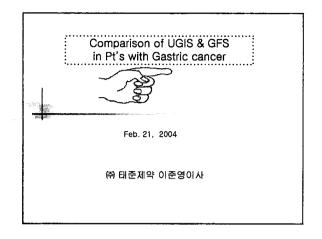
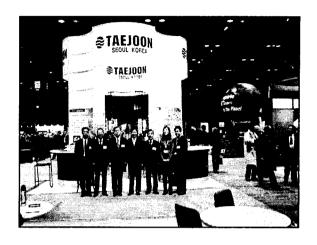
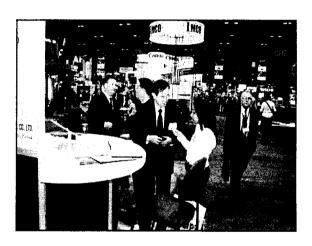
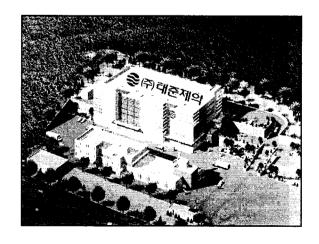
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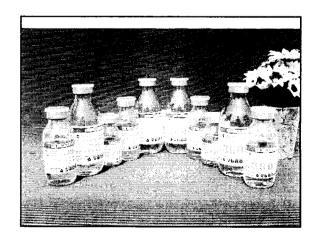


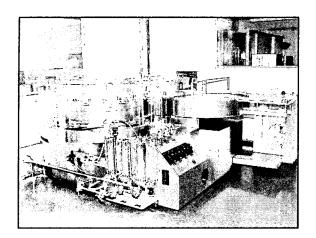


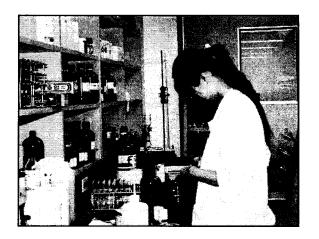


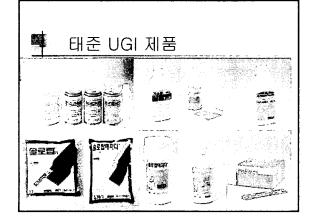














Non-toxic

Requirements of Barium Products

No sedimentation

Mix easily with all digestive products

Adhere readily

High barium content

Homogenous structure



Current Status of UGI in Examining the Stomach

Decreased number of examinations: Increased use of US, CT, & MR Popularity of endoscopy Decreasing skills & poor accuracy Highly accurate & safe diagnostic tool



Endoscopic Examination

Biopsy and therapeutic procedures Pt's discomfort

Difficulty in gastric wall evaluation Can not pass the narrowed segment and 3rd portion of duodenum A risk in pt's with severe COPD



Requirement for Optimum UGI

Concentration of CM Amount of CM Techniques



Examination Techniques of UGI

Basic: Erect compression

Mucosal relief Prone compression Double contrast

Others: Pad application

Flow technique Barium pool



Flexible Examination

Step by step drinking of CM

- Anterior wall lesion
- Suspicious but not definite lesion

Immediate drinking of sufficient CM

- ~ Posterior wall lesion
- A large mass
- A large amount of gastric secretion
- Distorted anatomic orientation

Control the amount of effervescent agent



Compression Study

Most important
Soft touch with light "in & out"
Compress tangentially: need pt's help

No skipped regions

Table head tilting when difficult in erect position



Mucosal Relief Study

When compression in insufficient
To determine the lesion location
Do not use this technique for lesions
in the body or fundus



Pad Compression

Useful for examiners who are not skillful for compression technique Very useful for detection small lesions Be cautious not to compress too much

Adjust patients respiration & arms & table position



Double Contrast Technique

Accurate for detecting small lesion Useful for examining the proximal third of the stomach

A simple DC without single contrast exam. Is no more accurate than the single contrast exam.



Flow Technique

- One of Dr Laufer's favorates
- Very useful for detecting subtle lesions in body
- Necessary for nice depiction of lesions



Barium pool

Useful for excellent mucosal coating Useful for determing the extent and boundary of the mass or lesion



Comparison of UGIS & GFS in Pt's with Gastric Cancer

-Ha et al, 2000 RSNA presentation

- 261 gastric cancers in 250 pts: double in 9 pts and triple in 1
- EGC 141 and AGC 120
- Maximum diameter & range of lesion size:
 EGC-3.1 cm (0.5~8.5cm)
 AGC-5.4 cm (1.5~12.5cm)



UGIS vs GFS for Detecting Gastric Cancer

-Ha et al, 2000 RSNA presentation

Overall: UGIS - 249/261(96%)

GFS - 258/261(99%)

AGC:

UGIS - 119/120(99%)

GFS - 118120(98%)

EGC:

UGIS - 130/141(92%)

GFS - 140/141(99%)



Conclusion

UGIS is one of the highly recommendable & safe screening tests in gastric mass survey