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Estenosis intestinal pdf

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Nutrition is absorbed from the intestine similar to the way in which the water is absorbed by a sponge. But some children are born with defects that prevent the intestines from the Å ç ä→Å Take all the nutrients that their growing needs of the body. This happens especially in the small intestine and very rarely in the large intestine. Definition of Å ç ä→Å Theal Å ç ä ç Å ç ä→Å Theal Theal Å ç ä ç Å ç ä→Å Theal Theal obstruction (the baby was born with it) of the internal space of the intestinal tube (intestinal lumen) and represents 95% of cases of obstruction. Instead of being an open and permeable tube, the intestine is closed or locked in one or more parts and what prevents the passage of food and feces from the body of the child. Some children are missing some segments of bowel between the two clamping points of the intestine tube. The severity of the condition depends on whether the child has a lock isolated or if it lacks a large portion of the intestine. fetal gastrointestinal Atresia can occur in any part of the digestive duct, esophagus year, however, it is believed that the most frequent site of obstruction is the duodenum and the lower part of Å Yeyuno and Leon (are known as zeyneileaal atresias) . It is one of the most frequent malformations in the small intestine and is the leading cause of intestinal obstruction in the notice. The atresia of the colon (large intestine) are very rare. Intestinal Å ç ä→Å EnosisÅ ç ä→, it is incomplete occlusion of any hollow viscera. The obstruction in the intestine is not total, but only allows the passage of small quantities of liquid and accounts for 5% of cases. The gut forms during pregnancy? Some aspects of embryonic development of the intestine are important to understand the atresias. During pregnancy, as the fetus grows in the Mother of the total, the various body systems are developed and matured. The intestine starts as a straight pipe that extends from the stomach to the rectum. During the fifth fetal week and the next, V'a a primitive bowel elongation, which extends into the arc toward the future navel. Initially, it is in the abdomen of the fetus, but also other visssars (liver, spleen, etc. and begin to grow, they do not have enough space, leaves the abdominal cavity and, temporarily, part of the intestine moves scroll All 'interior of the umbilical cord. In undertaking of gestation (approximately), when the bowel enlarged abdominal cavity exits from the umbilical cord and returns to the abdomen and is introduced giving two revolutions (270 Å °) and rotation ceases to be a straight pipe. This process is completed in 12 weeks. Even when the intestine, the last part of the digestive tract, is a continuous tube, receives different names in all its extension: the small intestine: in this curve 3 regions: the first part of Å duodenum that connects directly with the stomach, the second part and the longest, is the jejunum and the last part, which communicates with the large intestine or colon, is its function is to culminate digestion . Granty intestine: it is composed of 3 limited: the blind, the colon and rectum. Its function is that of materials to accumulate and expel waste. Small intestine measures about 4 meters and has morphological and functional caracerials that make it suitable for the process of digestion and absorption of nutrients. How much is the cause of fetal intestinal atresia or obstruction? Research indicates that intestinal atresia and stenosis in the fetus can be caused by insufficient blood circulation in the intestines during fetal development (blood irrigation breakdown will cause the tissue -necrosis- death by a segment of the intestine child Å © en. Among the main causes of vascular lesions (from blood vessels that spray the intestine) in the latest stages of pregnancy which can originate an intestinal agreement is mentioned: the advice or curvature of the intestine are invaginated: an intestinal Invagination produces when a portion The intestine is it introduces or sneaked inside the adjacent portion, as if it were the segment of a telescope. The intestinal handle is trapped in the sack of umbilical hernia on his return to abdominal cavity. Malrotation of the large intestine. The Malrotation occurs when the intestine does not turn as it should do during the return to abdominal cavity during pregnancy. The intestines are bent misplaced or parts of this end on the wrong side of the belly and this induces the growth of some groups called Ladd bands that set the intestine in that erroneous position and sometimes even block the intestine a volvulus a problem that can be a Comment after birth due to intestinal malrotation. The double intestines or twists causing a bowel block. This torsi can also cause blood flow interruption to the intestine, damage it. Defects in the formation of the abdominal wall, in this case, the Vissars are exposed: (gastroquisis, onfalocœe.) In newborns with an "onfalocœe, the intestines are covered only by a layer of thin fabric and can be easily observed) or forum Å, → Å °e Tosquisis (is a congenital defect in which the baby's intestines originate or leave out of the body through a defect on one side of the umbilical cord) Ileo Meconial.es intestinal occlusion produced by a thick and dense metconium, like a Following a drug content of the water content in the meconium and is considered complicated when it is accompanied by Volvum, Atresia and / or Peritonite Mechnel in the uterus. It is believed that mechanical cells is the most common cause of intrauterine intestinal perforation. II Treatment obliges the surgeon to cut the damaged