

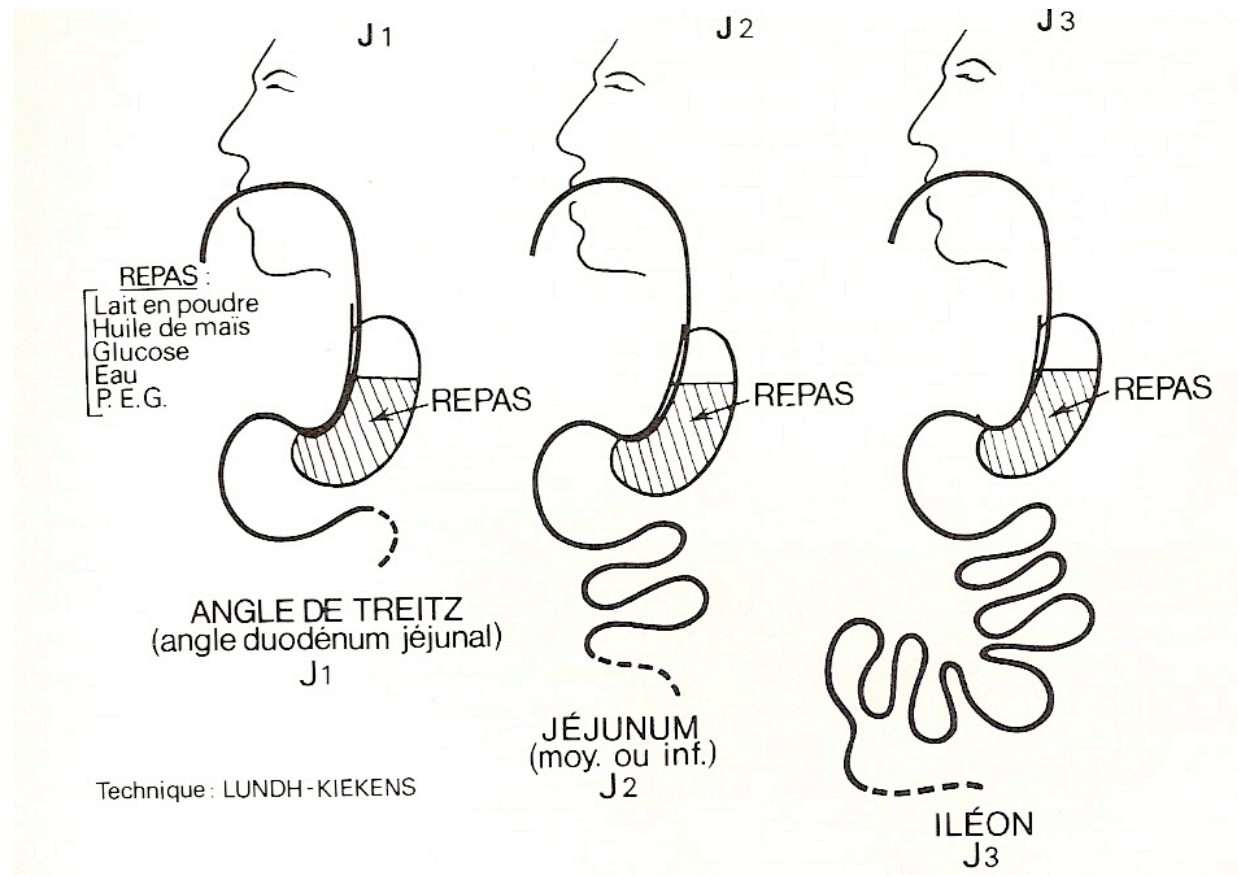
Physiologie et la physiopathologie de l'absorption intestinale

