

223. X-RAY DIAGNOSTICS FOR ANTERIOR GASTRIC WALL LESIONS BY DOUBLE CONTRAST TECHNIQUE WITH ADEQUATE COMPRESSION

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Studies on simple and precise X-ray diagnostics for anterior gastric wall lesions.

Method: After ordinary double contrast technique with moderate amount of air is performed in supine position, pressure is applied with pressing cylinder.

The pressure within the ballon on the tip of the cylinder was controlled with blood pressure manometer.

Results: Compared with the pressures needed in pressure technique, those in double contrast technique were same in corpus but two thirds in angulus and antrum.

Although the pictures of anterior wall obtained by double contrast method alone in supine patients were indistinct except for lessor curvature, they would become as distinct as in resected specimen once the pressure was combined with this method.

Also this technique may occassionally revealed lesions on posterior wall clearly.

224. THE STUDY BY GASTRIC MASS SURVEY OF GASTRIC ULCER AND DUODENAL ULCER (PHOTOGRAPH OF 6 FILMS)

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Now we report 292 cases of open gastric ulcer and 96 cases of active duodenal ulcer, checked by gastric mass survey difinited by X-ray examination and endoscopy.

- 1) Duodenal ulcer was noted in young adults comparing from gastric ulcer.
- 2) Gastric ulcer without symptome showed 12.5%, duodenal ulcer without symptome was 7.4%.
- 3) Duodenal ulcer showed later healing comparing from gastric ulcer.
- 4) In the examination of the gastric juce by Histalog & Tetra-Gastrine, duodenal ulcer showed hyperacidity.

225. ANALYSIS OF GASTROCAMERA FINDINGS OF 1600 CASES (VII) RELATIONSHIP OF APPEARANCE OF SUBMUCOSAL VESSELS, GLUCOSE TOLERANCE TEST AND SERUM CHOLESTEROL LEVEL

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Subjects without apparent symptom of gastrointestinal tract who admitted to the hospital for evaluation of their health were surveyed to evaluate the endoscopic criteria for diagnosis of atrophic gastritis.

Age, chief complaint, laboratory tests and partly histopathological finding of 1600 cases were analyzed statistically by comparing finding of gastrocamera with various optical conditions.

Of those subjects, diabetic patients, patients with suspected diabetes mellitus and non-diabetic patients were selected on the basis of appearance of submucosal vessel.

Submucosal vessel were more often seen in non-diabetic patients than diabetic patients though in these two groups mucosal appearance showed a similar pattern on aging.

Those patients in whom submucosal vessel was seen included less frequently diabetic patients than those patients in whom no vessel of stomach was seen.

No particular difference of blood sugar levels (more than 5 mg/dl) on glucose tolerance tests was observed between patients with apparent transparency of vessel and those without the pattern.

No significant difference of serum cholesterol level (10 mg/dl) was found between those two groups, while the cholesterol level increased in middle-aged patient.

In summary, endoscopic criteria of atrophic gastritis was adapted to evaluate the change of gastric mucosa of diabetic patients and non-diabetic patients.

Diabetic patients showed lower incidence of transparency of submucosal vessel, patients with atrophic gastritis had no significant incidence of development of diabetes mellitus.

226. CLINICAL ASPECTS OF HEMORRHAGIC EROSION OF THE STOMACH.

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Hemorrhagic erosion of the stomach has long been known as a pathological entity, but its clinical significance was obscure since it was difficult to diagnose it clinically. Recently however, the wide spread of endoscopy has resulted in frequent discovery of this disease, the feature of which has gradually become disclosed. Six cases encountered in our clinics suggest the following.

- 1) In two cases, hemorrhagic erosion was diagnosed on the next day following the onset of acute severe epigastralgia. In three cases, incidental gastroscope examination 5 days, 6 days and 7 days respectively prior to the onset of symptoms was negative. It appears that hemorrhagic erosion probably occurs almost simultaneously with the onset of symptoms.
- 2) Alcohol injection, mental or physical fatigue seem to be the inducing factors.
- 3) Initially, it appears as black hemorrhagic spots in variable sizes and shapes frequently surrounded by red or whitish halo. Slight deformity of the wall may be seen. Soon, it turns into erosions covered by clean white exsudate. Then the erosions may disappear in several days, or in some instances, ulcer formation seems to follow. The antrum is the favorite site of this disease.
- 4) Acute hemorrhagic ulceration may be a severe form of this disease.
- 5) The above facts would indicate that hemorrhagic erosion are not infrequently responsible for acute epigastric discomfort.

227. GASTRITIS ASSOCIATED WITH EROSION IN THE PEPTIC ULCER

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Gastritis associated with erosion in the antrum has often been found in the peptic ulcer. Macroscopic observation was undertaken on the fresh specimen of the 200 stomachs resected