intestinal section. Incidence and male women are affected in the same way. In some studies it has seen that more than half of the multiple Atresie are associated with low birth weight. In the city of Mexico, intestinal atresia is presented in one of the 5,000 live births (source: imper). Associated anomaly intestinal atresia can be associated with other congenital malformations: genetic, in particular a certain type of trisomy. Trisomy 21 is associated with duodenal atresia (30% of cases). Congroous diseases of renal heart, frequent in the atrises of the lower intestine. Prematurity, almost constant in complicated atrises. Defects of the abdominal wall and onfalocœe gastroquisis can also be associated with intestinal atresia. Chemical fibrosis, or Hirschsprung disease are hereditary suffers that can be associated with intestinal atresia that complicates the management of this. What is the part of the intestine, fetal intestinal atresias are presented? Methods, sometimes describe atresia site name or part of the intestine that is interested. It is so that intestinal atresia can be: Atresia pillaries is the rare of congenital intestinal atresia. Atresia duodenal when atresia is in the first part of the tenuous intestine, the duodenum. Heyuno Atresia (they are often called JejunoileAles). This is the central part of the small intestine. Atresia de Åf Leon, the last part of the small intestine and separated from the crassus from a spirale. Atresia coloa (when the interested party belongs to the whole). They are very rare. Atresia Pili 'Rica This type of atresia is presented in the pichor: the opening between the stomach and the first part of the tenuous intestine (duodenum). The block of pelor cause of an atresia Be caused by a membrane or, in rare cases, due to the lack of the PET that translates into an end of the stomach and the lack of communication between the stomach and the duodenum. One case occurs in a million live children's births. Duodenal atresia is believed that atresia duodenal is the result of a fault in the recanalization of the first portion of the tenuous intestine that takes place during a week 8 out of 10 of the gestation. There are three types of duodenal atresia: type I: Å, is a mucus network that obstructs the light of the intestine but the walls are normal. There is no defect in the mesenter and the intestine size is not interested. It is the most common. Type II: Å, a fibrous cable combines the two segments of the duodenum. Type III: A represents the complete separation of the duodenum in two parts. It is the rare. In type II and III Atresia, the proximal segment of the intestine "appears enormously dilated and contrasts with the small diameter mold that does not contain gas but only small quantities of mucus. This collapsed intestine usually measures no more than 4 to 6 mm. Diameter. In this part of intestines, it is where it flows, through å, → å ç → Å "MAMPOLLA de VURSA ç ä→, the bile of the HYD and the pancreatic pancreatic juice that are necessary to decompose the food and make it possible for the body It absorbs the nutrients they provide. When atresia is before Blister Vater, it's called SuprapravarÅ or InfraGrated (these are more frequent) when it is below it. Heyuno Atresia definition atresia Yeyunal is a congen defect; that is , It is present at the time of birth. When there is a fast task, this part of the small intestine has a closed part or completely has no parts. The Yeyuno and the UELON form the portion 2a and 3 Å ° of the child intestine. Go from the PE duodenum R enter the colon. Size about 5 Å ç ä→ "6 meters and in shape in the abdominal cavity is bent. Most bowel atresias are from Yeyuno or Instine), atresia rarely occurs in the great intestine (colon). Isolated atresia fast It has more prevalence in the twin and baby pregnancies of low weight at birth. Association to other suffering The atresia Yeyunal is characterized by presenting in premature babies and with low birth weight. Association with other anomalies such as cardiac or chromosomies are rare, however. In one in fon affected children, atresia is associated with gastrointestinal anomalies, the most frequent malrotation and the mechanical ileum that occurs in 20% of cases. It is important that the doctor discard the possibility of chemical fibrosis, through an analysis Gentitive since this disease can be the cause of Yeyunal Atresia. Types of Yeyuno and Ileon Atresia There are four types of arexia from Yeyuno and Uelon: Type I: å, in this type of Atresie, Mucosa and submucosa form a fabric network that forms a diaphragm that occluded lumens but the intestine is complete on both sides of the obstruction. There are no defects in the mesentere (the peritoneo-coated membrane, which sets the intestinal handles to the back wall of the abdomen. With mesentere, vessels and nerves that are intended for intestinal tips) and the length is normal. Å, TYPE II: A, Mesentere is intact, but the intestine is separated. The proximal segment ends in a blind lot and well opened; It is attached to the distal segment, also closed, through a fibrous cord. The length is normal. Type III. The IIIB IIIII is divided. Type IIIA Atresia. - It is similar to the type II in which the two parts of the end of the intestine in blind bags, but there is no fibrous cord that unites them and there is a hole between the two Å ç ä, → Å "PuntaSÅ ç ä→. The Mesentere has a defect in the form of And the length is very lower (short bowel syndrome) normal. Type IIIB Atresia: in addition to presenting a great defect in the mesentere, the intestine is much brief. This lesion receives the name of the tree or apple at Christmas Cassing due to the shape that the intestine takes when he opened around a single blood vessel. The