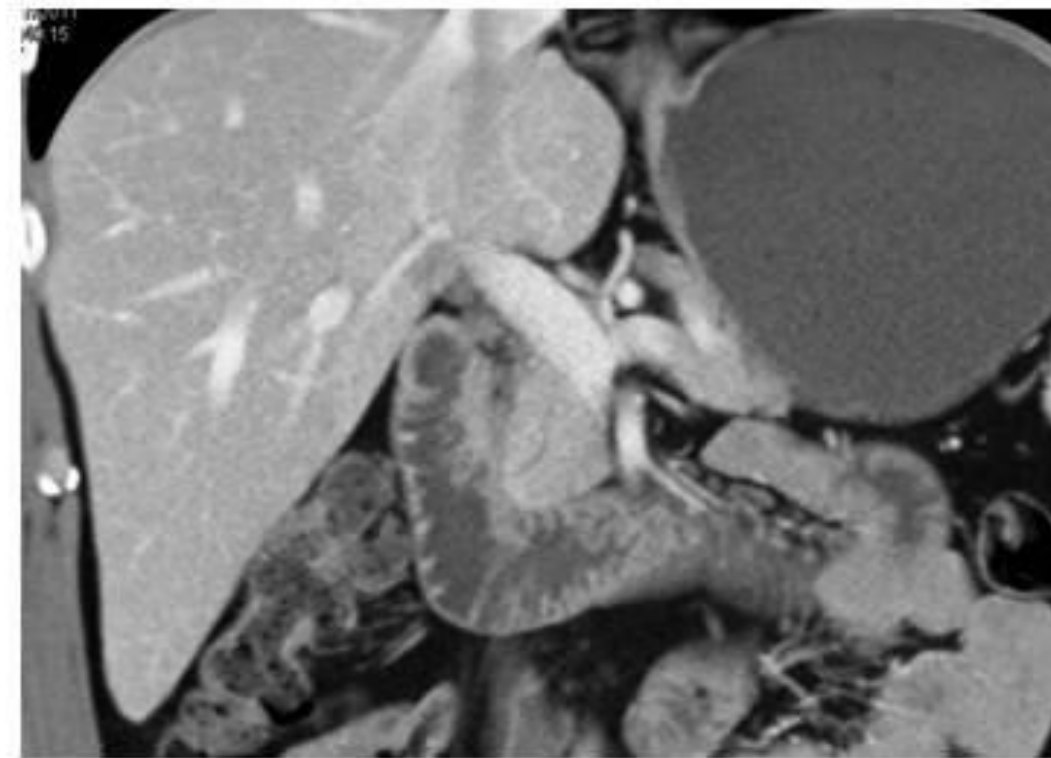
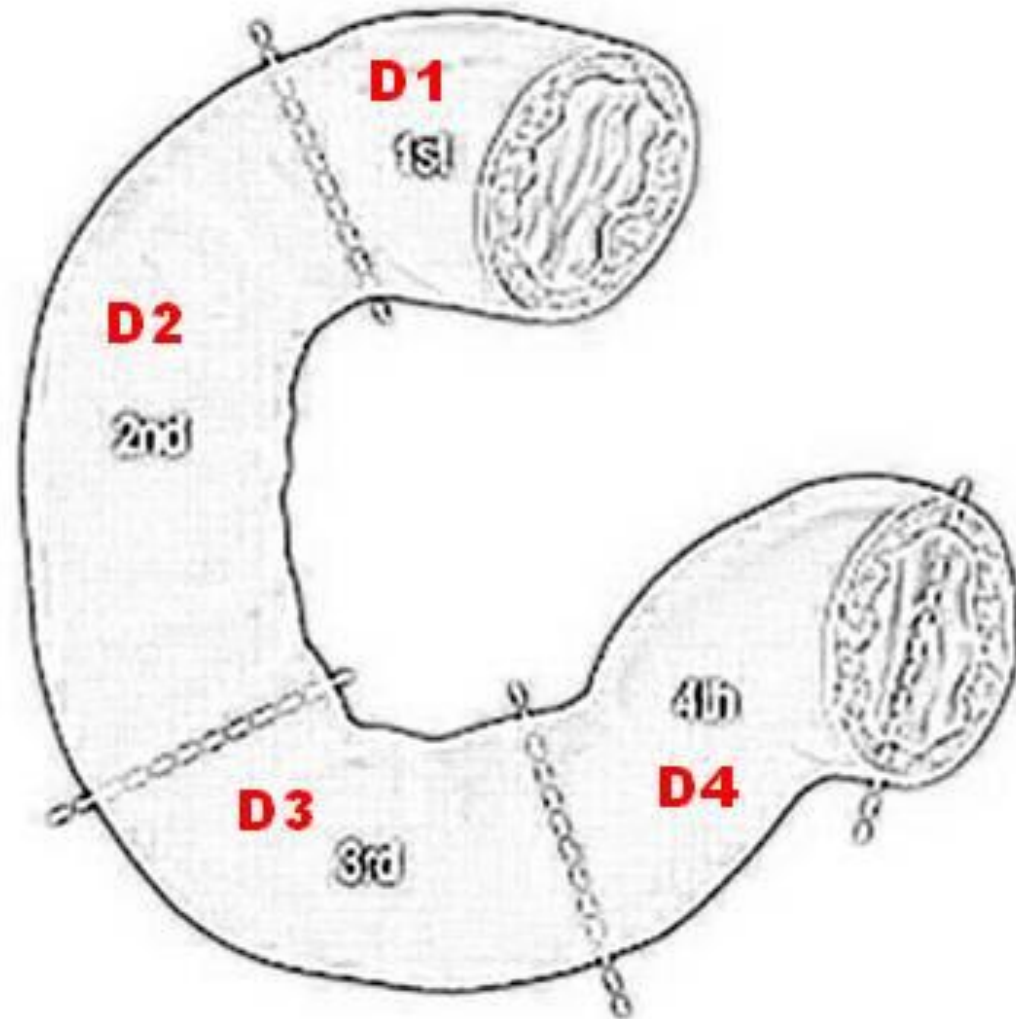