Une introduction en images

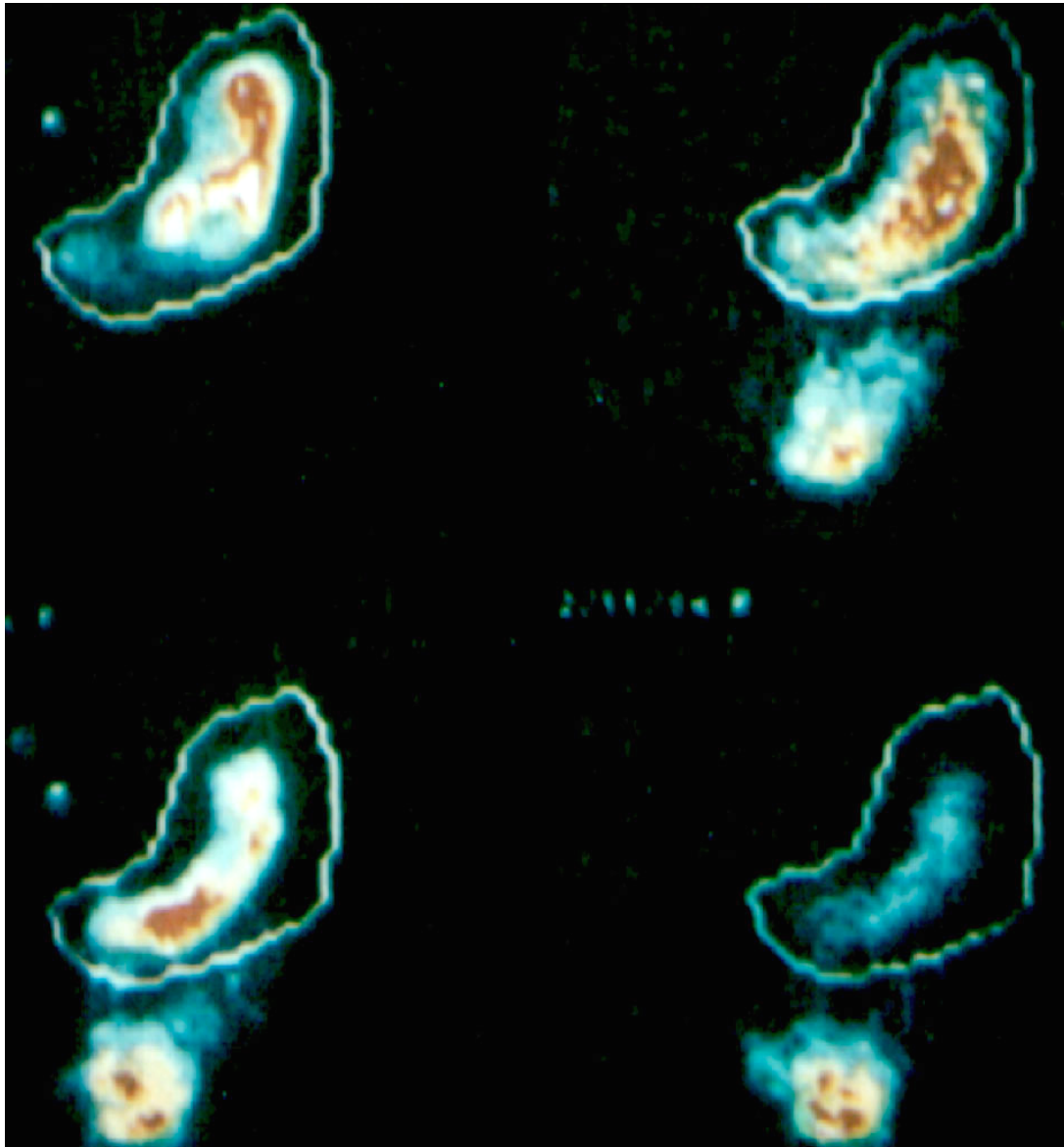
R JIAN

Hôpital Européen Georges Pompidou
Paris

