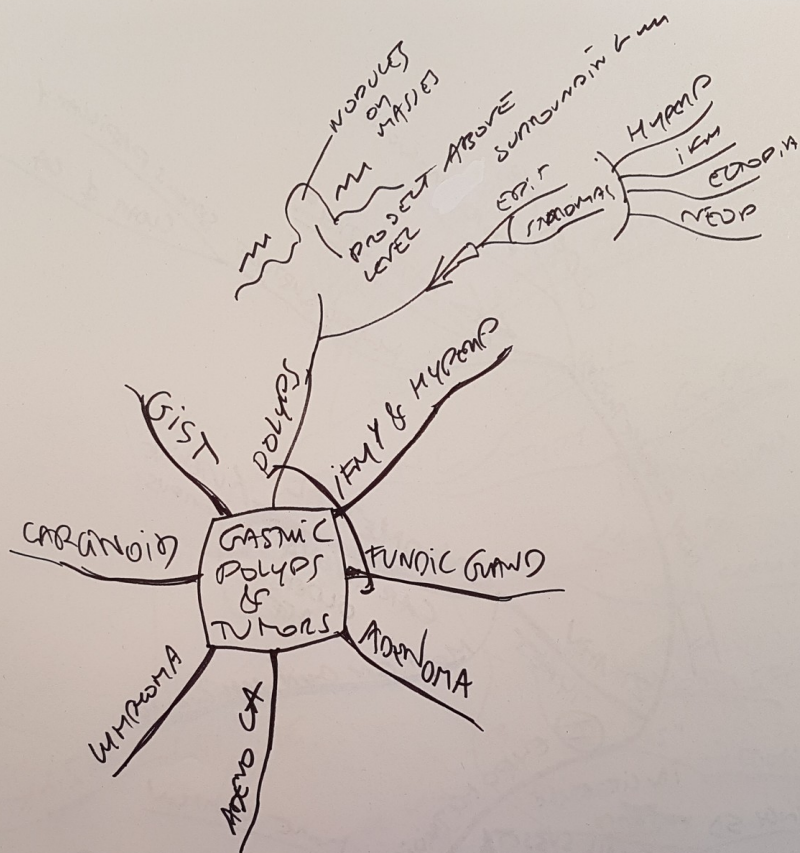


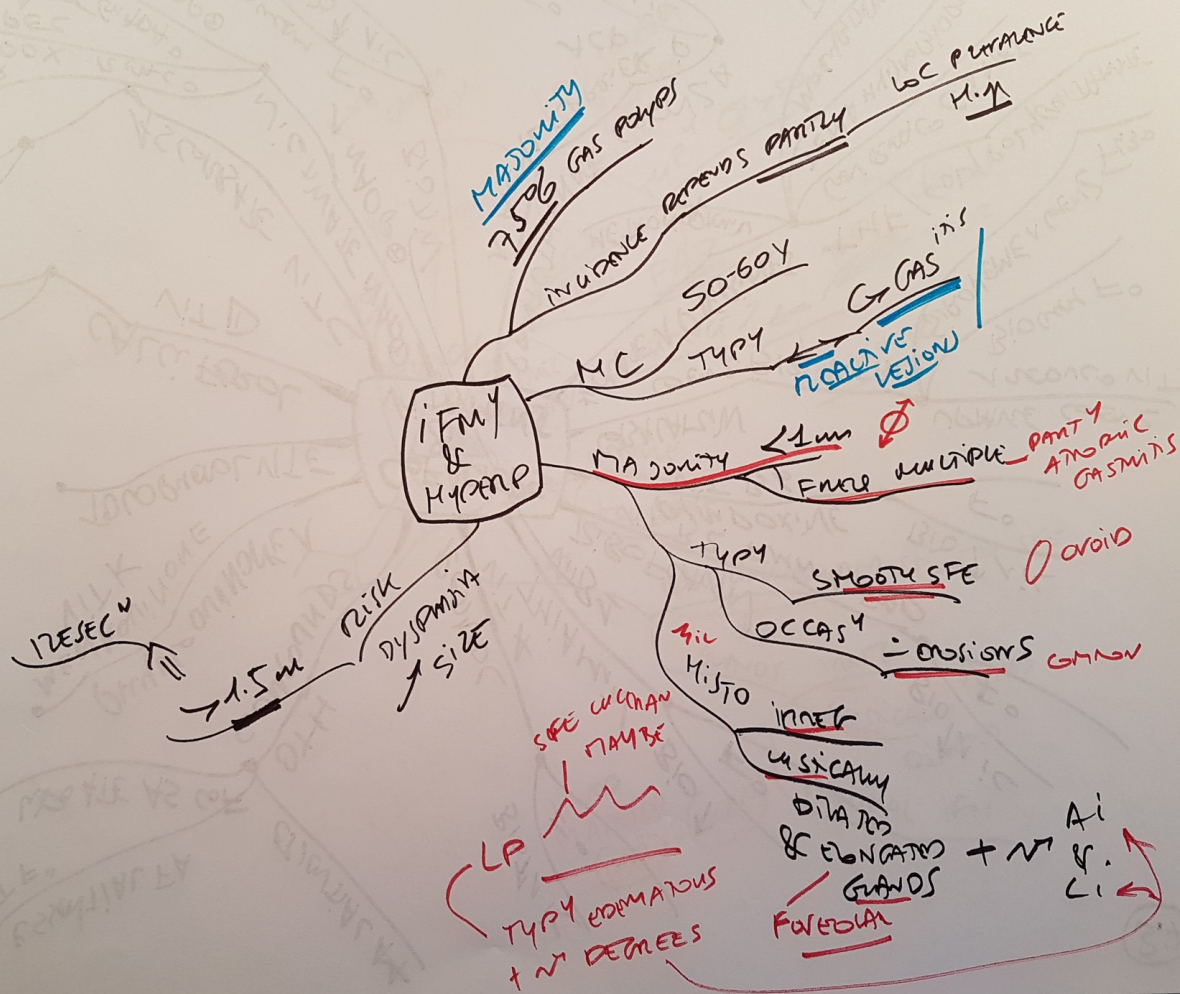


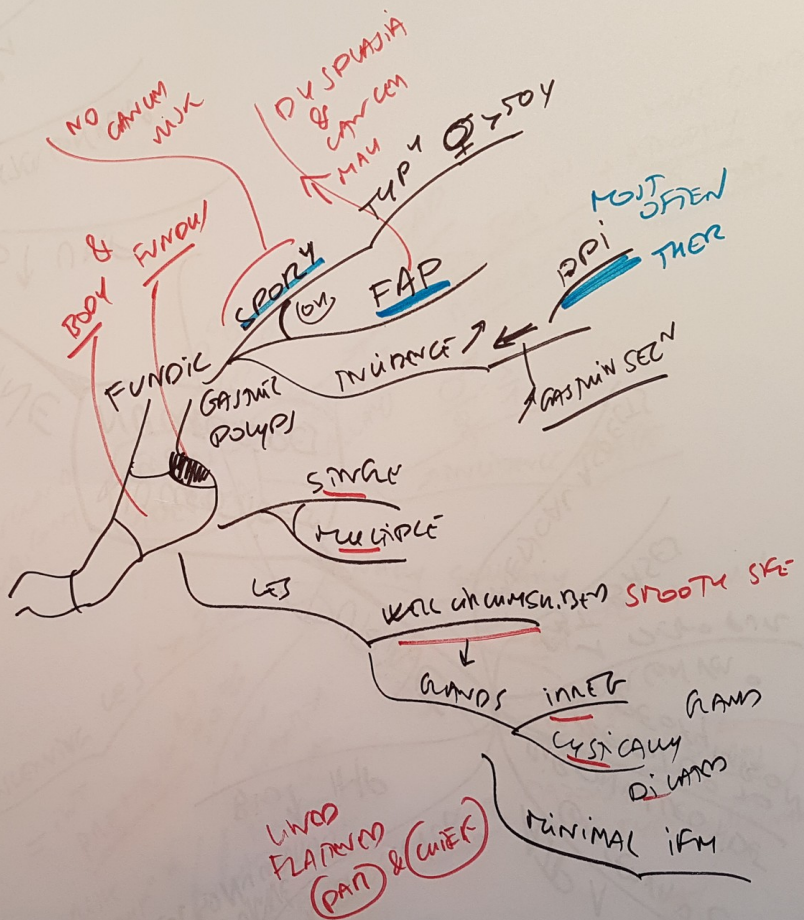




GASTRIC POLYPS & TUMORS







GASTRIC ADENOMA

100% GAS POLYPS

FAP

CG GAS int + ATROPHY & INT METAP
ISAMORPH PARTIC

ALMOST ALL

$\frac{\sigma}{\phi} = \frac{3}{1}$

INVASION AGE

USUALLY SOLITARY

ALL

< 2cm

MC ANTRUM

MAY

VARYING SOME DEGREE

(DYSPL)