THE DUODENUM- OFTEN IGNORED SEGMENT OF THE SMALL BOWEL

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ANATOMY

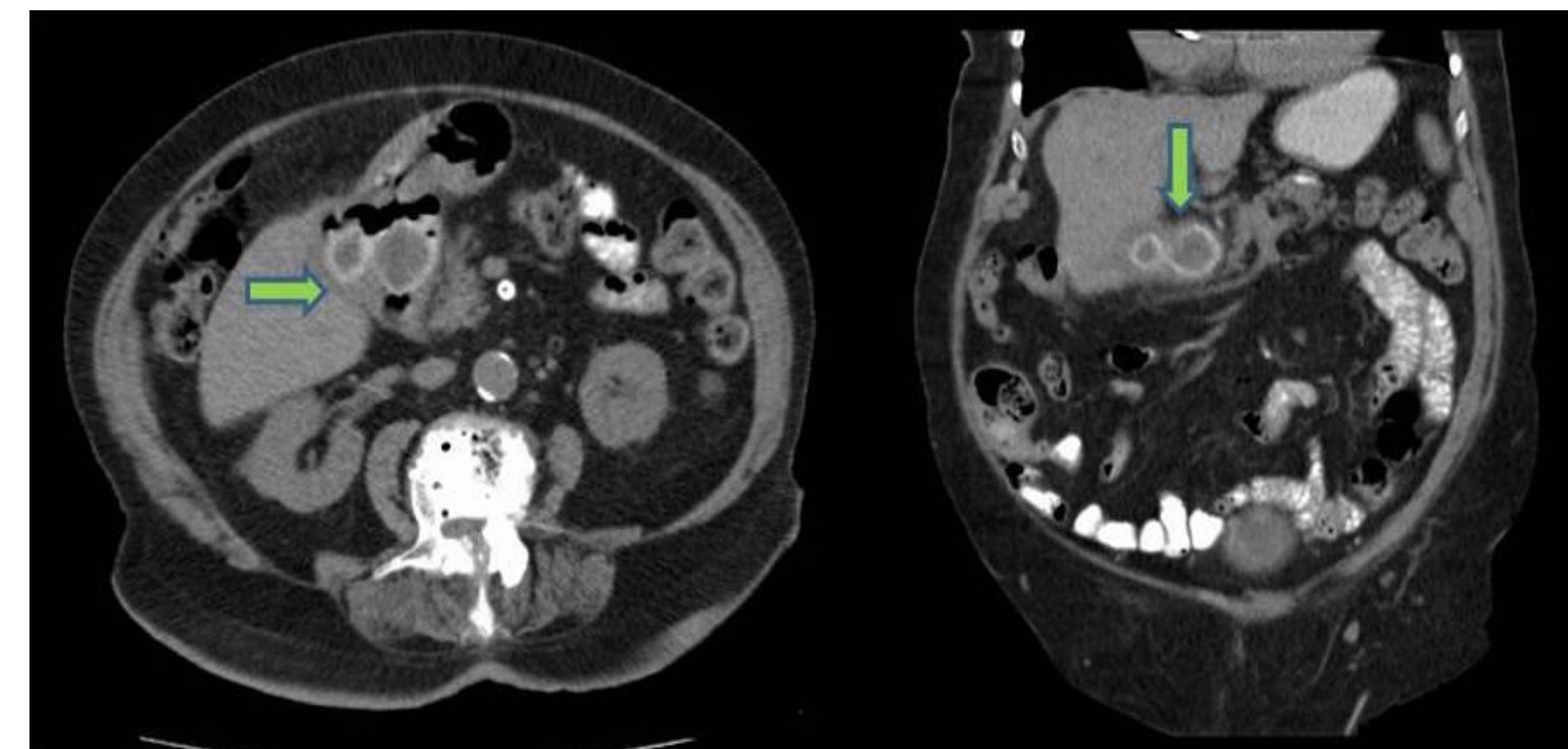
The duodenum is approximately 25- 30 cms long , is the widest part of the small bowel. It has no mesentery and partially covered by peritoneum. It is divided into four parts, each part being involved by different pathologies. The second part may be involved by pathology of the gall bladder and pancreas, common site for a duodenal diverticulum. The third part being more horizontal and retroperitoneal location, is a common site to be involved in trauma. Fourth part extend to the ligament of Treitz