La perfusion intestinale

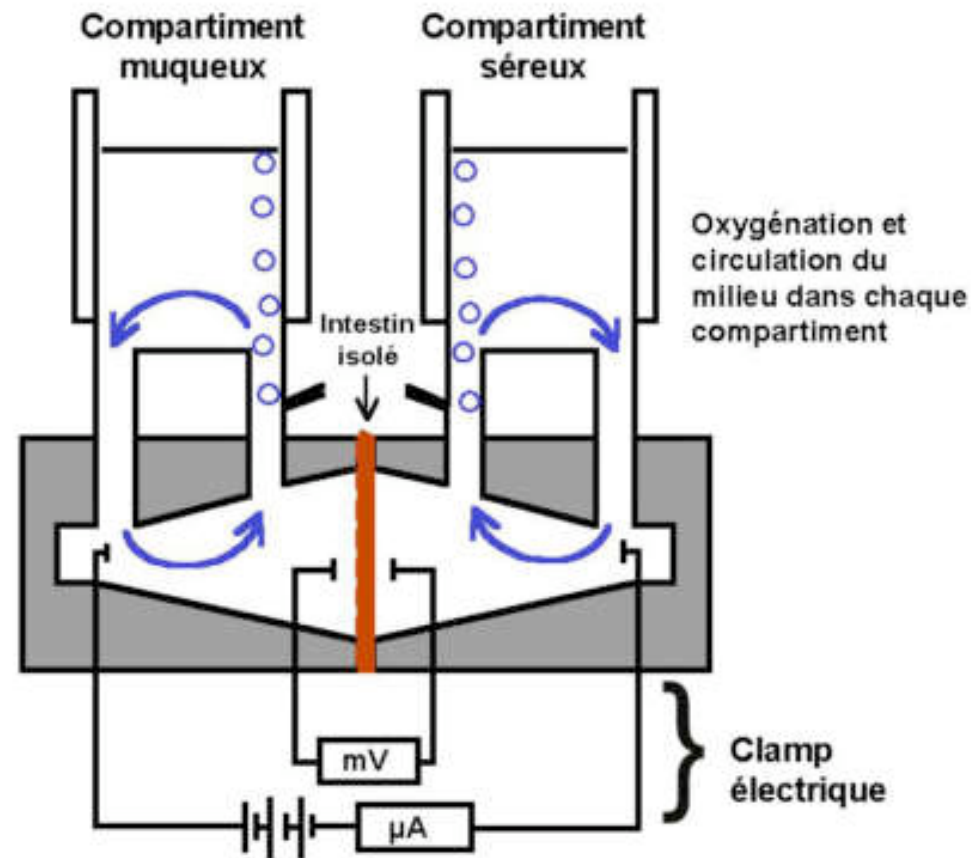


$$Q_{[peg]} = D \times C_{[peg]}$$