MAJORITY INT TYP GUT MUCIN EPIT

DYSPLASIA

FAECAL
ADENOMA
MORE AGGRESSIVE
THAN COLN
ADENOMA

CONCERNING LES > 2cm

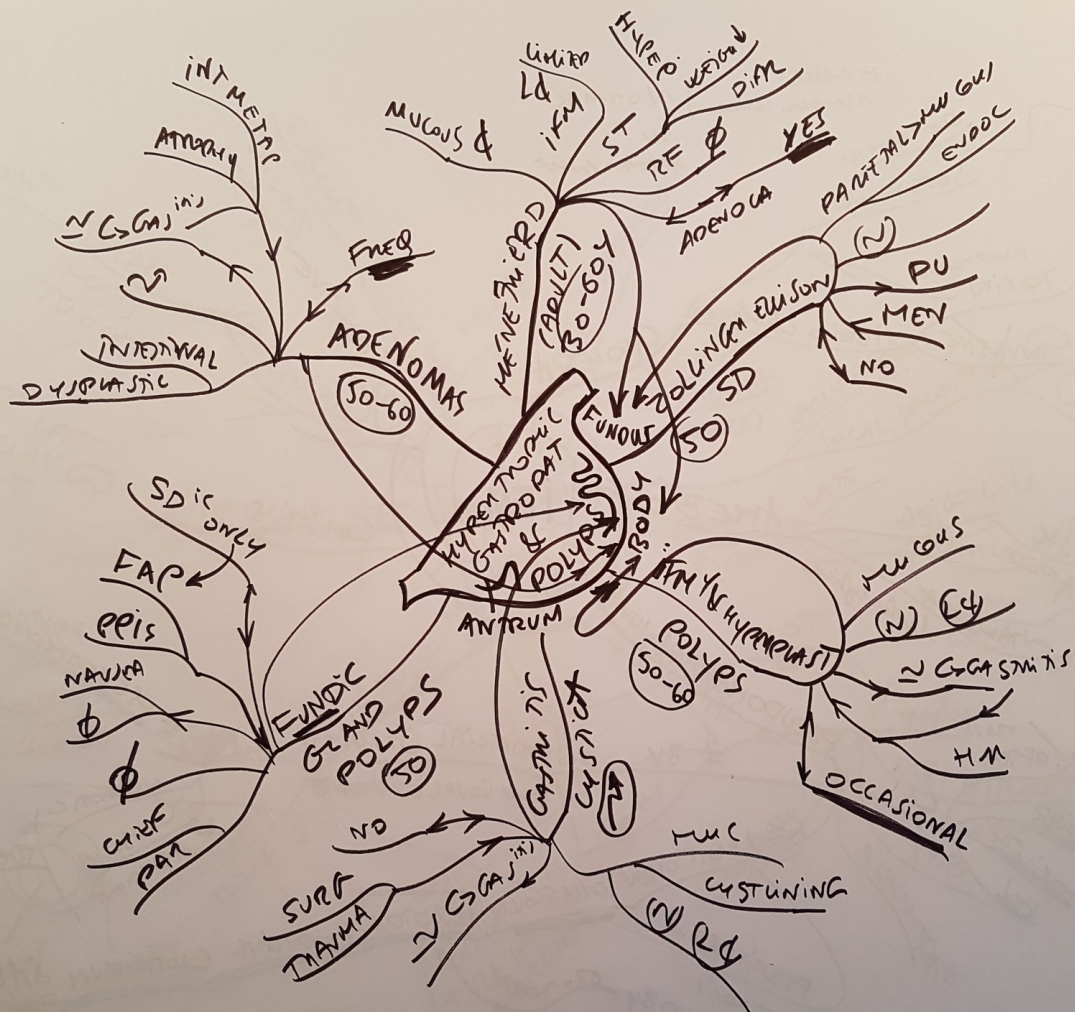
= INT PREMALIGNANT
like TRANS *
→

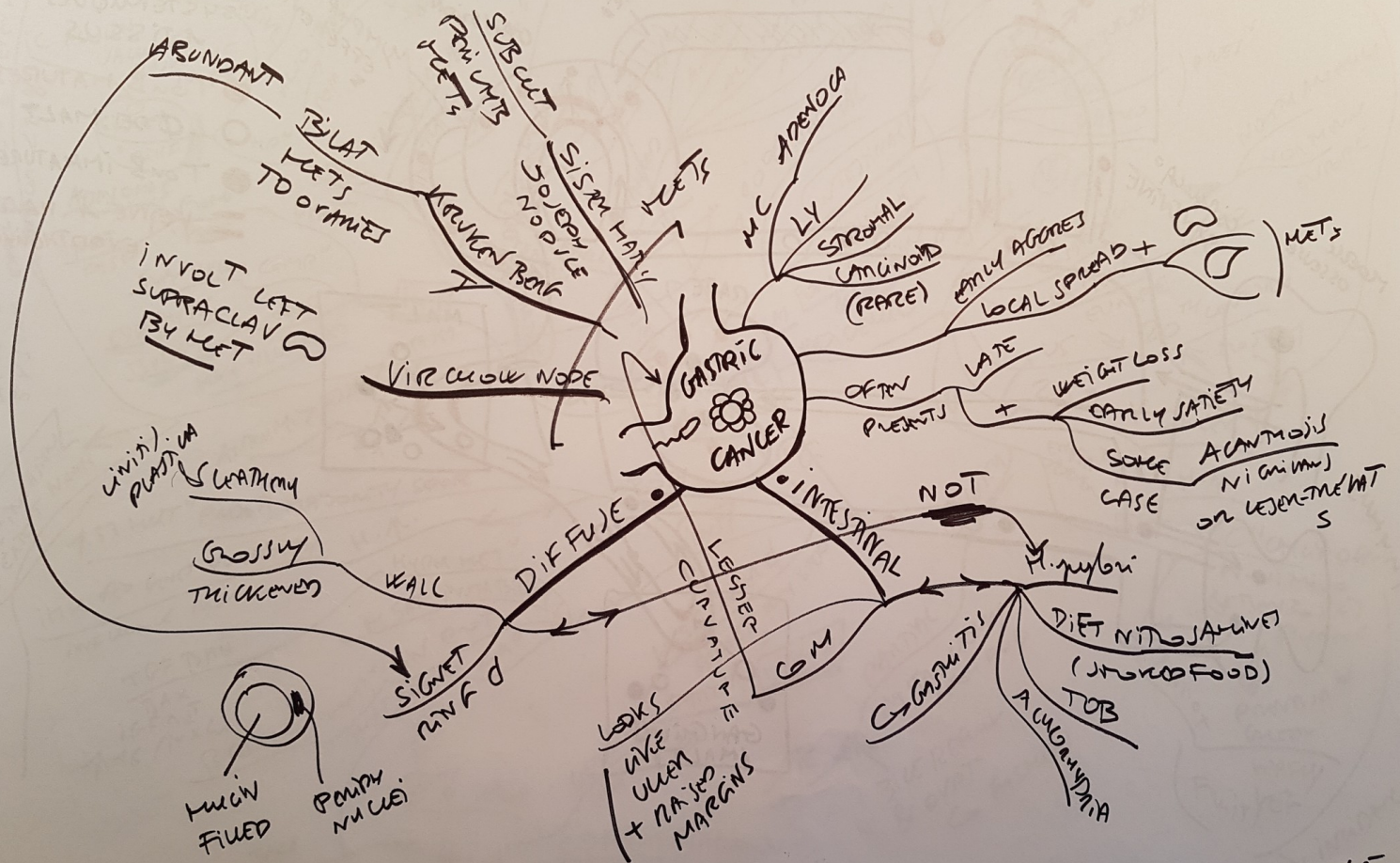
30%
WILKINSON
CA

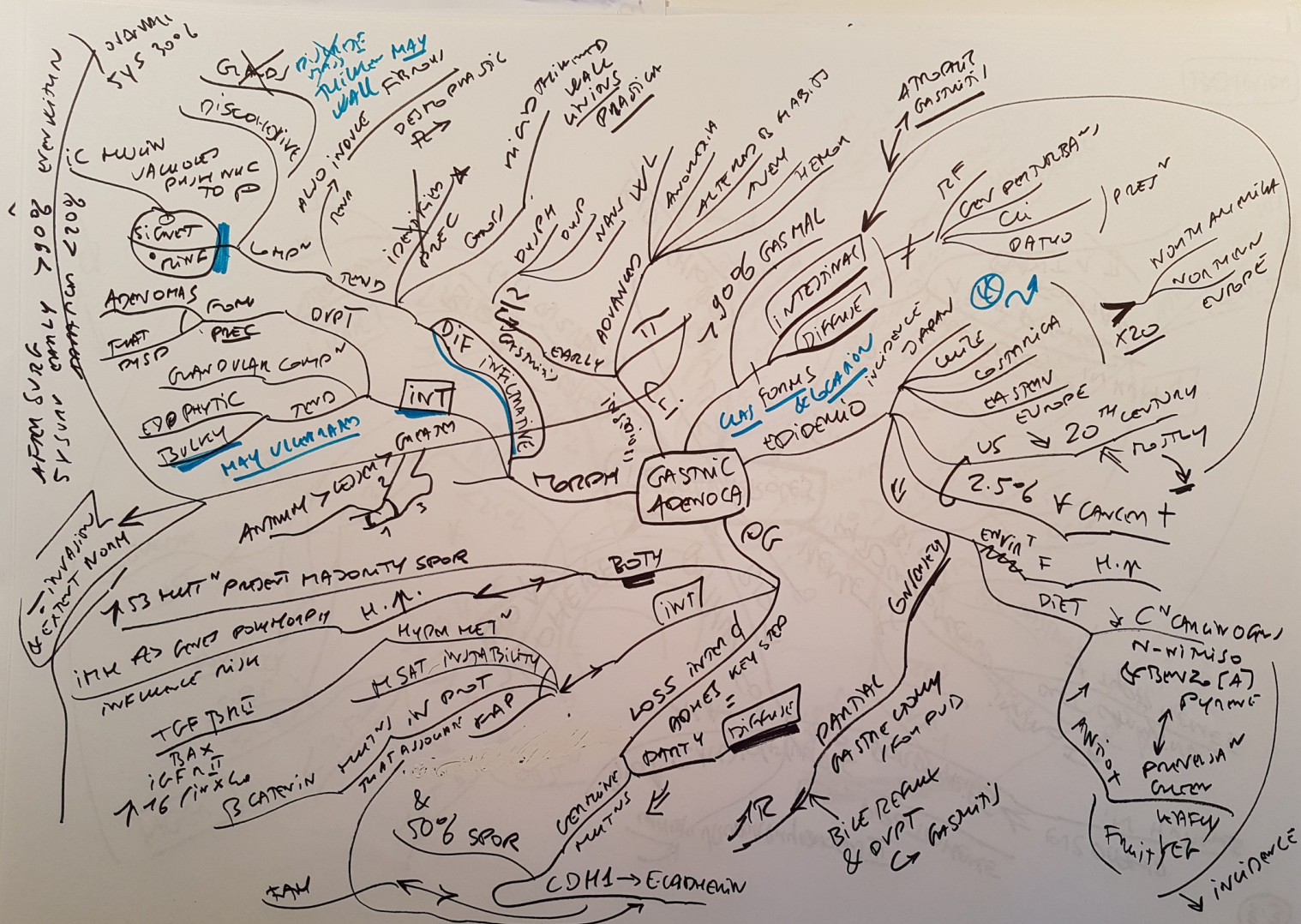
COIL CLINICAL
HYPERCHROMATIA
EPIT
PSEUDOPOLYPS
ELONGATION
MUCIN
MAY INCREASE

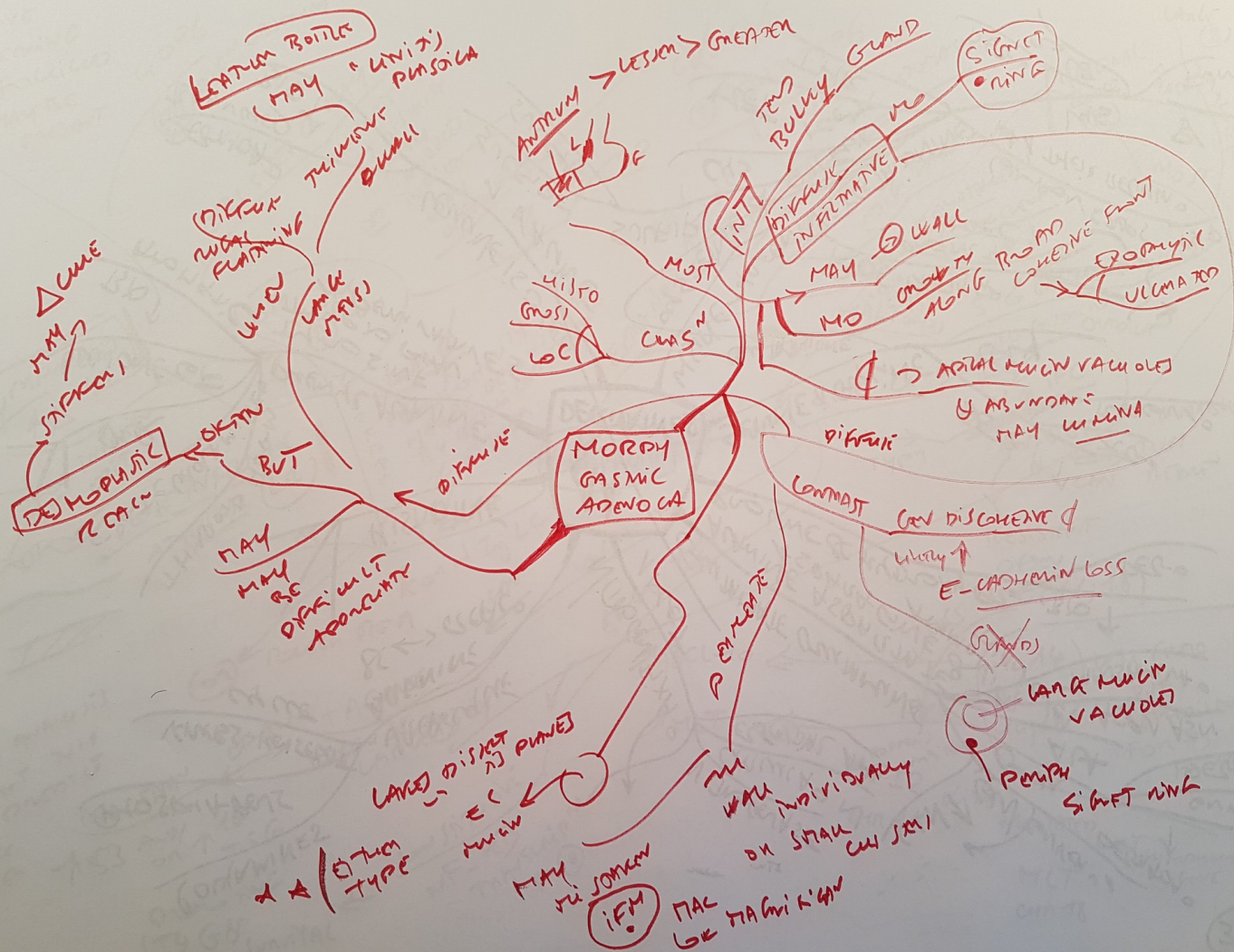
GRAN
RUBBING
VIBRATION
OR CHIRPING
HALLI
CYTO
ANOMIA