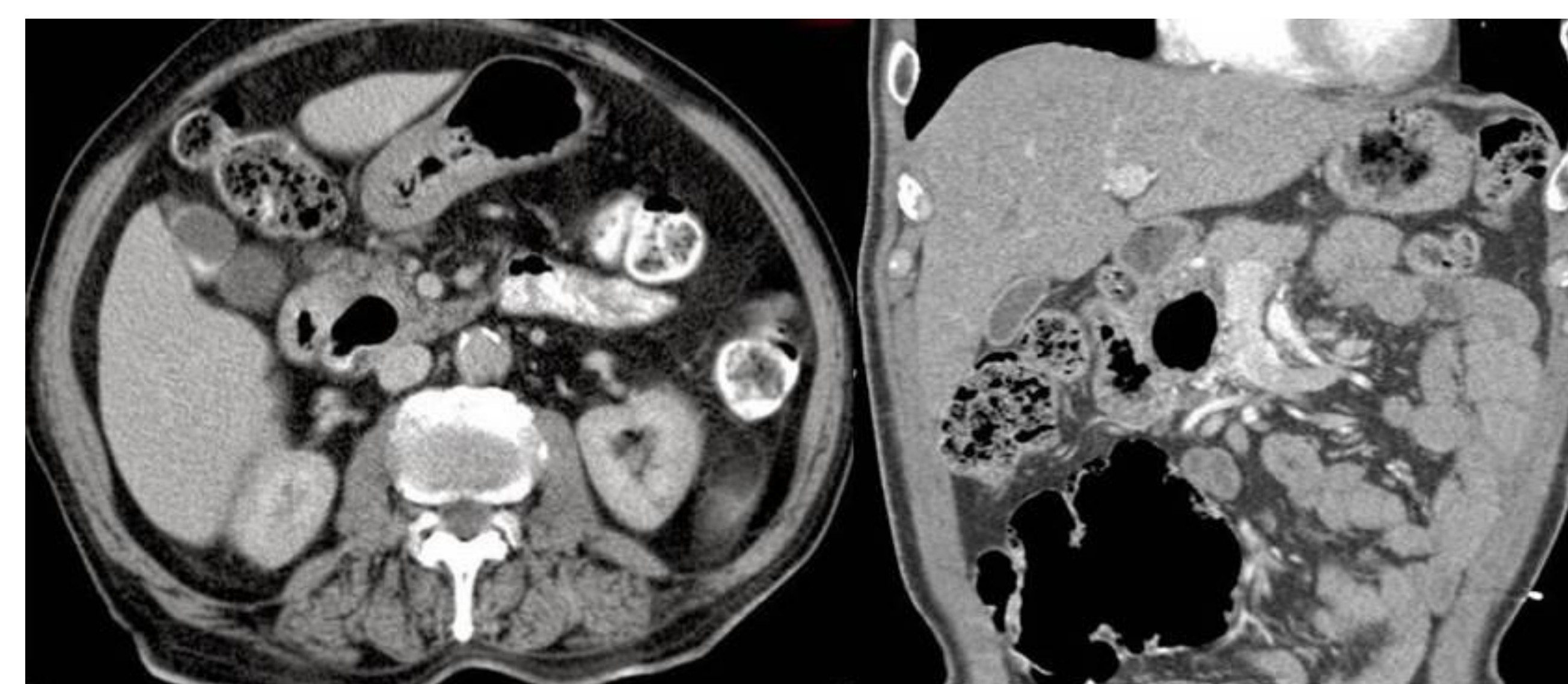
IMAGES



Duodenitis is more common than previously described; can be isolated or related to gastric, biliary or pancreatic causes



Bouveret's syndrome- 84-year-old woman known to have gallstones presented with right upper quadrant and epigastric pain. Calculi