

REFERENCES

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ENDOSCOPIC VIEWS

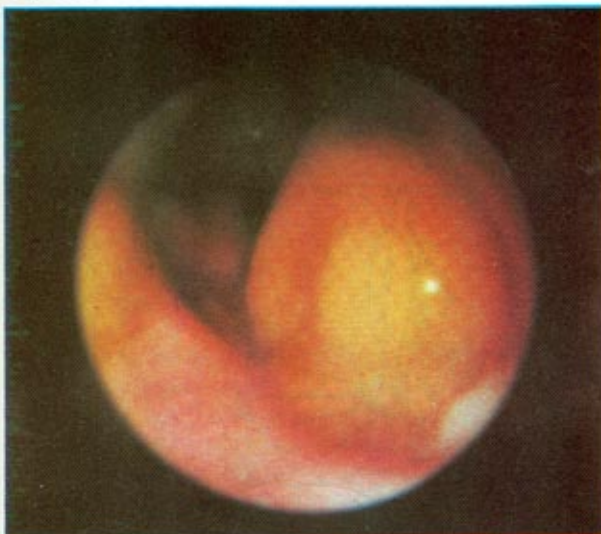


TABLE II SEX DISTRIBUTION

Males	11
Females	4
	15

BARIUM MEAL FINDINGS

1. Normal:

The barium meal was reported as normal in eight patients. All these patients had small tumours.

2. Antral Tumour :

The diagnosis of antral tumour was made in one patient. In this patient, a large duodenal polyp had prolapsed through the pylorus into the stomach.

3. Duodenal Ulcer :

In three patients deformity of the duodenal cap was attributed to duodenal ulcer.

4. Duodenal Bulb Tumour :

The possibility of duodenal bulb tumour was considered in three patients on the basis of smooth filling defects (Fig. 1).

FINDINGS ON UPPER GI ENDOSCOPY

The location of the tumours is shown in Figs. 2 and 3. Nine tumours were sessile and six polypoid. Biopsy revealed normal mucosa in 10 patients. One patient showed mild inflammatory change labelled as 'duodenitis' on biopsy. In four other patients, the biopsy material was reported as being insufficient for making a diagnosis.

MANAGEMENT:

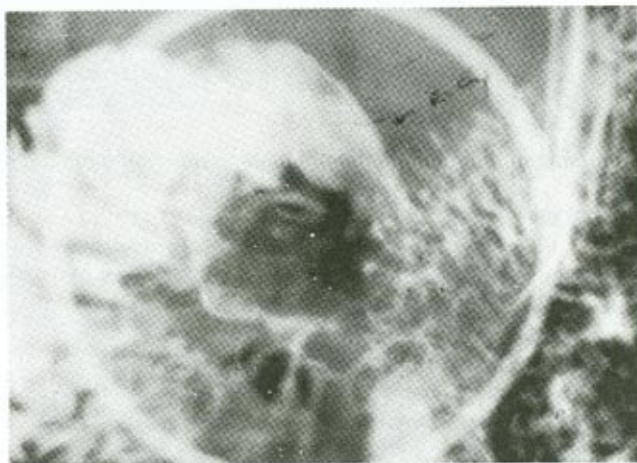
In view of the lack of histological evaluation and the possibility of complications such as obstruction and haemorrhage all patients were advised surgery. Only four patients eventually underwent surgical excision. Two of these patients turned out to have

adenomas and two had myomas. Of the 11 patients who did not agree to surgery, eight have been lost to followup while three have continued to have mild symptoms.

DISCUSSION :

In the present series endoscopy has been the only reliable diagnostic tool. Although a barium meal is reported as being useful¹, this was not our experience. Information from biopsy was unhelpful in this series because a thin channel endoscope with a small jaw biopsy forceps was used and insufficient tissue obtained. The clinical presentation of duodenal bulb tumours is vague and it is not possible to make a diagnosis on clinical grounds alone.²

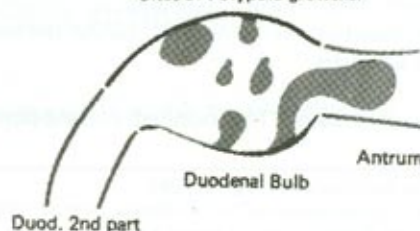
In the absence of a polypectomy snare, open excision of the tumours was advised in the present series as malignant change has been reported in duodenal bulb tumours³. Only four of fifteen patients accepted surgery.



ENDOSCOPY

Sessile Submucous growths	9
Polypoid lesions	6

Sites of Polypoid growths:



Tumors of the Duodenal Bulb: A Study of 15 Cases

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ABSTRACT :

Tumors of the duodenal bulb are rare. This paper describes the presentation and management of duodenal bulb tumors in 15 patients who constituted 0.82 percent of 1822 patients endoscoped for upper gastrointestinal symptoms between May 1976 and October 1981.

Key words: Duodenal polyps — Upper G.I. Endoscopy.

INTRODUCTION

With the exception of periampullary growths, duodenal tumours are uncommon. Tumours of the duodenal bulb produce few if any symptoms and are rarely diagnosed clinically. During the 5.5 year period May 1976 through October 1981, endoscopy was performed for upper gastrointestinal symptoms in 1822 patients. Fifteen patients (0.82%) were found to have tumours of the duodenal bulb. Their clinical presentation, barium meal and upper gastrointestinal endoscopy findings and management are described.

CLINICAL PRESENTATION

1. Dyspepsia. Twelve patients complained of fulness after meals, flatulence or indigestion. The duration of symptoms varied between 1 and 1.5 years.
2. Epigastric pain. This occurred in eight patients.

The pain was of vague description, did not radiate and was unrelated to meals.

3. Vomiting: This occurred especially after meals in 5 patients. One of these patients had an episode of haemetemesis.
4. Epigastric Tenderness. This was present in two patients.
5. Positive Faecal Occult Blood. Of 12 patients who were tested for faecal occult blood, four had positive tests.
6. Loss of weight occurred in one patient.
7. Anaemia was present in four patients.

The age and sex distribution of the patients are summarised in tables I & II.

TABLE I AGE DISTRIBUTION

Age in years	No. of Patients
30 - 39	2
40 - 49	8
50 - 59	3
60 - 69	2
	15

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