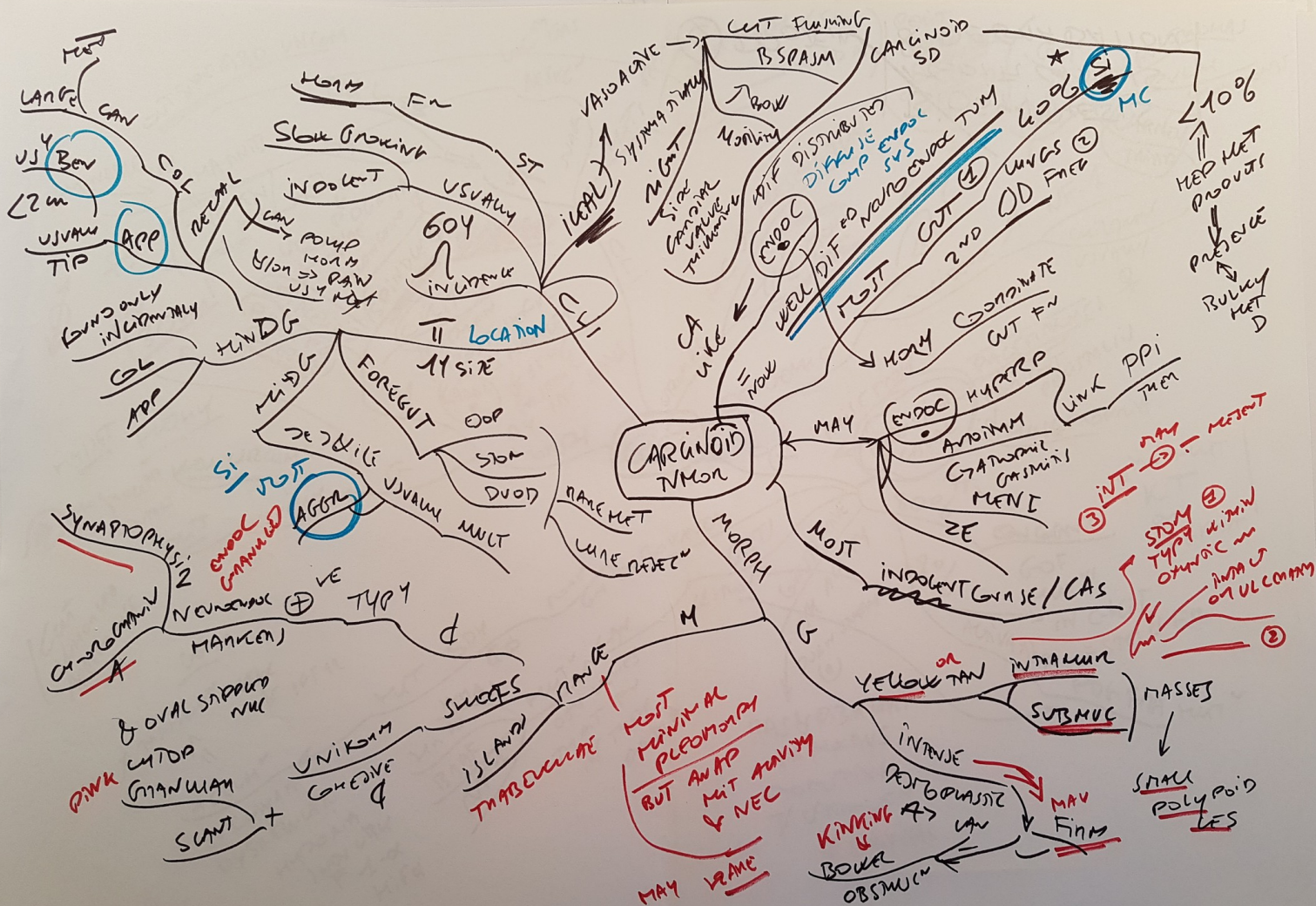
HIGH
LOW

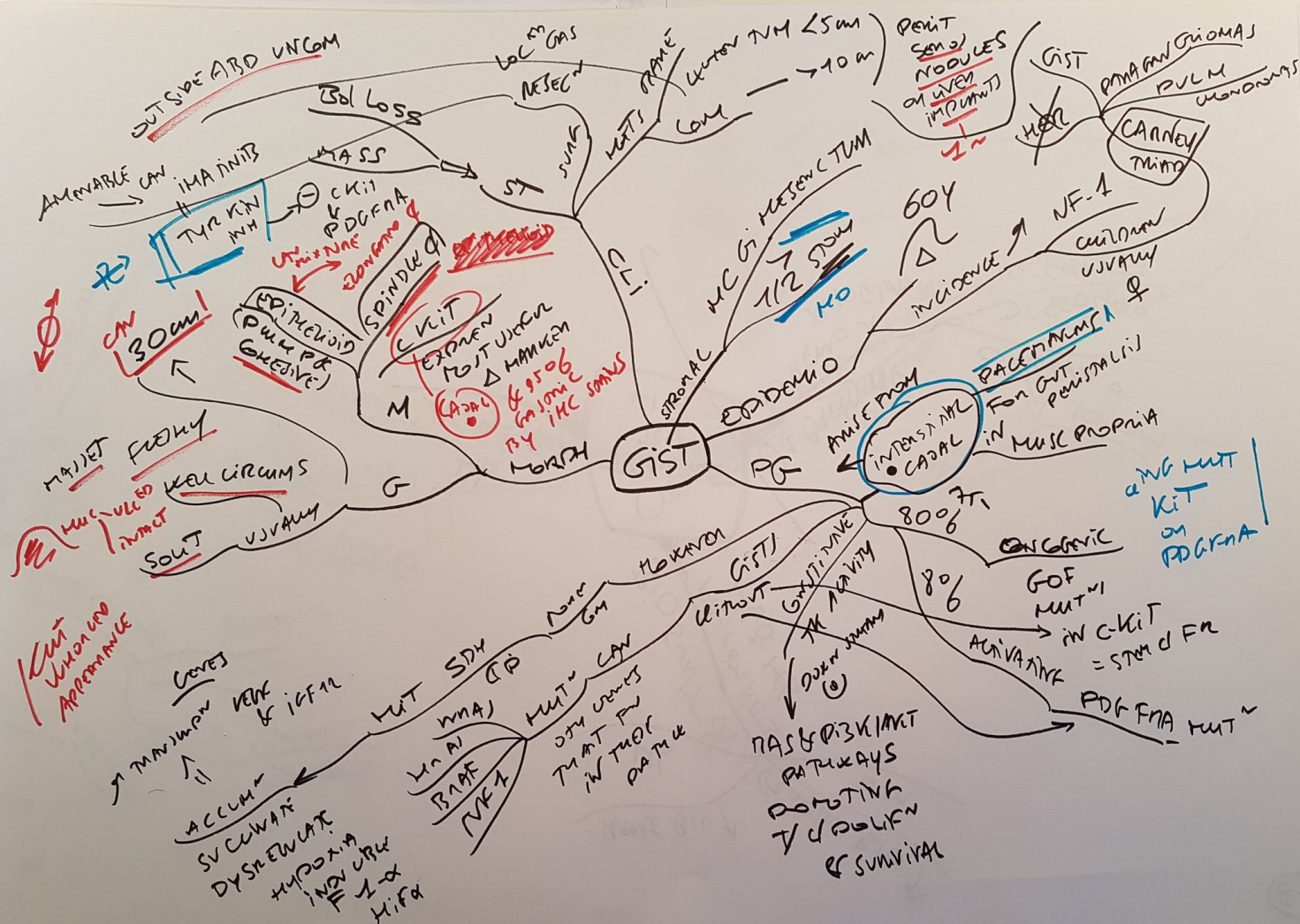




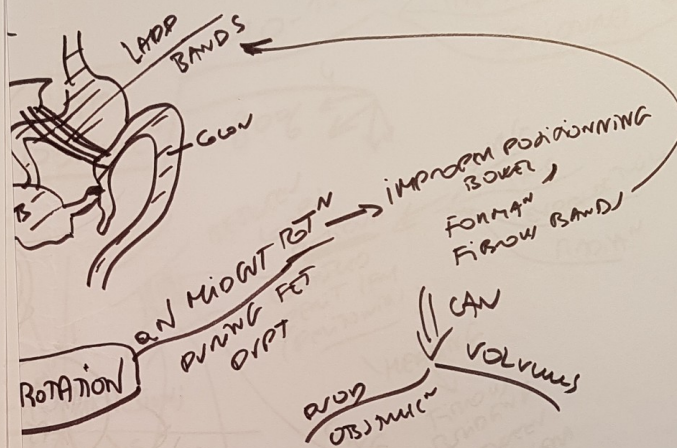


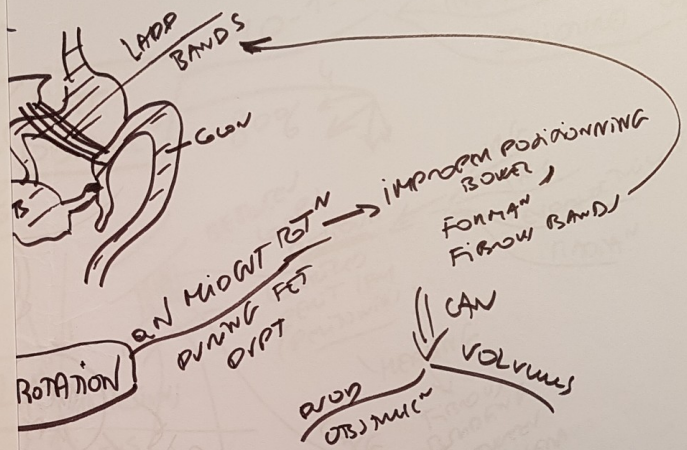




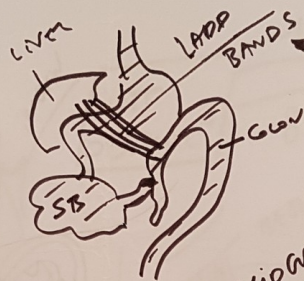


Si & G6v





INTESTINAL OBSTRUCTION



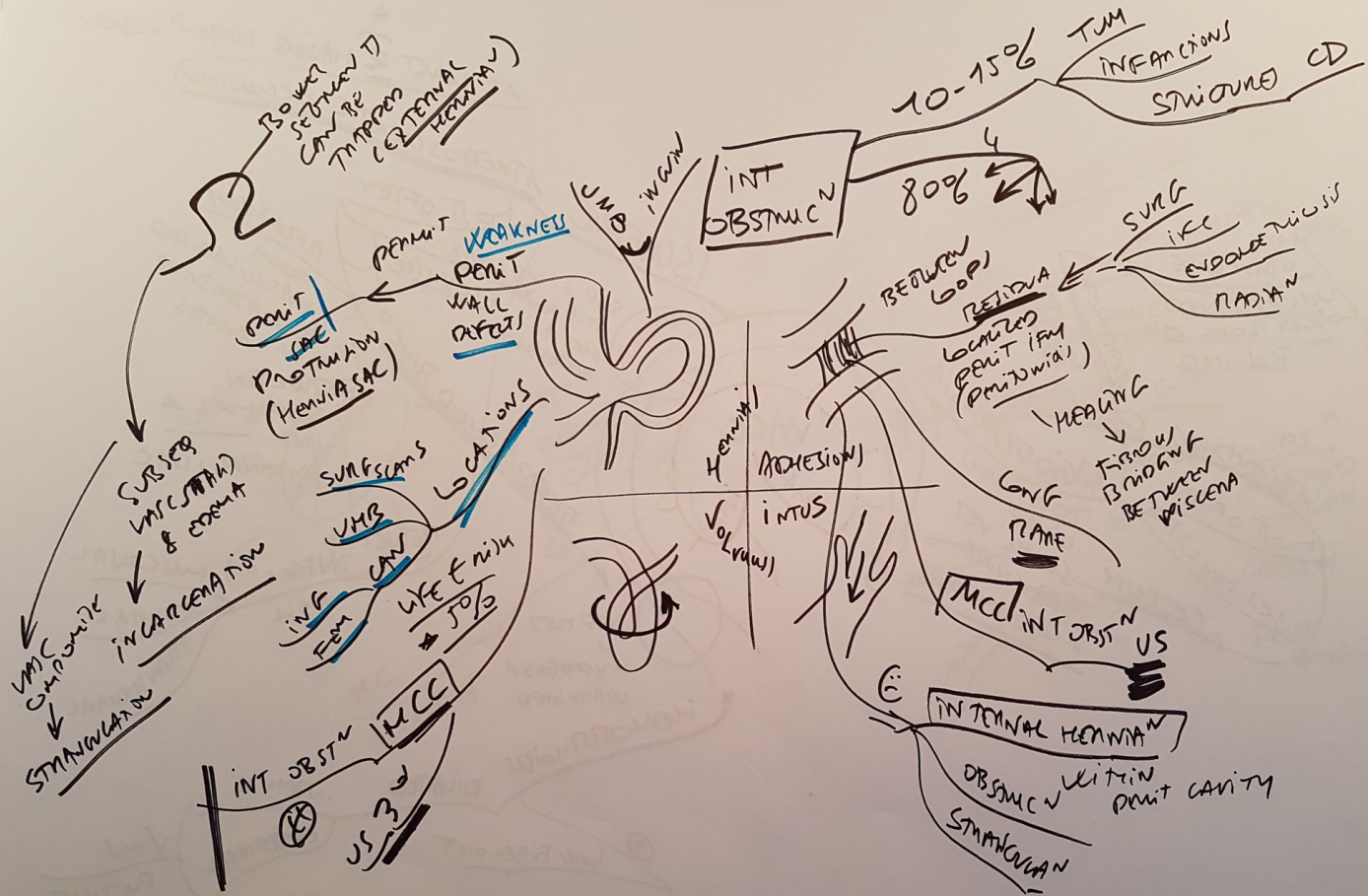
MALROTATION

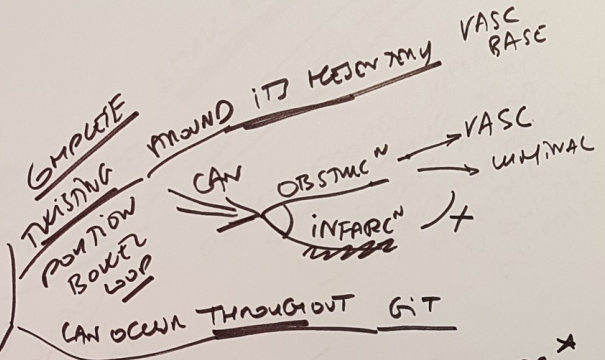
