

MALLORY-WEISS SYNDROME

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Mallory-Weiss syndrome is characterized by longitudinal mucosal lacerations (intramural dissections) in the distal esophagus and proximal stomach, which are usually associated with forceful retching. The lacerations often lead to bleeding from submucosal arteries. Since the initial description in 1929 by Mallory and Weiss in 15 alcoholic subjects, gastroesophageal tears have been a recognized cause of upper gastrointestinal hemorrhage. The prevalence of such tears among patients presenting with upper gastrointestinal bleeding is approximately 5 percent. Rarely, perforation can occur with repeated, protracted vomiting. How frequently a Mallory-Weiss tear occurs without bleeding cannot be determined with any certainty. It is highly likely that the condition occurs in a less severe form more frequently than is recognized.

Methods. Incidence of Mallory-Weiss tears among 346 patients presenting with upper gastrointestinal bleeding, which received treatment in surgical department during 2011 year has been reported at 5,2% percent (18 of 346 patients). A Mallory-Weiss tear was found in 13 patients (3,8% percent) with active bleeding and 5 (1,5%) were asymptomatic tears incidentally diagnosed during endoscopy. Average age of patients was 44,2 year. Men - 9, women - only 3.

Results: The pathogenesis of this syndrome is not completely understood. Mallory-Weiss tears are usually secondary to a sudden increase in intraabdominal pressure. Precipitating factors include vomiting, straining at stool or lifting, coughing, epileptic convulsions, hiccups under anesthesia, closed-chest massage, blunt abdominal injury. Predisposing conditions to Mallory-Weiss tears include hiatal hernia, chronic alcoholism, and perhaps increasing age.

Hiatal hernia — Hiatal hernia has been found in 3 (16,6%) cases of patients with Mallory-Weiss tears and has been considered by some to be a necessary predisposing factor. It has been proposed that, in hiatus hernia, a higher pressure gradient develops in the hernia compared with that in the rest of the stomach during retching, thereby increasing the potential for mucosal laceration. Gastroesophageal tears may also be more likely to occur when the upper esophageal sphincter does not relax during vomiting. A history of heavy alcohol use leading to vomiting has been noted in 9 (50%) cases of patients with Mallory-Weiss syndrome. In 6 (33,4%) cases Mallory-Weiss tears are associated with portal hypertension and esophageal varices. Occasionally, patients give a history of ingestion of aspirin or nonsteroidal antiinflammatory drug. All patients received conservative treatment, which was effective, excluding on women, who needed surgical treatment.

Conclusions: The occurrence of this disease is most frequently developed in men.

Most frequently, reason of tears of mucous is connected with alcohol. Conservative treatment is effective in 90% of cases.