

ENDOSCOPIC METHODS OF DIAGNOSIS AND TREATMENT OF ESOPHAGUS AND CARDIA

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Diagnosis and treatment of diseases of the esophagus and cardia remains a challenge due to a number of reasons: anatomical and topographical features of the location of the body, the complexity of the physiological processes that support the activities of the esophagus, the diversity and dynamism of pathological conditions and, together with the greater compensatory capabilities.

Clinical symptoms of diseases of the esophagus is diverse (pain, dyspepsia, dyskinesia of the gastrointestinal tract), and often is not specific only to the defeat of the esophagus. In this regard, a large number of proposed methods for diagnosis of diseases of the esophagus, and the accuracy of the information content of which is always reflected the overall level of development of medicine and scientific thought of the era. To date, quite clearly defined range of diagnostic tests to identify with high confidence the pathological processes occurring in diseases of the esophagus, and to determine the appropriate treatment policy. Many years of international experience shows the leading role of instrumental methods in their invasiveness and the growing desire for morphological diagnosis.

In this regard, endoscopic examination with the study of the morphological status of the mucous membrane of the esophagus, stomach or duodenum is currently the primary method of assessing both the initial state of the upper gastrointestinal tract, and control the dynamics of the results of treatment, the prognosis of the disease.

Fibroezhofagogstroduodenoskopiya has become the most reliable method that can confirm or refute the diagnosis of the pathology of the upper digestive tract. Modern endoscopic examination not only reveals the ulcerative defect, another pathology of the gut tube, but also provides control over its clinical course (scarring, healing, etc.), and histological examination of the material obtained biopsy, to evaluate changes in the

mucosa esophago- gastroduodenal digestive tract, effectively guarantees the accuracy of the diagnosis at the morphological and even morphofunctional levels. Constantly being developed and improved endoscopic techniques can not only diagnose the pathology, but also effectively little traumatic therapeutic manipulation in diseases of the esophagus and cardia.

A critical understanding of the capabilities of modern endoscopy and the gradual accumulation of experience with surgical endoscopists have allowed to identify those most important sections of the surgery of the gastrointestinal tract in which endoscopic surgery should be the crucial and important addition.

The creation of modern endoscopic techniques based on fiber optics, gave a powerful impetus to the development and introduction of diseases and ways to recognize local effects on the pathological substrate of the esophagus and cardia. Fast enough (30 years) of endoscopic techniques therapeutic manipulation on the esophagus and gastric cardia are widely used in clinical practice and to approve EV Lutsevich (1990): "... apparently, the time when each endoscopic examination, carried out in the gastrointestinal bleeding or any other pathology for diagnostic, therapeutic endoscopy must end." Modern endoscopy has a wide range of ways of endoscopic hemostasis, removal of tumors, foreign bodies, for the treatment of strictures and other manipulations of different physical nature, effectiveness, accessibility, safety, cost, etc.

Closely acquainted with modern publications on endoscopy of the esophagus and cardia, the specialist can pay attention to the still small statistics on the issues. However, we can draw a conclusion about the prospects of the proposed techniques of endoscopic manipulations that are technically simple, efficient, and ultimately significantly improve the results of treatment of patients with certain severe gastrointestinal diseases.

Outlined in this paper, the situation is constantly changing, constantly being improved as a diagnostic and therapeutic possibilities of endoscopy.