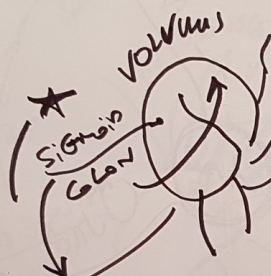
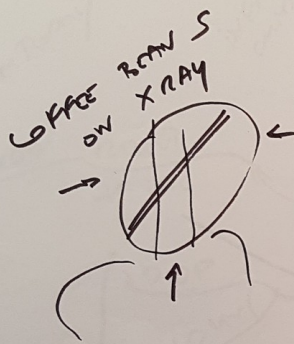
R.N. MIDGUT ROTN
DURING FET
DEVT

IMPROPR POSITIONING
BOWEL,
FORNIX
FIBROUS BANDS

OBST
OBSTRUCT

CAN
VOLVULUS



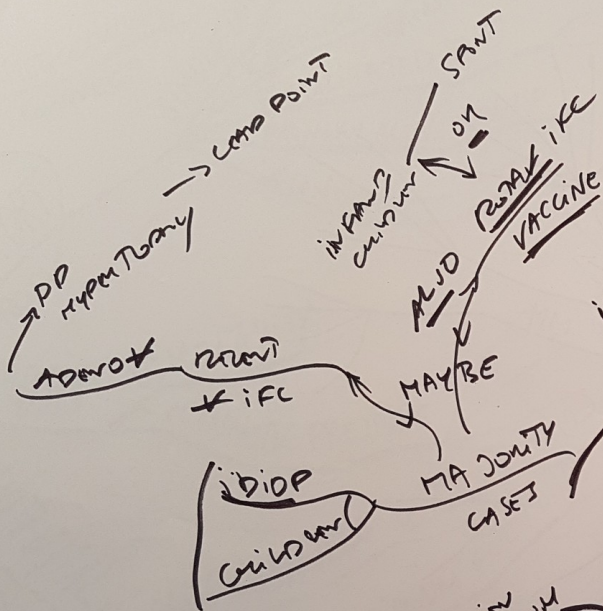


MC
Elderly

MIDGUT

NO
INFANT

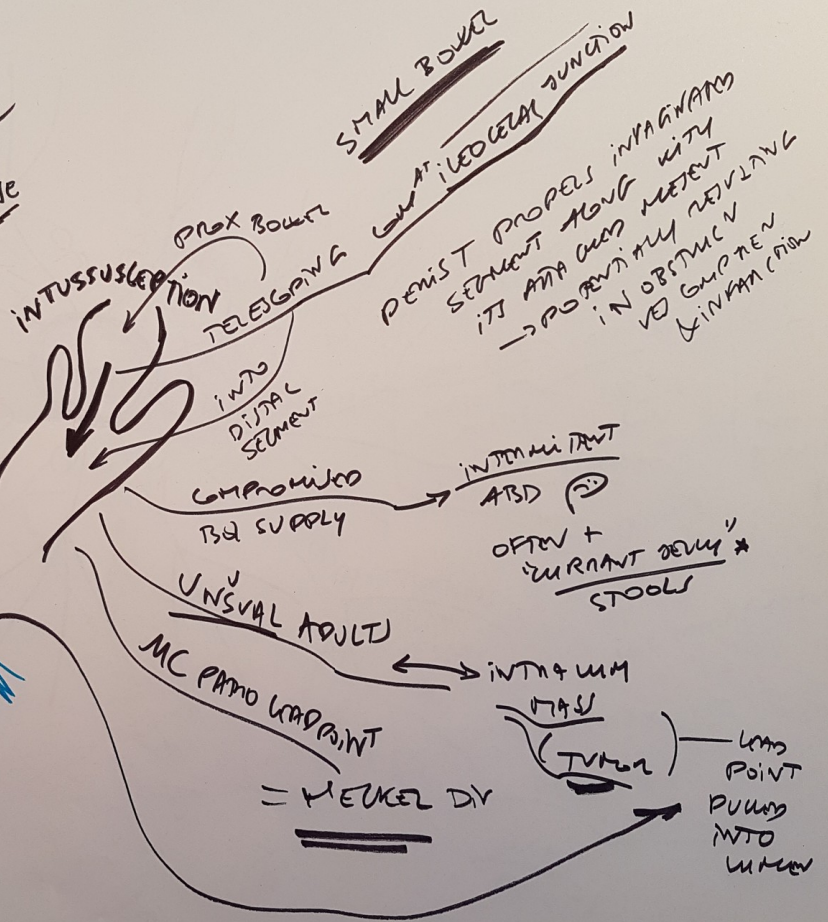
- NO REDUNDANT
- LOOPS
1. SIGNAL
GLW
 2. CECUM
 3. SMALL
BOWEL



