

Sabo, SY 1999

OBJECTIVE: To characterise the pattern and pathology of obstructing duodenal ulcers in Zaria, Nigeria in the last seventeen years. **DESIGN:** A retrospective study. **SETTING:** Department of Surgery, Ahmadu Bello University Teaching Hospital, Zaria, Nigeria. **PATIENTS:** Fifty eight patients who had surgery for obstructing duodenal ulcer. **RESULTS:** The mean age was 36.6 years and male/female was ratio 3.6:1. The frequency of obstruction has been on an increase, reaching a peak in 1995 and has remained high. This period coincided with a fall in the frequency of perforation. Obstruction was due to cicatrisation in 48%, cicatrisation and adhesions in 28%, adhesions alone in 16% and inflammatory oedema in eight per cent. Three patients with adhesion had evidence of sealed or treated perforation. Seventy one per cent of the adhesions occurred during the period of rapid rise in the frequency of obstruction. Truncal vagotomy and drainage was performed after three to five days of nasogastric drainage of the stomach. Post-operative gastric atony occurred in one patient and mortality was 1.7%. There was one short term recurrence. **CONCLUSION:** Gastric outlet obstruction is now the commonest indication for duodenal ulcer surgery in this population. Obstruction need not be due to cicatrisation alone. Peripyloric adhesion, perhaps from previous perforation is often the cause of obstruction. Prolonged gastric drainage before and after surgery is not necessary. Truncal vagotomy and drainage is an effective treatment