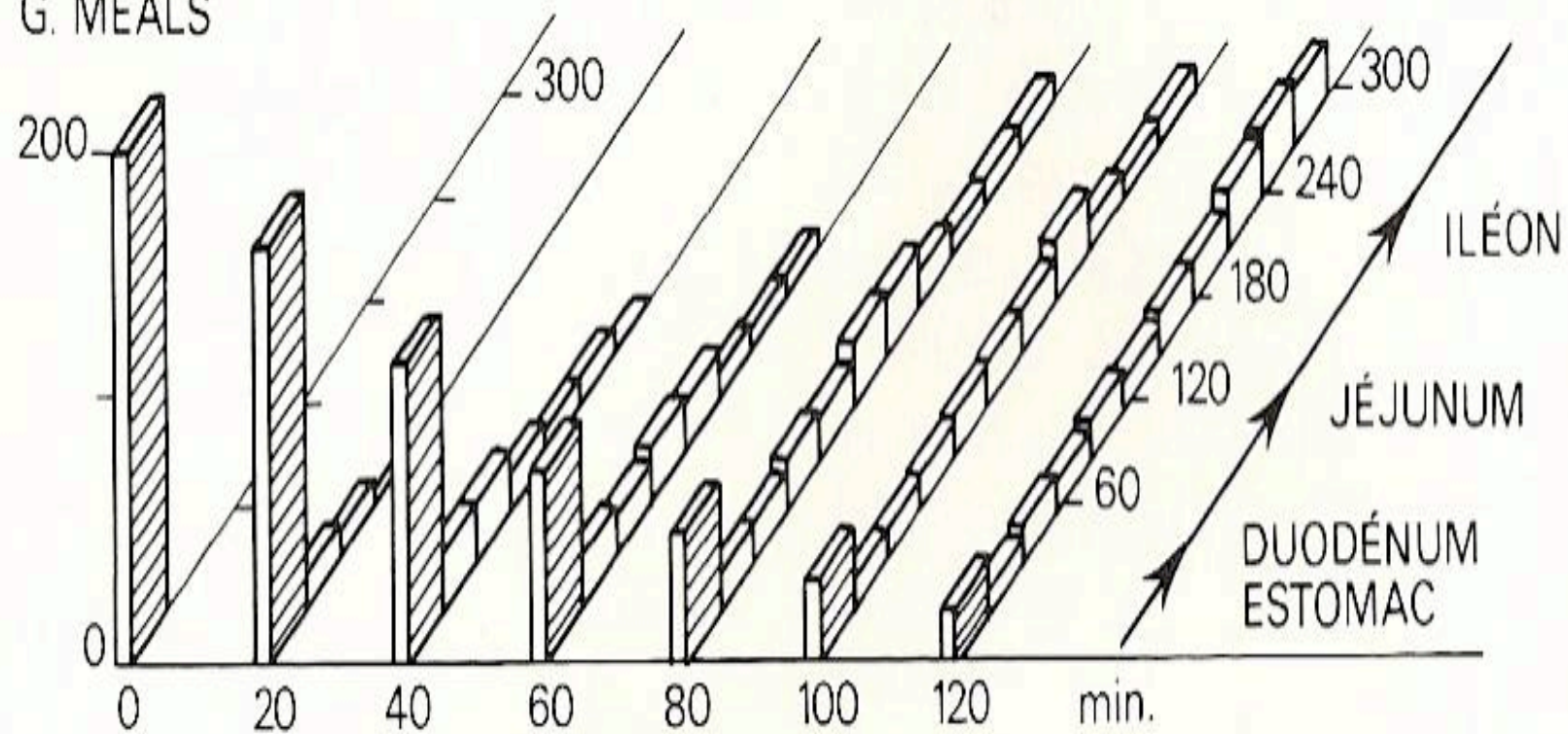


Scintigraphie
gastrique

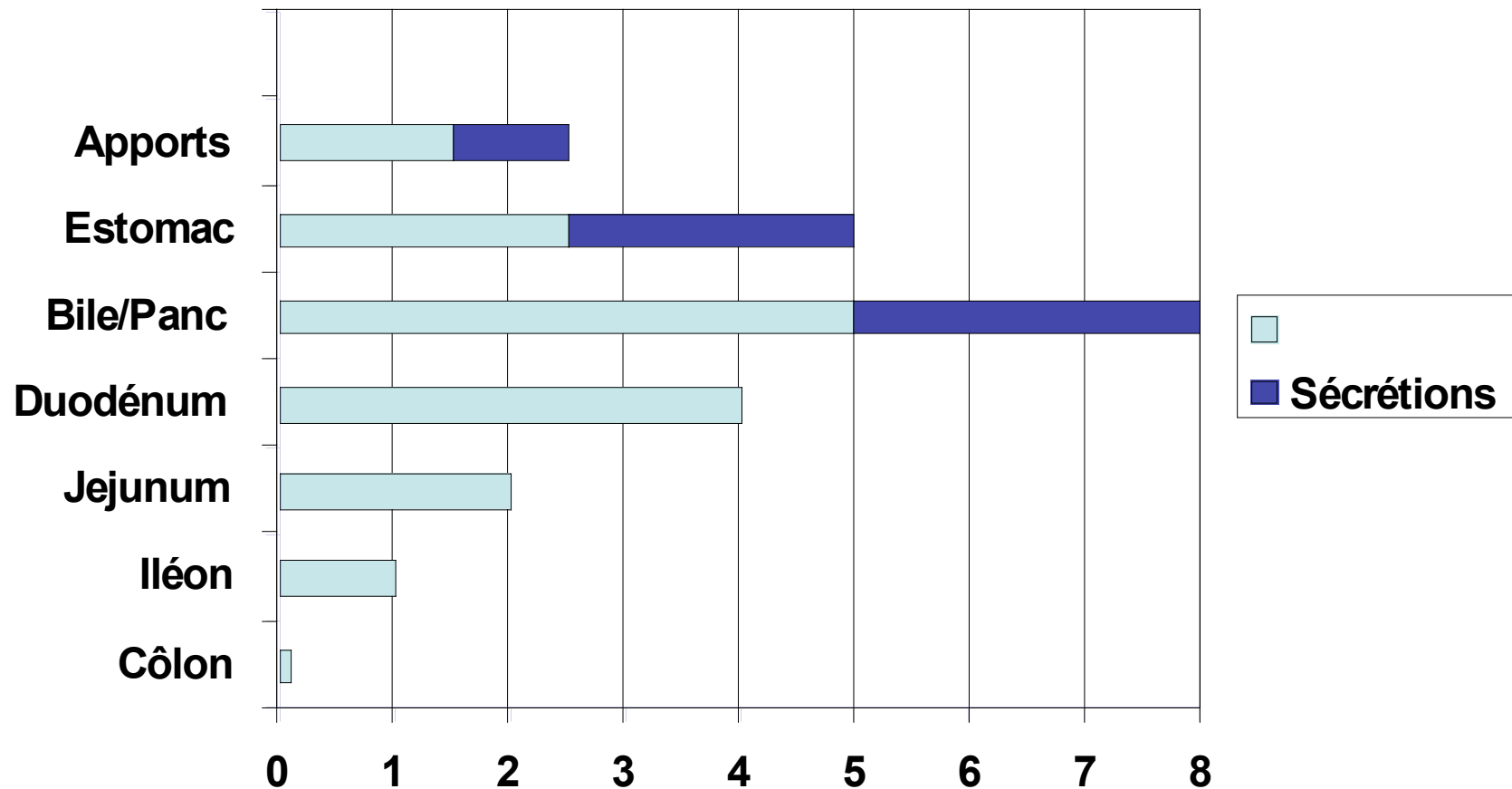
Chambre de Ussing