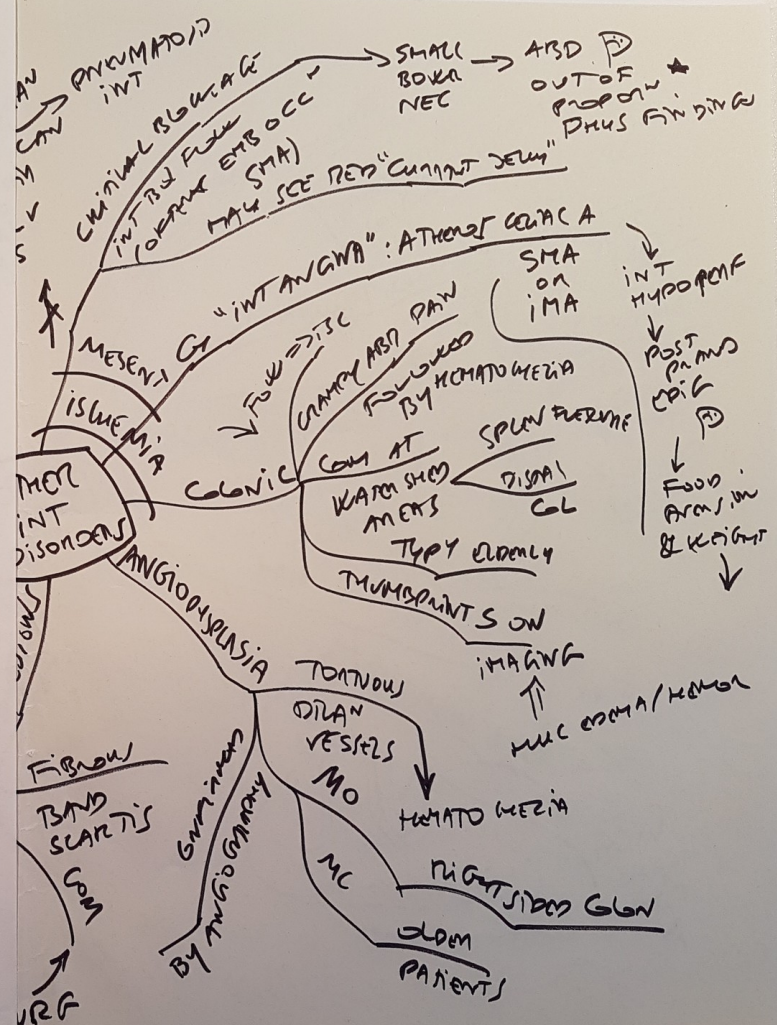
[- OLDER PT TUMORS USUALLY TUM

CHILDREN 2-4

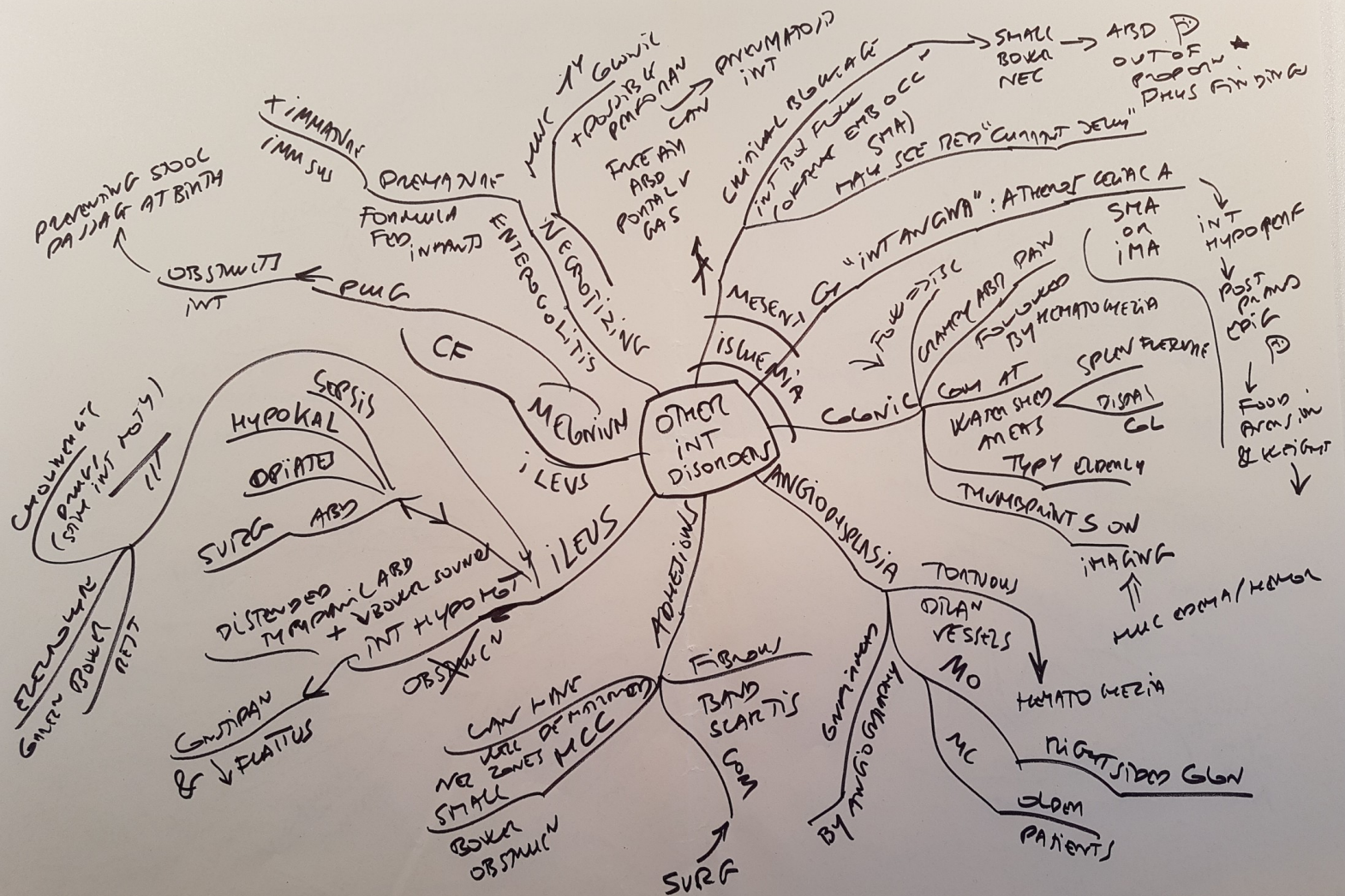
MC INT 33% MC

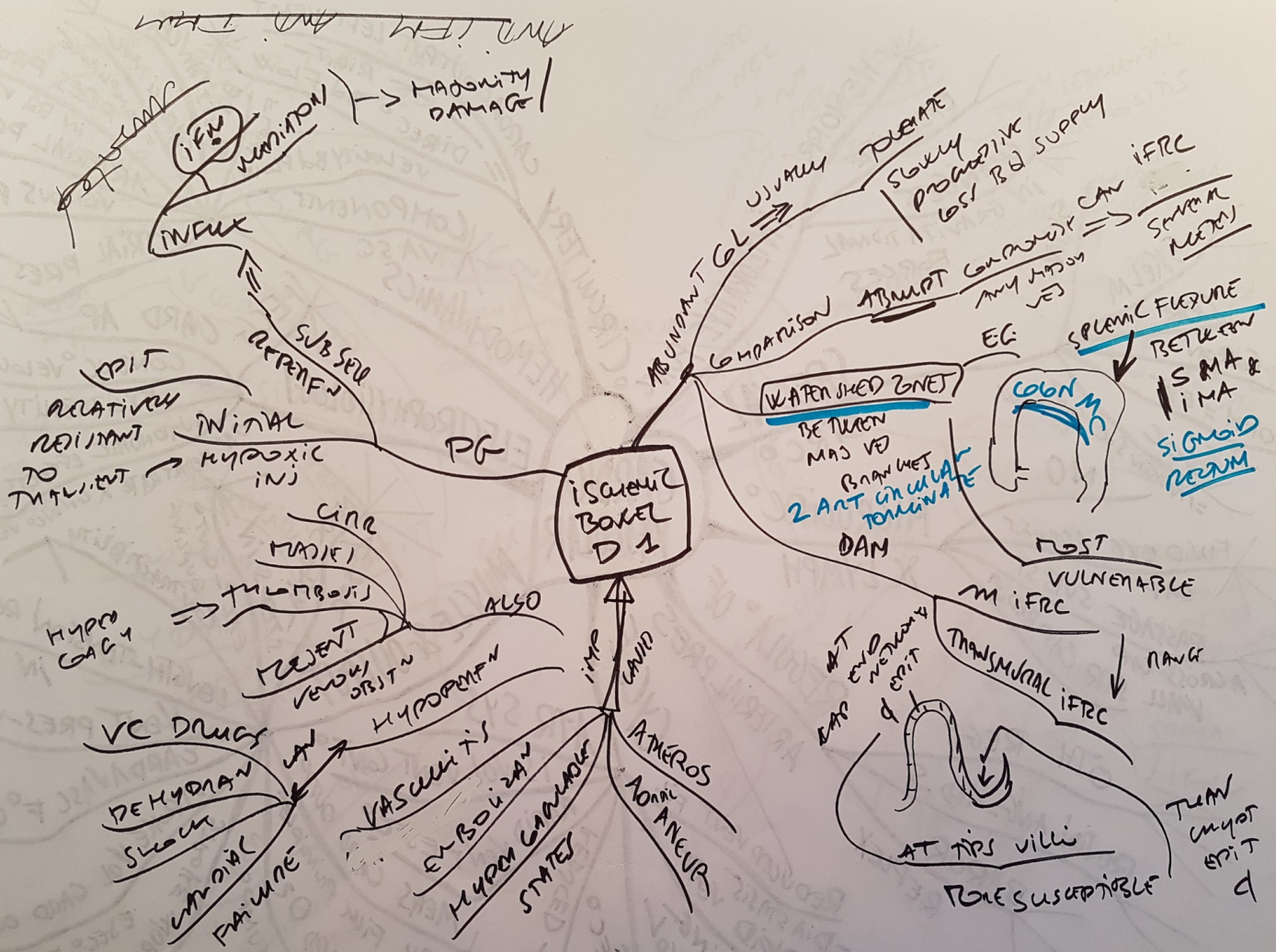


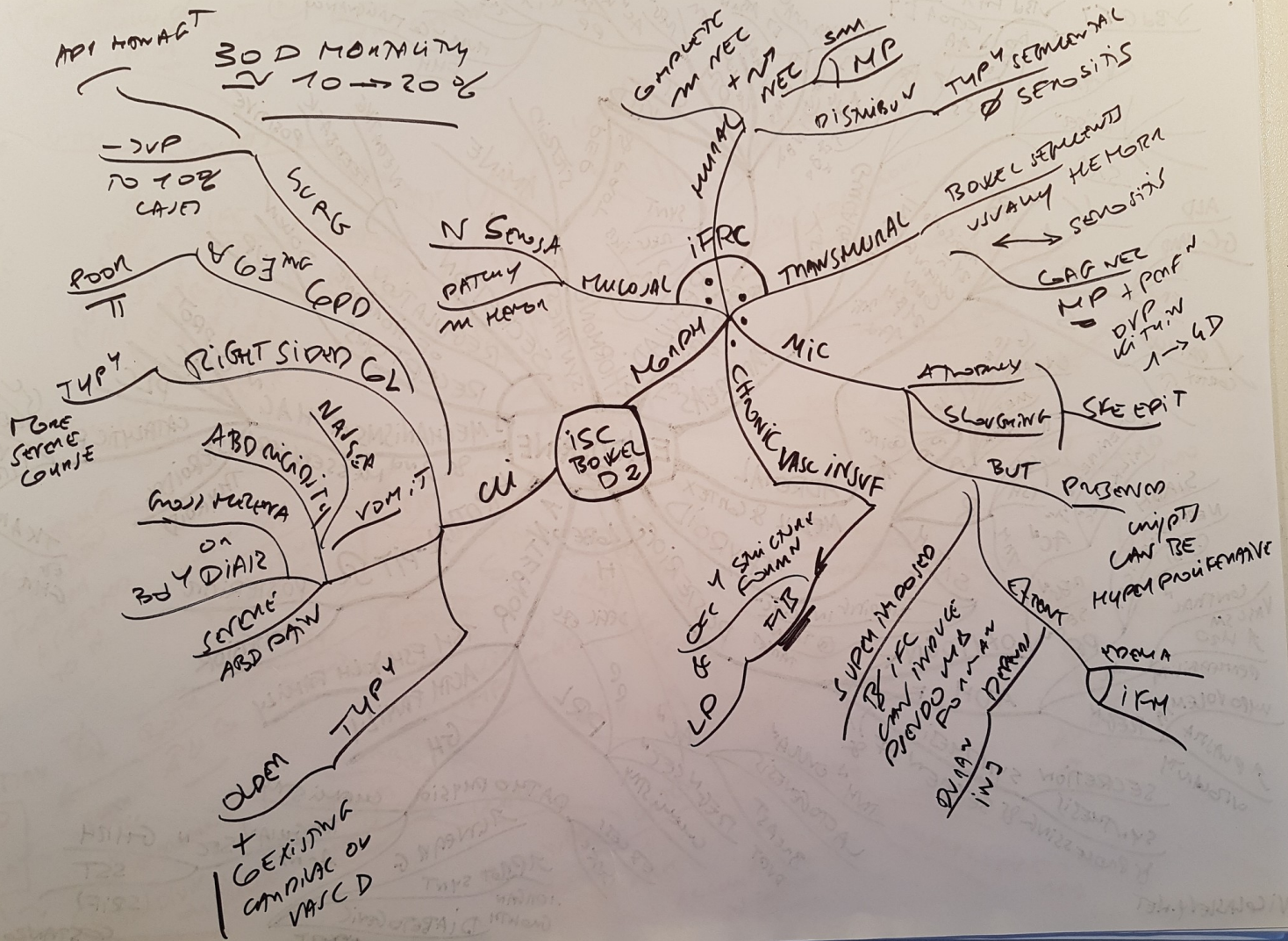
ISCHEMIC COLITIS
 WHITE BOLLER
 MUCOSAL
 TISSUE
 ISCHEMIA
 COLONIC
 ANGIOPLASIA
 FIBROUS
 BAND
 SCAR TISS
 COM
 URG