noted in the second part of duodenum and in the duodenal diverticulum

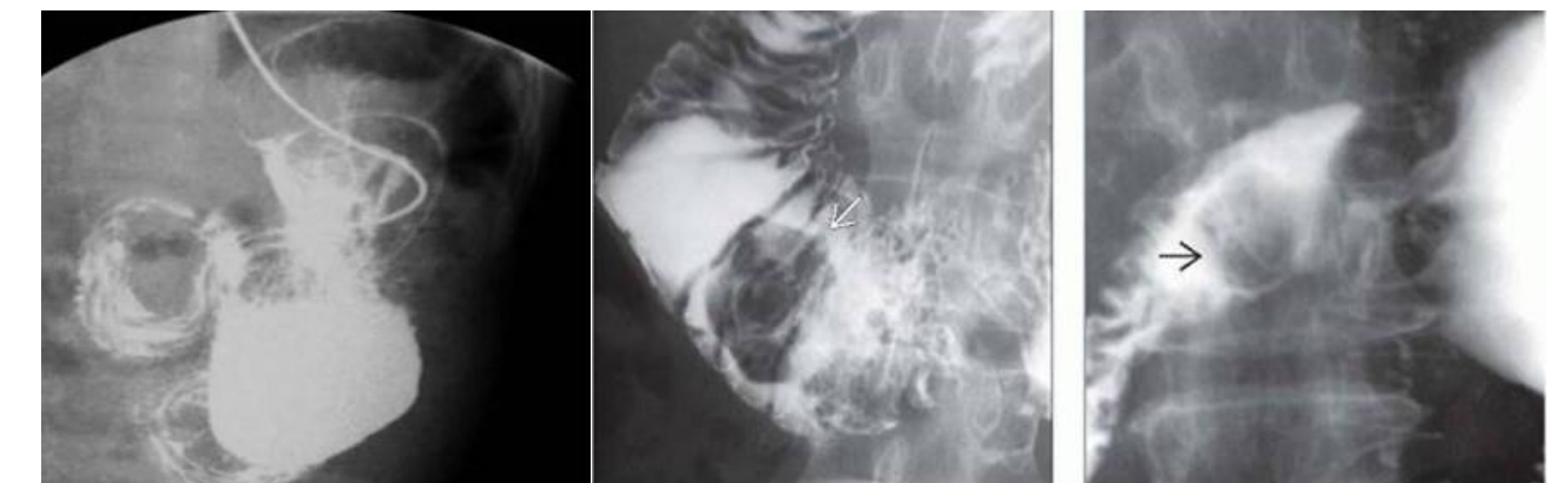


Duodenal diverticulae may be present in 20% of the population, usually seen along the medial margin in the second part; usually asymptomatic ; varying sizes, may lodge migrating gall stones