distal segment receives its blood supply from a single artery because the greater mesental artery does not exist. Prematurity, the malrotation and the consequent Å ç ä→ Å "Store of the short intestine ç ä→ were associated with this malformation. It is believed that there is a genetic (hereditary) predisposition for IIIB Å atresia and is relative to high mortality although the surgery has currently been reached. Å, type IV: Å, is the least common and is characterized because there are many -III type atresies, which gives it a look like a sausage rope. The cause is unknown, but theories of the researchers speak of a placenta insufficiency, of a defect in the early stages of the formation of the intestinal tract of the Emryon or an inflammatory process in total. Å, Å, Å Leon atresia as we have already seen previously, the ublestone is the final section of the tenuous intestine in the digestive system and is separated from the crassus from the iliocecal vacuum. In the "Most of the food liquid is absorbed. The remains not absorbed in the digestive process have passed from the one for the thick intestine. The moves of content forward through lens muscle contractions or Å ç ä→ Å "intestinal peristalsisÅ ç - Part of the small intestine, of intestinal malformations, the atresia of UELON is the most frequent and association with another type of malformation or chromosomopathies is high. It can be unique or multiple and this will influence recovery and prognosis, even if I researchers have seen that the multiplicity is more frequent in the Yeyuno Atresia than in that of UELON. Symptoms Birthday gifts: the incapacity of the storm to evacuate its content in the peri Normal ode (gastric retention), relaxation or abdominal swelling and the lack of elimination of fecal and gas materials (in the birthday there may be residual depositions, followed by the total absence of its elimination). It can be accompanied by an increase in the intestinal movement and the abdomen is increasingly relaxed, the child does not evacuate and finally begins to vomit, the vomiting is of digested food and accompanied by bile. Complications One of the main complications during pregnancy in the atresia of Uneons is intestinal perforation. This is more frequent in this type of Atresie compared to fasting because fasting has the ability to dilate while that does not spread and tend to perforate. Very often prenatal diagnostic diagnostic diagnosis, the diagnosis of the atresia of the small intestine is carried out during the pregnancy by ultrasound or magnetic resonance when it is possible to execute it. When it was not possible to detect atresia in ultrasound, the doctor can suspect that your child has atresia from the small intestine when he observes that you have too much amniotic liquid (a condition called Polidramnios) which is usually developed during the third quarter. Normally, the child contains the amniotic liquid that crosses all the intestinal tract and after the child takes in the form of urine. Due to the intestinal block, the child cannot swallow and elaborate the liquid correctly and, consequently, the baby's stomach and the enlarged intestine (just before the obstruction and amniotic liquid accumulates in the Uterior. The polydramios is linked to any intestinal atresia, but it is often seen in cases where obstruction occurs close to the stomach (53% of cases of duodenal atresia and 25% of the Yeyuno Aresia). The diagnosis is not carried out before the 18th week of pregnancy and it is difficult to do until week 24. More, it is typical that the diagnosis is done during the third quarter, when it is easier to view the intestine in ultrasound. Premature delivery: The accumulation of the amniotic fluid can be very rare for the mother and also increases the risk of premature birth related to the capacity and size of the Uterior. NiÅ ± OS with intestinal atresia are characterized by prematurity and low weight at birth. Due to the high incidence of the association of intestinal atrises with birth defects, the gynecologist I advise you to go with a geneticist to make you a complete prenatal assessment that includes a study called amniocentesi (amniotic liquid study to detect if there is chromosomal Anomalies). It is also important that it is consulted with a pediatric gastroenterologist surgeon who helps you understand the details of this diagnosis, to study the best birth options and that will answer your questions about surgery and how to take care of you Your child after birth. Postnatal diagnosis methods can also diagnose an intestinal atresia, making the child an ultrasound or radiograph after birth. Babyels with an intestinal degrees continuous vomiting that is a sign that something does not go, have the abdomen expanded, do not defecate and almost non-urine. It is possible that the doctor needs further studies to clearly identify and confirm the diagnosis of atresia and detect if there are related birth defects, among which we can mention: Contrast study at the bottom of the gastrointestinal tract to identify the exact area of the block. X-ray child of the abdomen. EcoCardiogram to examine your child's heart and determine if there are congenital heart defects. The differential diagnosis is important that the surgeon confirmation if the obstruction is due to an intestinal atresia or if it is a functional obstructive framework caused by: necrotizing enterocolitis (it is an inflammation that causes the destruction of variable quantities of intestine the cause is unknown, even if. It is known factors influence as infections and immaturity of intestinal blood flow), or Hirschsprung's disease (it is a coarse intestine obstruction) the nerves are absent from the intestine and the Kingers areas of said