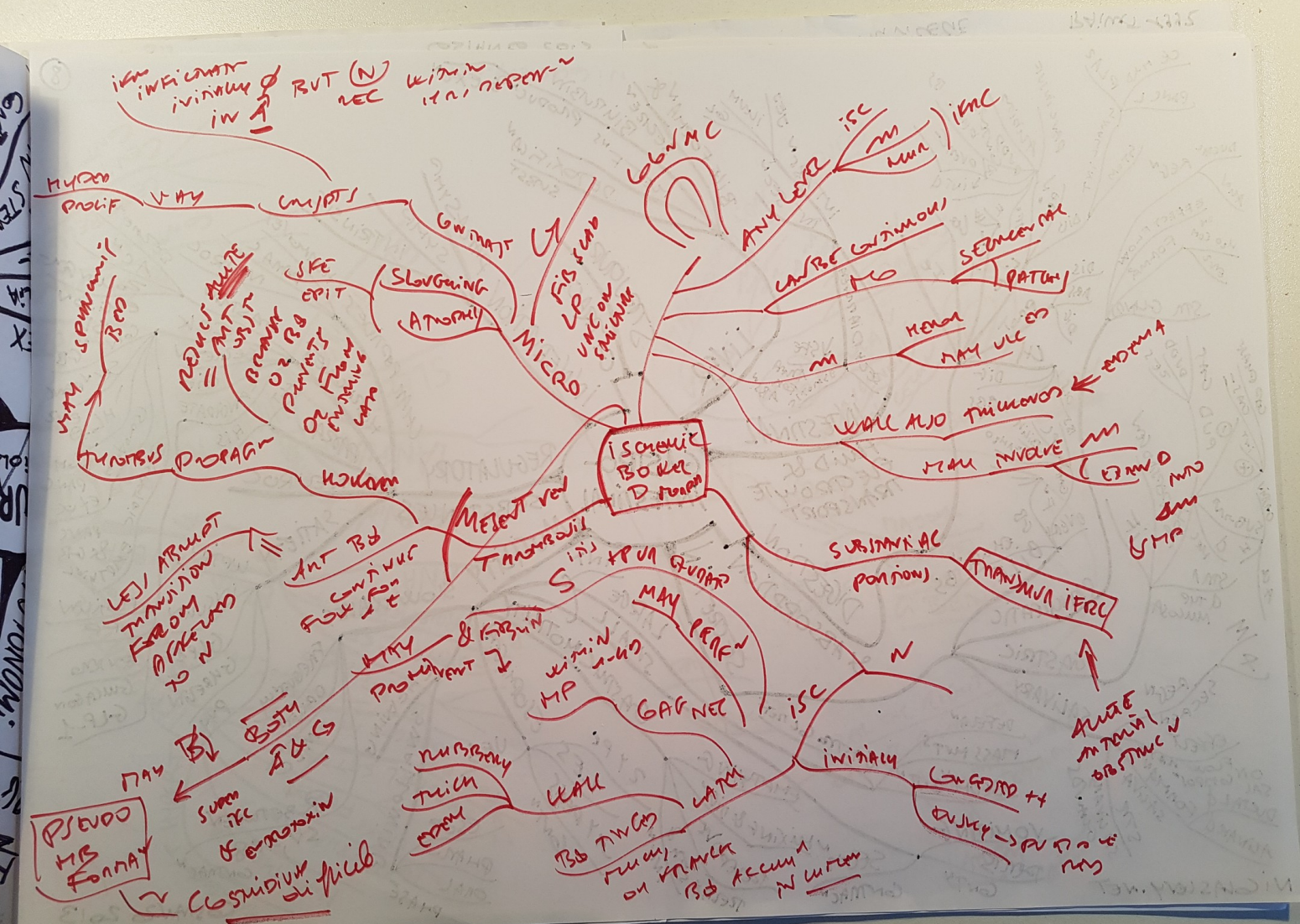


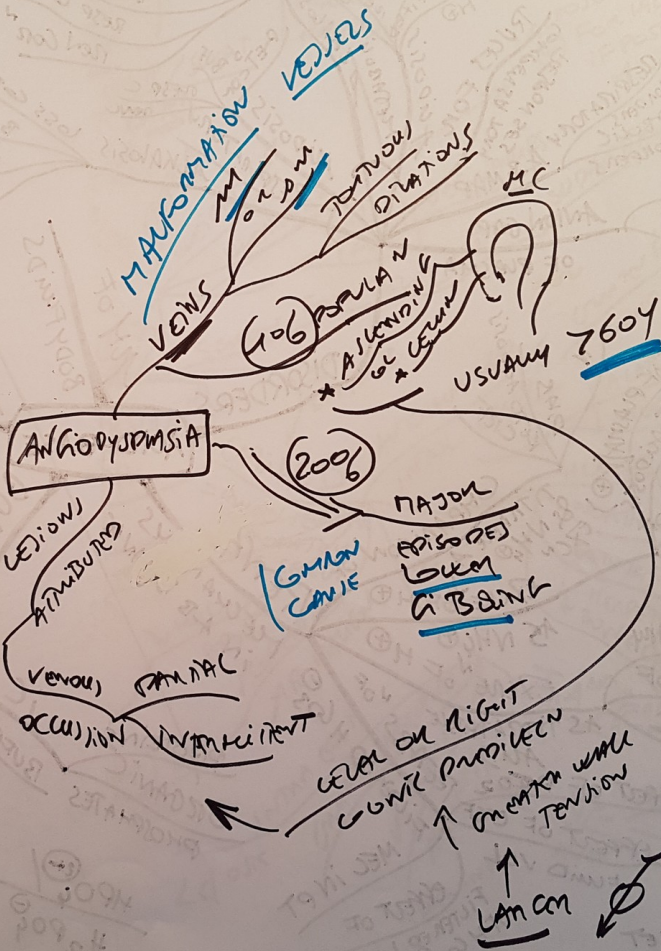
ISCHEMIC BOKEL D



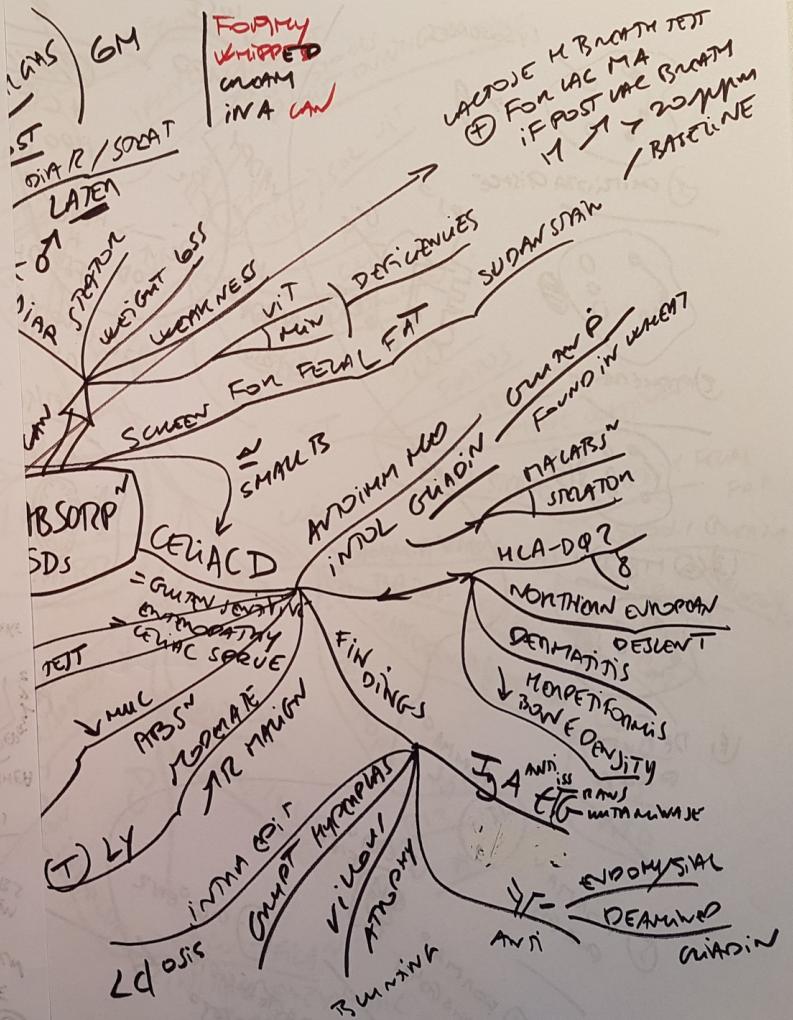


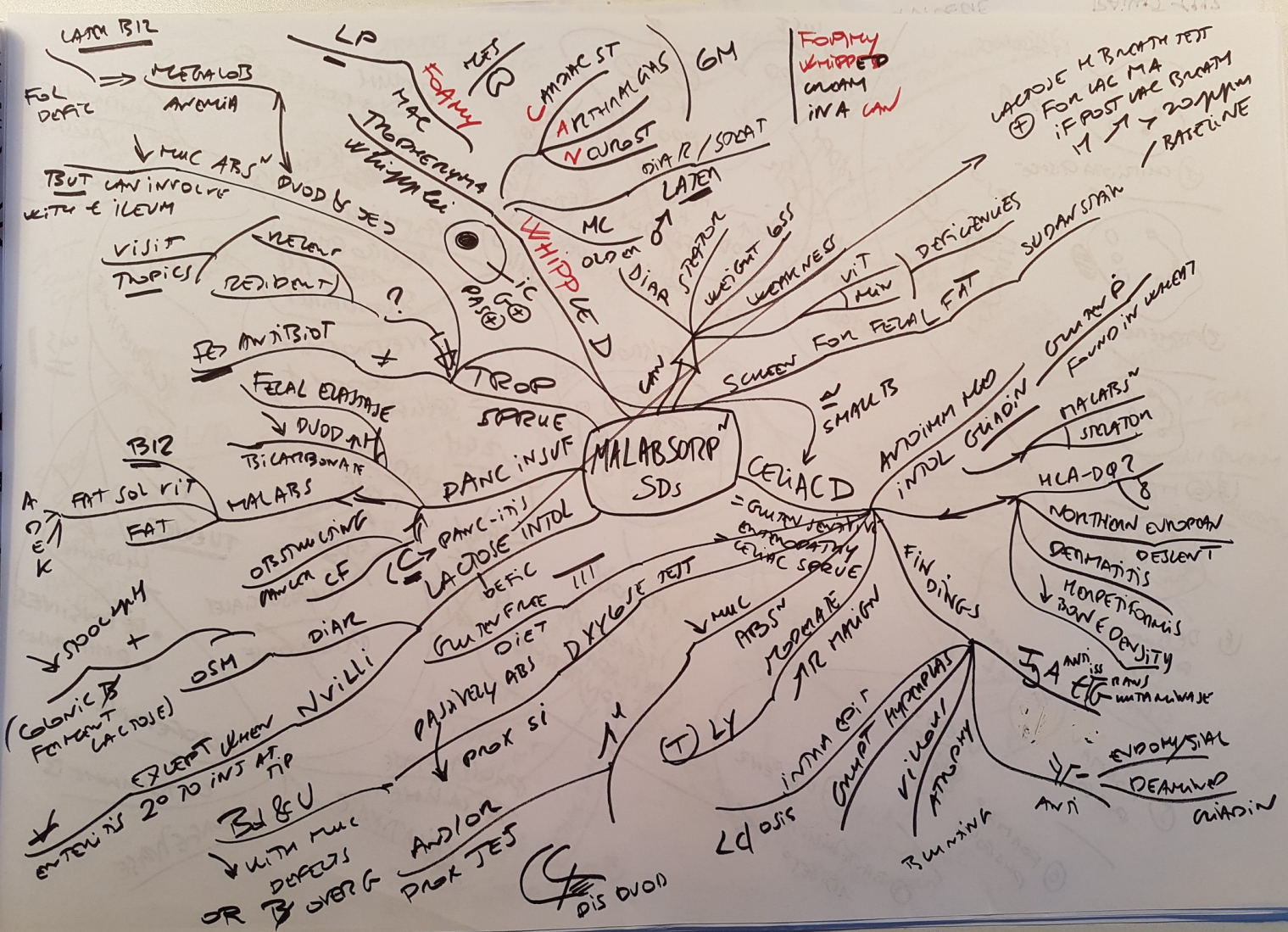


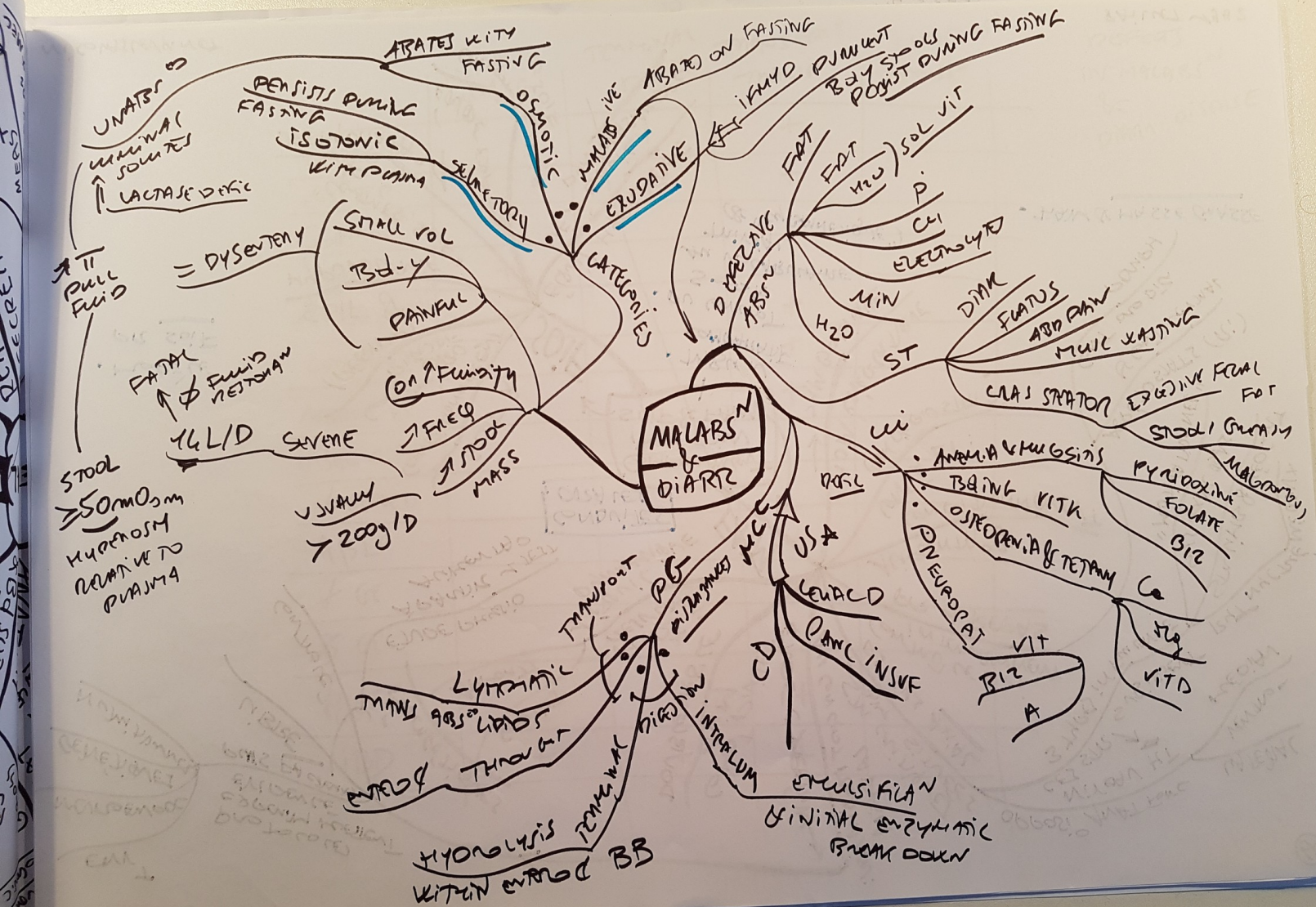




MALABSORPTION & DIARRHEA

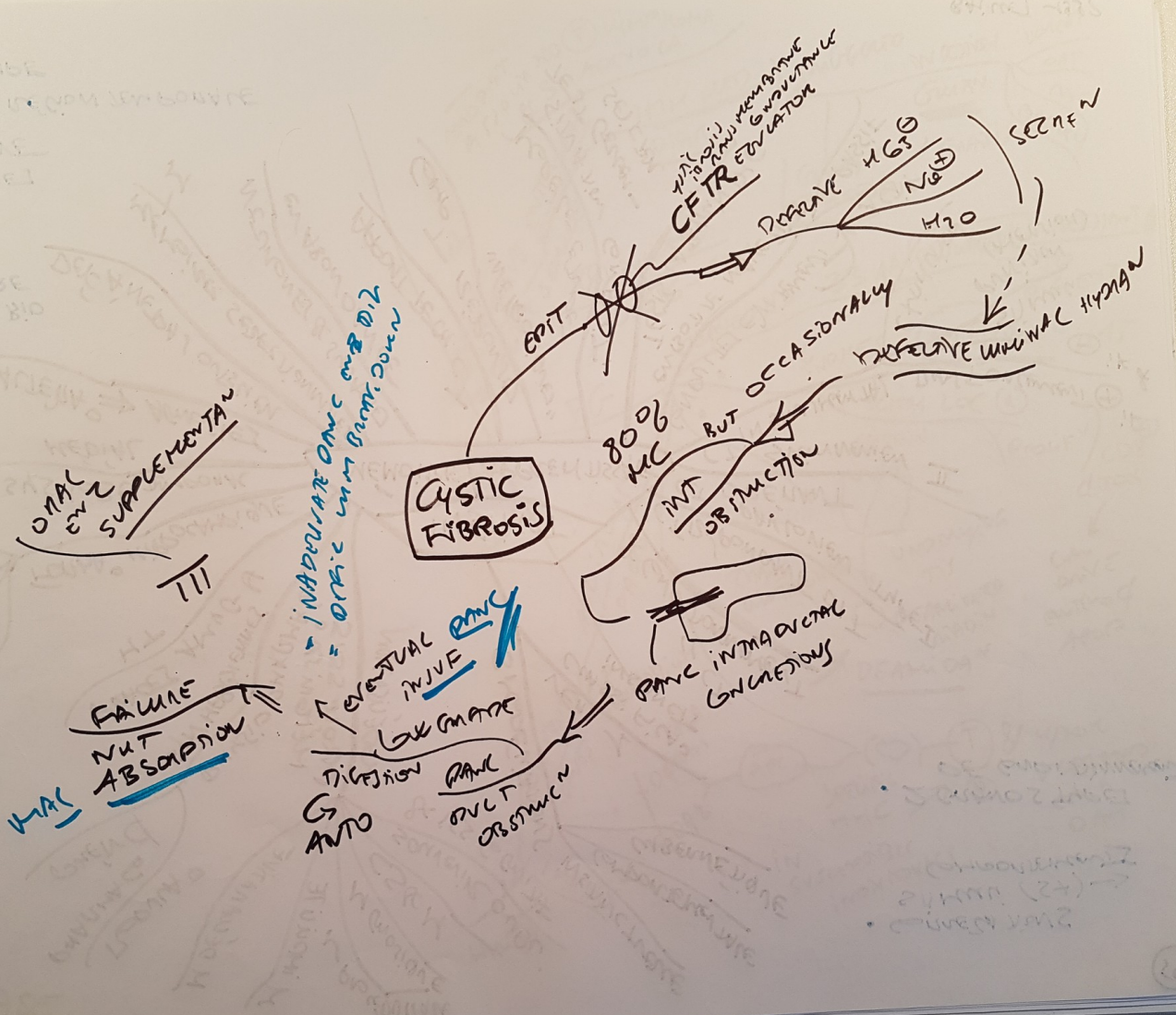




