7.1 Gastrointestinal disease

7.1.1 THE OESOPHAGUS

Two common oesophageal disorders have important nutritional implications.

(a) Peptic oesophagitis

This follows gastro-oesophageal reflux due to a defective oesophageal sphincter. The oesophageal mucosa is damaged by gastric secretions and bile acids. The inflamed mucosa may lead to blood loss and ultimately to a fibrotic stricture.

(b) Oesophageal carcinoma

Carcinoma arising in the oesophageal mucosa will also narrow the lumen and bleed.

Both diseases frequently cause dysphagia initially for solid foods and are thereafter accompanied by anaemia. Dysphagia tends to progress more rapidly in patients with oesophageal carcinoma who are more likely to be anorectic and malnourished.

Traditionally patients with dysphagia are given a soft or liquid diet. The latter may consist of a conventional pulverized hospital diet.
which is visually unattractive. When a patient is unable to swallow ordinary food the restoration and maintenance of nutritional status, pending treatment of the cause of dysphagia, may best be achieved by the use of the polymeric liquid diets discussed in Chapter 5. Limitation of nutrient intake by anorexia or altered taste sensation can often be overcome by the passage of a fine bore naso-gastric feeding tube through the stenosis for naso-gastric feeding by continuous infusion thereby relieving the patient of the responsibility of eating. Under these circumstances an X-ray is essential to confirm the enterogastric position of the catheter before feeding is commenced. Parenteral nutrition which is more expensive and hazardous is less commonly needed in these patients.

7.1.2 GASTRIC AND DUODENAL DISEASE

(a) Peptic ulcer disease

Iron deficiency is quite common due to chronic blood loss, and additional iron supplements may be needed. Occasionally malnutrition accompanies the anorexia which occurs in gastric ulcer disease or vomiting caused by ulcers in the region of the pylorus. The latter leads to fluid and electrolyte imbalance which is more important than any nutritional deficit. Nutritional status is usually restored after definitive treatment of the ulcer, but very rarely parenteral nutrition may be required to facilitate the surgical treatment of malnourished patients with pyloric stenosis. Contrary to historical teaching and popular belief there is no role for ulcer diets: these are without benefit in terms of ulcer healing or symptom relief.

(b) Atrophic gastritis

Atrophic gastritis is a form of auto-immune disease which is characterized by mucosal atrophy and lymphocytic infiltration. Some patients have associated disorders such as vitiligo, thyroid disease, and adrenal insufficiency. There is a higher incidence of gastric cancer in patients with this condition. From a nutritional standpoint there are three implications:

- The loss of secretion of intrinsic factor leads to malabsorption of Vitamin B12. Because of large hepatic stores patients do not