THE DUODENUM

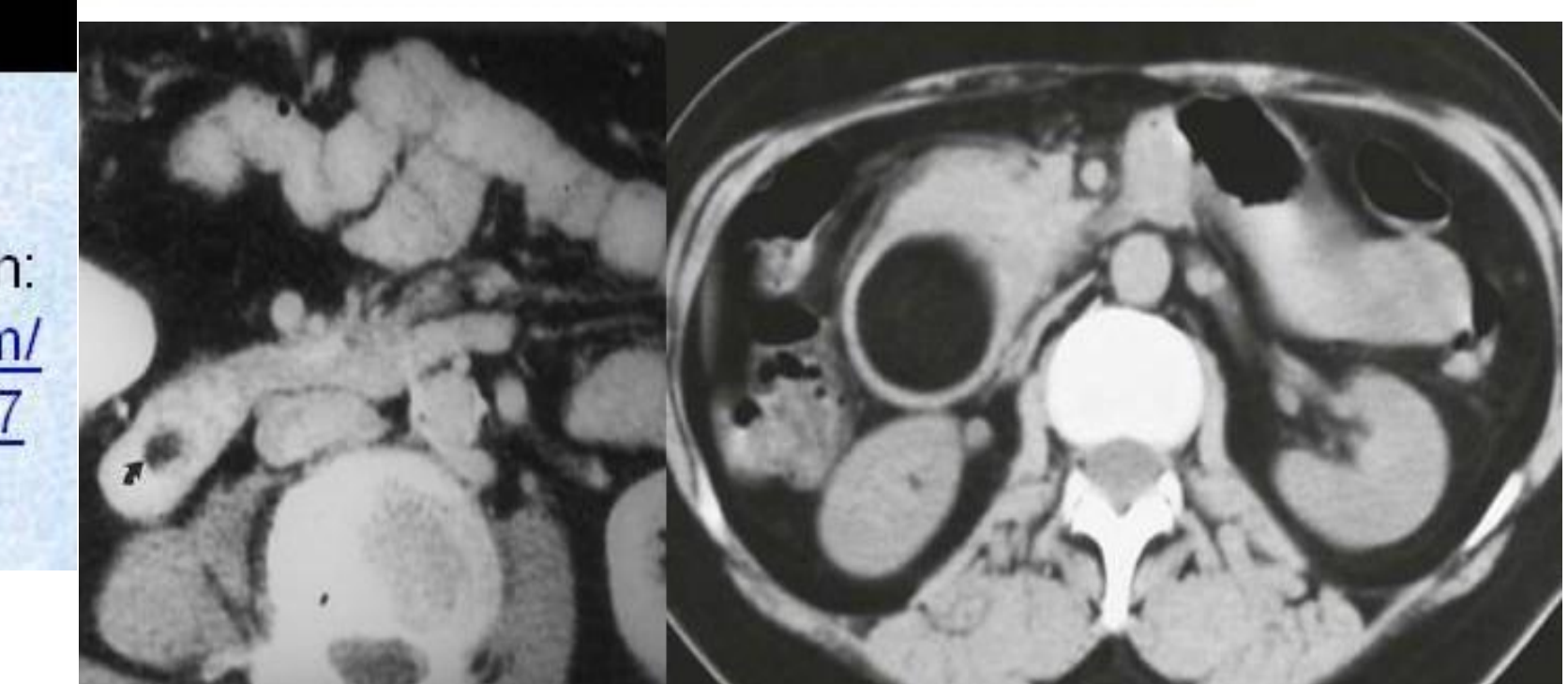
ABNORMALITIES OF THE DUODENUM

**Congenital { atresia, web, stenosis }
Ulcers,
Duodenitis,
Diverticulum,
Haematoma,
Varices,
Inflammatory bowel disease,
Benign and Malignant lesions**



Barium Study: duodenal polyps:
<https://radiologykey.com/duodenal-polyps>

Infestations like Ascaris are common often involving the biliary system {Image citation: <http://sajs.redbricklibrary.com/index.php/sajs/article/view/1723/404>}



ncidental duodenal lipoma: RadioGraphics,
https://pubs.rsna.org/doi/abs/10.1148/radiographics.21.suppl_1.g01oc01s147 & Radiology Key

AIM

The aim of this poster is to illustrate the abnormalities involving the duodenum- the often ignored segment of the intestine/small bowel

Despite being the shortest segment of the small intestine, duodenum can be involved in disease process including perforation, traumatic, inflammatory, infections, obstruction {from gall stones/ intussusception} pathologies with perforation of an ulcer being the commonest. Ulcers are common and perforation as a result of ulcers is not uncommon. Duodenitis from inflammation without ulceration can occur. Duodenal trauma can result from blunt injury, by crushing against the vertebral body, causing contusion or transaction. Crohn's disease and few other inflammatory diseases can involve the duodenum. Gallstone ileus by an ectopic calculus can cause gastric outlet obstruction {Bouveret syndrome}; complications of duodenal diverticulae can occur—impaction of food or calculi, inflammation or perforation.

CONCLUSION

The assessment of the duodenum can be often overlooked during interpretation of the abdominal CT examinations. Knowledge of the changes that can occur in the duodenum is important for increased diagnostic yield and better patient outcome.