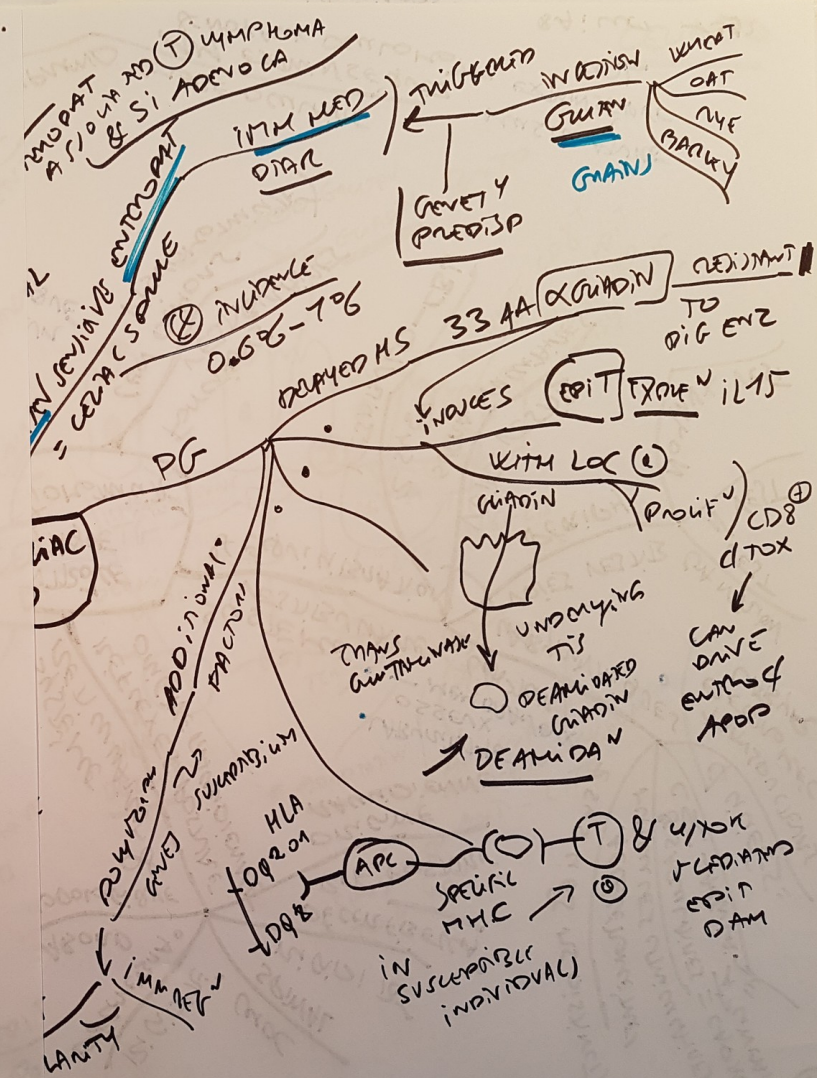


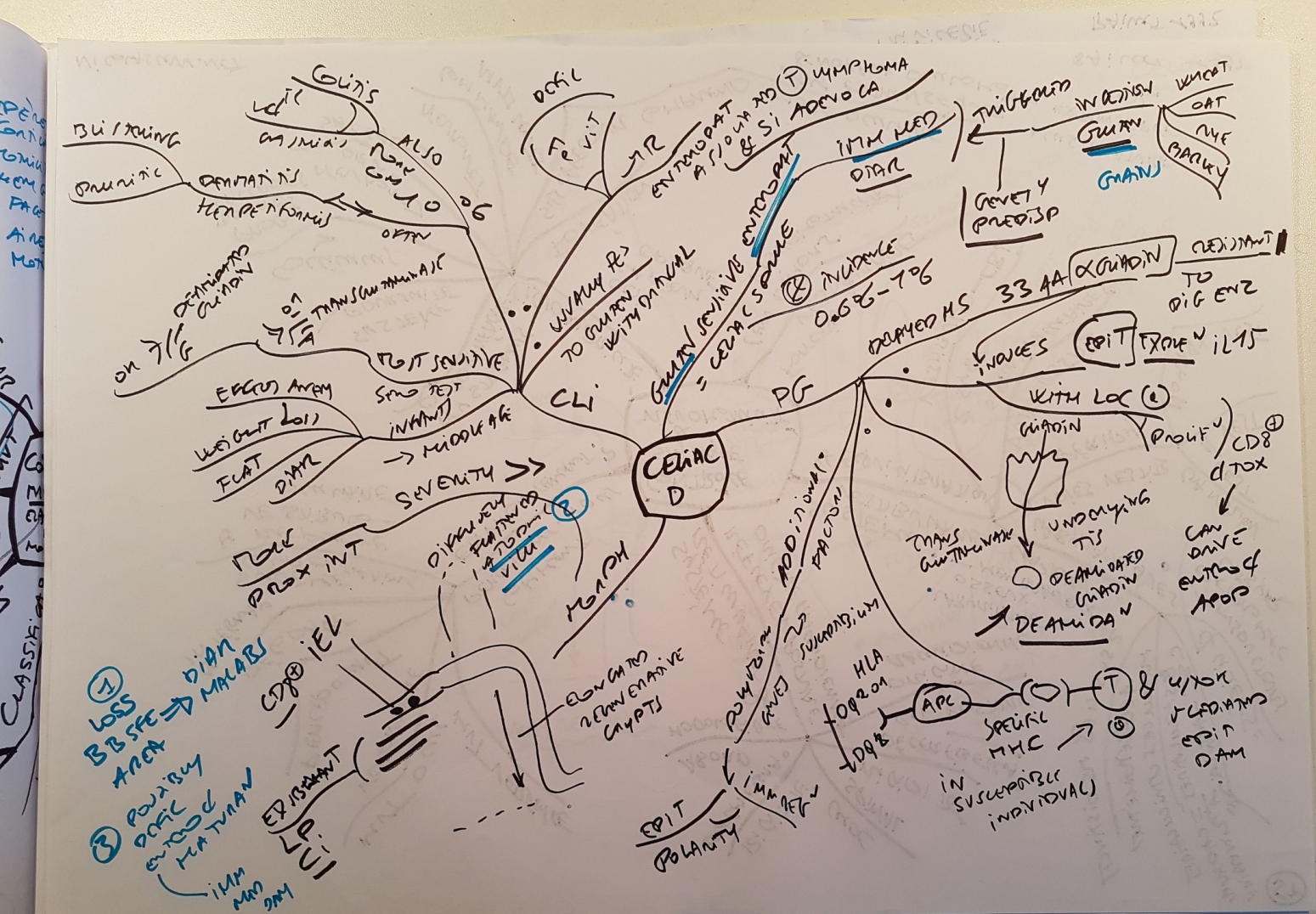
	INTRA LUM. DIG ^N	TERMINAL DIG ^N	TRANSIT TRANSP	LYMPHATIC TRANSP
CEVAC D		+	+	
ENTER		+	+	
GRANUL ^{IN}	+			
CF	+			
MYBAM ^{IN}	+		+	
CARCINOID			+	
ADENOM EP		+	+	
DISAC DEFIC		+		
UNKNOWN				
ABLP			+	+
A GE		+	+	
B GE		+	+	
K GE		+	+	
IBD	+	+	+	

