

## ENDOSCOPIC CHANGES IN THE GASTRIC STUMP MUCOSA AFTER SURGICAL TREATMENT FOR ULCER DISEASE

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Surgical treatment is today restricted mostly to the patients with ulcer disease complications or the small portion of patients with ulcers refractory to conventional therapy. Gastric 'two-thirds' resection is one of the surgical interventions in surgical treatment of ulcer disease. Our prospective study involved 67 patients with two-thirds gastric resection and reconstruction by Billroth I or Billroth II method. In all the examinees, proximal endoscopy was performed. During the endoscopy, esophagus, gastric stump, anastomosis and afferent limbs were observed. There were more males in the group of patients with Billroth I resection ( $\chi^2 = 1.90$ ;  $p = 0.1676$ ). The average age of all the examinees was  $64.27 \pm 10.07$  years. In 39 patients (58.21%), the resection was performed for gastric ulcer or its complications, and in 28 patients (41.79%) for ulcer at the duodenal bulb or its complications ( $\chi^2 = 8.75$ ;  $p = 0.0678$ ). In patients with ulcer of the stomach, Billroth II resection was statistically significantly ( $p < 0.05$ ) more commonly performed. The average time from resection to endoscopy was slightly longer in those with Billroth I resection ( $p$  value being close to the 0.05 significance cut-off value). Duodenogastric reflux was more commonly encountered in patients with Billroth II gastric resection. Ulceration in the gastric stump was present in 7 (10.44%) examinees. Carcinoma was found in 2 patients (2.98%) in gastric stump, and in 3 patients (4.95%) at the anastomosis site. Although in our clinical practice it is increasingly rare to encounter the patients with resected stomach, we should not overlook the possibility of damage to the remnant of the stomach.

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