nerves cannot push the digestive material, causing a block. It is equally important that making a complete assessment to the child so you can exclude some other anomaly that can be present. About 50% of children suffering from some kind of intestinal atresia, they have some other form of anomaly: congenital heart disease, anorectals or urinary-urinary. Down syndrome or esophagus atresia. Treatment of intestinal atresia Prenatal treatment at present, there is no choice of the prenatal treatment of intestinal atresia. The attentive monitoring of pregnancy is essential to offer specialized attention capable of improving the child's prognosis. The child treatment does not start, but until birth. Surgery is the treatment of intestinal atresias and without it, Atresia is a deadly condition since the child cannot receive to eat to survive. Birth of children with intestinal atresia due to the risk that exists of Premature birth before the presence of polydramnios and the need for the child of immediate surgery, those stammered that were diagnosed with intestinal atresia during pregnancy should be born in a hospital in which there is the possibility of a pediatric surgeon gastroenterologist With experience in intestinal atresia surgery. If possible, it is recommended to avoid the transfer of these children to another hospital from the existing association between physiological changes due to stress and loss of liquids in a child with intestinal atresia. What happens at the time of delivery? In most cases, the child with atresia was born without immediate problems. Immediately, it will be transferred to the neonatal intensive care unit (UCIN) where neonatologists (medical specialized in high-risk beverages), carefully examine the child and immediately start treatment. In most cases, and your family will have the opportunity to see and embrace the child. Stabilization The first and most important step is the stabilization of the child. Taking into account that a child with this problem has a stomach full of gas, the neonatologist will introduce a probe for the child with his mouth (the newborn naturally breathes from the nose) to decompress (take effect gases) has a stomach and vomiting stop. A serum will be placed on the artery and umbilical vein that will allow the doctor to correct dehydration and anomalies with electrolytes that generally occur due to vomiting and breastfeeding through the vein (parenteral power). Oral feeding is suspended and image studies will be followed to confirm the nature and exact position of the intestine defect. The newborn baby loses warmth more quickly and has more metabolic needs so that the neonatologist will be careful to keep their requests satisfied and the child warm and oxygenated all the time including the moment of transport by operating room and again to intensive therapy. Some blood studies are also made that they are needed to prepare the child for surgery. Quri angry repair of intestinal atresia The surgical repair is usually done in the first days of life immediately after the child has stabilized. The child's pediatric and neonatal surgeon gastroenterologist will determine the specific treatment on the basis: the extent of the problem the position of obstruction of the child's age, his health in general and his medical history and the opinion and the preference of parents . If there is some other associated problem, the doctor will be treated as an adequate. During the operation, the surgeon will make a wound in the abdomen to examine the stomach and the intestine up to identify the section in which the intestinal obstruction is located. They will open the blocked part and connect it to the area immediately after obstruction. This is called Å ç ä→ Å "resecated and anastomosisÅ ç ä→. The surgeon scrupulously removed what is necessary by the intestine, however, sometimes when correcting the injury, the child is left with a non-enough quantity of intestine that does not allow to absorb food your body needs. This condition receives the name of Å ç ä→ Å "SDROME of the short intestine ç ä→. Recovery after surgery after surgery, the child will be reported to the intensive care ward for recovery. Nutrition will continue to administer through the vein until the child is ready to be powered by oral. This means that it will remain hospitalized several weeks until the intestinal wound is marked without problems, the intestine movement has been normalized and the child accepts the power supply and increasing. The wound Medications cover and administriarÅfÅjn through vein Å © s. How to stabilize, PodrÅfÅjs charge and hold it with the help of the nurse. The power supply through © s of the probe will arise once it reaches certain objectives: Å, Å - Å, Å, Å, drainage of the probe will be minimal and light colored. Å, Å - Å, Å, Å, Å, Å © the child begins to defecate. Colostomy in some cases, the surgeon believes that the repaired intestines needs more time to heal and then, during surgery creates an opening (stoma) in the abdominal wall to which the intestines the surface. Is, this will be the place where I temporarily stitched the child © is ExpulsarÅfÅjn (instead of the anus) in a colostomy bag. In this case, it will be necessary to carry out a second surgery to reconnect the intestine. When does it take home Å © and how will it be cured? The child Å © will come out of the hospital where it can make enough food to actually be © nourishment and is gaining weight. This operation may take several weeks. The main factor that affects the child's recovery time Å © is the quantity of intestine it was possible to leave and if it does not show any other post-operative complication. Once you arrive å ç

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