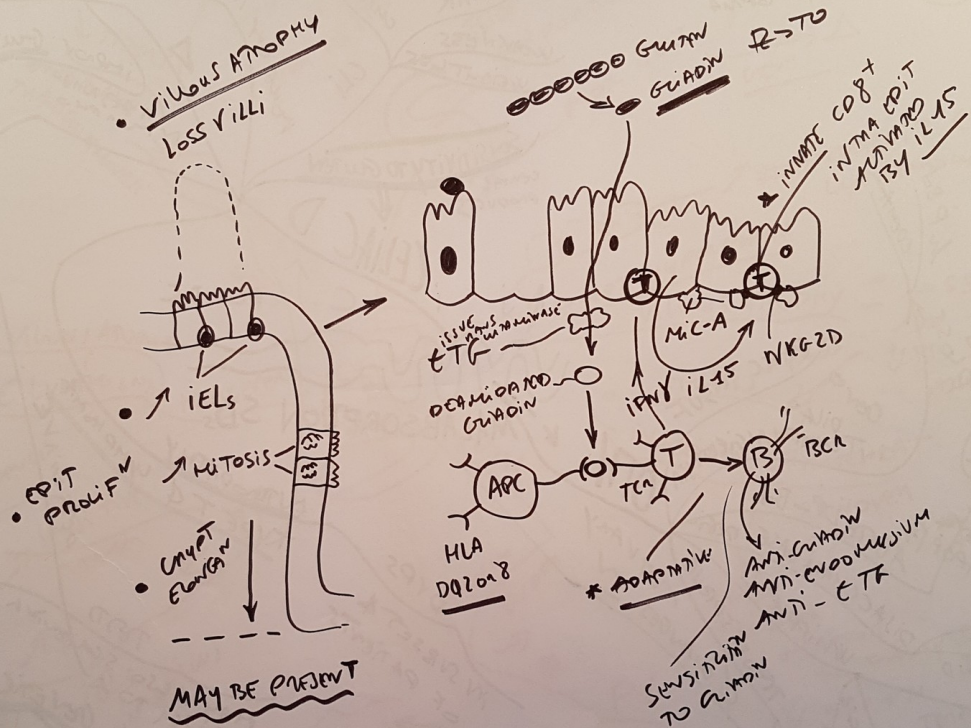
DEFECTS
IN MACROSS^N
&
DIARR DISEASE

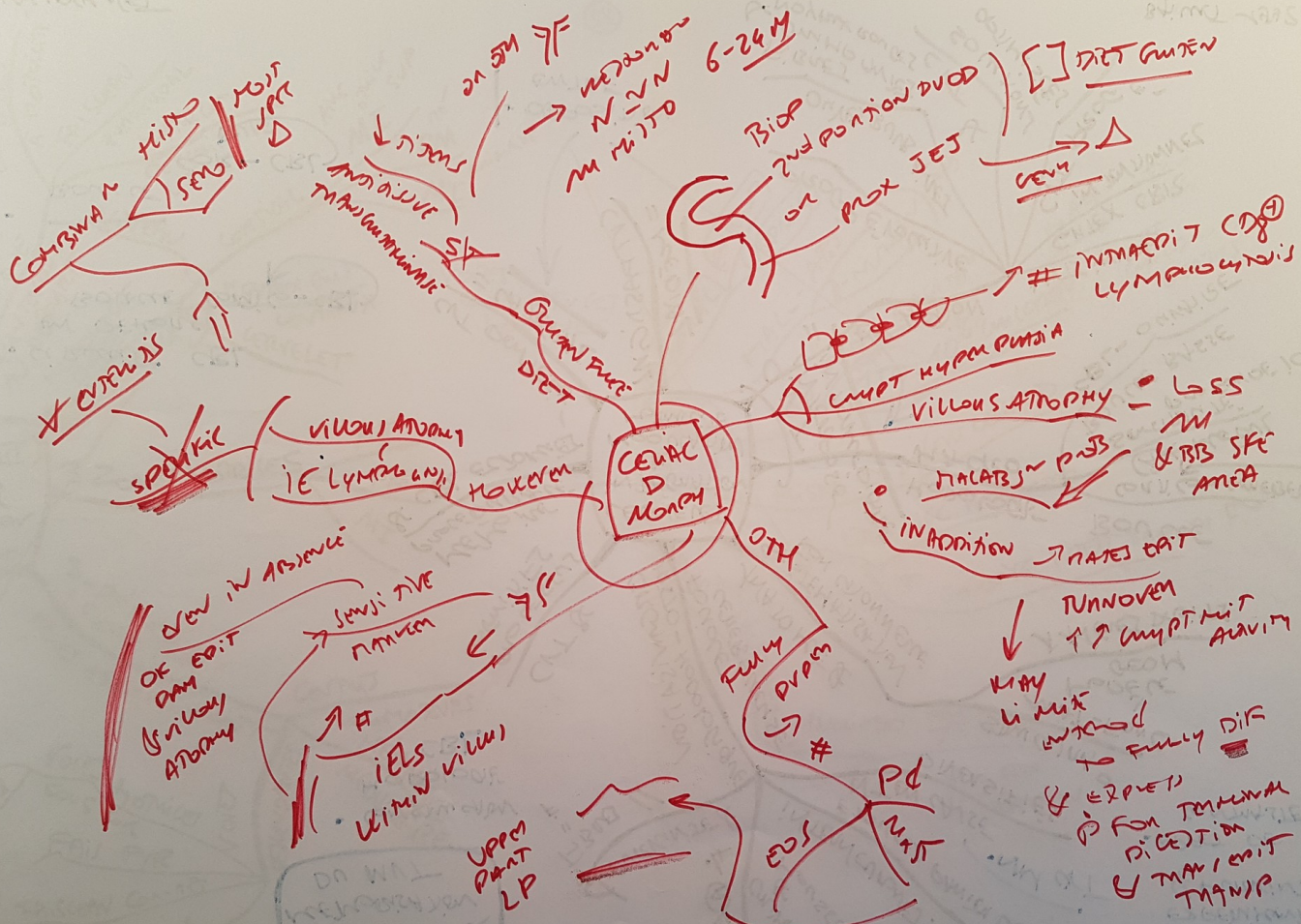


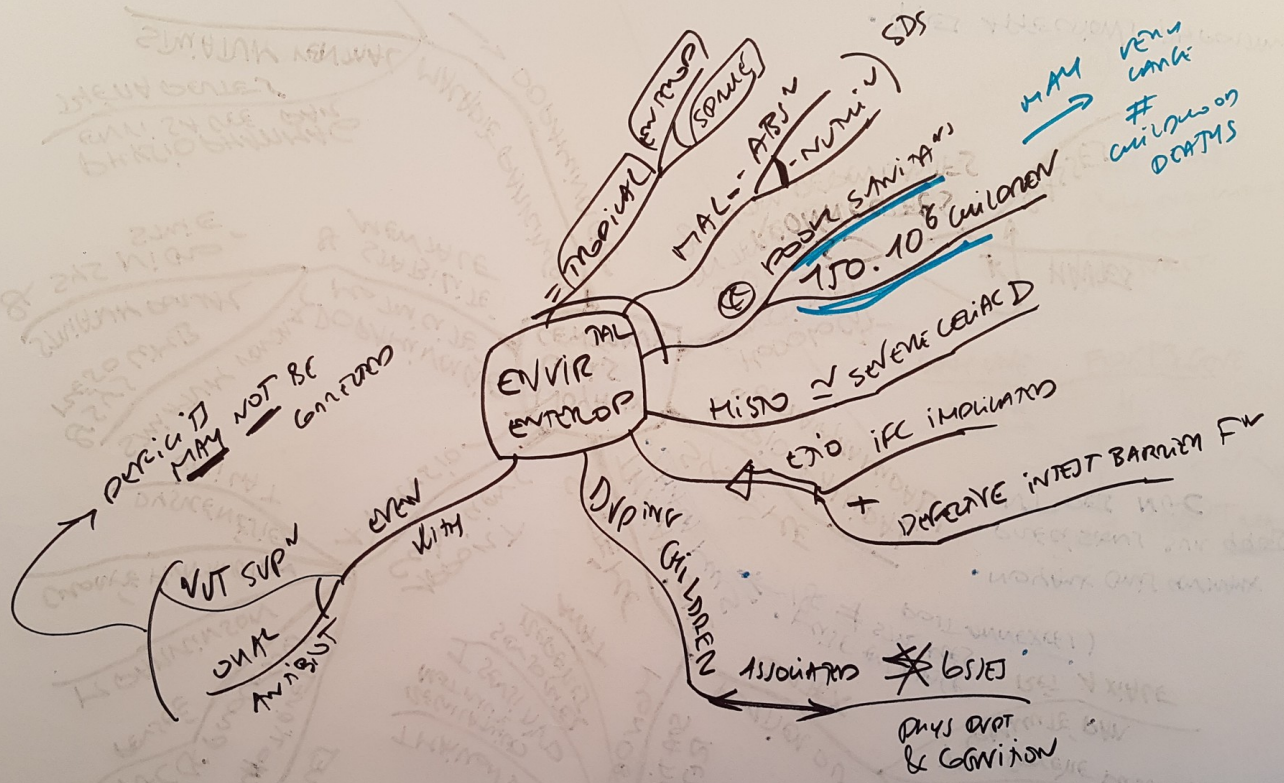
CEA C DISEASE











AUTOIMM
ENTROP

X linked children

PERMANENT AUTOIMM DISEASE

DIAPHR

SERIE FAM FORM

ONLY LINE

FOXP3 Gene

MUTN

TF

DIEN CD4⁺Treg

1 = VARIEM
G EPIT
d TYPES
MAY BE
PRESENT

FN

IMM OVERREP
POLYCLONAL
ENTROP
X LINKED

