CONCLUSION
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The present work "A Radiological evaluation of the conventional barium meal follow through examination and double contrast barium enema of small intestine in intestinal tuberculosis" has been carried out in 50 cases at A.I.E.M. Medical College and Hospital, Jhansi in the department of radiology.

The following conclusion has been drawn.

1- Because of length and mobility of small intestine, the routine follow through examination is time consuming and at times, proves to be unsatisfactory.

2- Functional states of individual coils may simulate organic conditions, furthermore, mural and luminal lesions are often missed either as a result of superimposition or non-specificity by chance of affected portions.

3- Incidence of false positive and false negative cases is very high with conventional method.
4. Double contrast small bowel enema is a modern diagnostic procedure to evaluate intestinal pathology.

5. The technique definitely possesses certain diagnostic advantages over the routine follow through examination.

6. Its advantage is that the whole of the small intestine can be thoroughly examined at one session relatively quickly with little, if any, increase in amount of radiation, thus cutting down the total investigation time considerably.

7. The chances of missing a lesion are greatly minimised and the lines of demarcation between normal and abnormal bowel are exaggerated because of mild distension involved.

8. The incidence of false negative and false positive results is greatly reduced with the technique.

9. Creameber suspension was found to be good enough to line the mucosal lining of small bowel.

10. Metoclopramide was found to be a good agent to enhance peristaltic activity and brought quick relaxation of pyloric sphincter, thus abolishing its controlling property of gastric emptying.
11. The air, used as contrast medium, brought about definite diagnostic radiological features of small bowel lesions, revealing the finer details of the same, thus highlighting the local pathological conditions.

12. The radiological findings obtained by double contrast small bowel enema were found to be in close approximation to the results obtained by surgical exploration and histopathological reports.

13. The need for duodenal intubation remains the major disadvantage of the small bowel enema.

14. Overlapping of small bowel loops has occasionally been a problem, particularly when loops are located deep in pelvis where compression is not possible, but the conventional method also does not offer any solution or improvement.

15. The reflux of barium into stomach from duodenum occasionally occurred causing nausea and vomiting. But this side effect can be removed by doing proper intubation.
In the last but not the least, it is concluded that the double contrast small bowel enema is definitely superior, more informative and accurate diagnostic procedure to the conventional barium meal follow through examination in many aspects. As the regulatory effect of pylorus is bypassed, the intermittent and irregular filling with conventional technique is replaced with uniformly filled small bowel thus minimizing the chances to miss any segment of bowel unobserved, improving the diagnostic quality of the technique and cutting down the total investigation time considerably. The method is simple, reliable and safe and should be used where routine study is proved to be inconclusive.