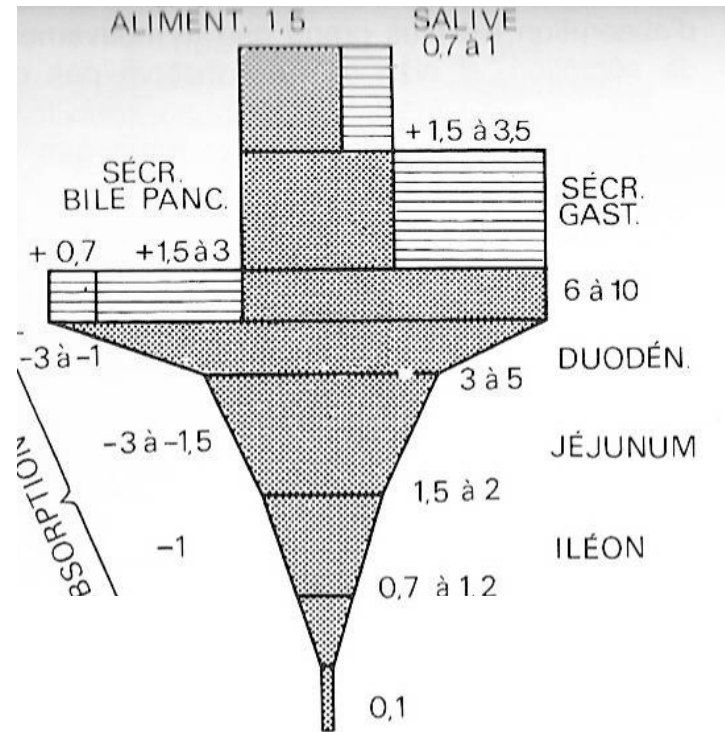
G. MEALS



Débits hydriques dans le tube digestif



H₂O



NA⁺

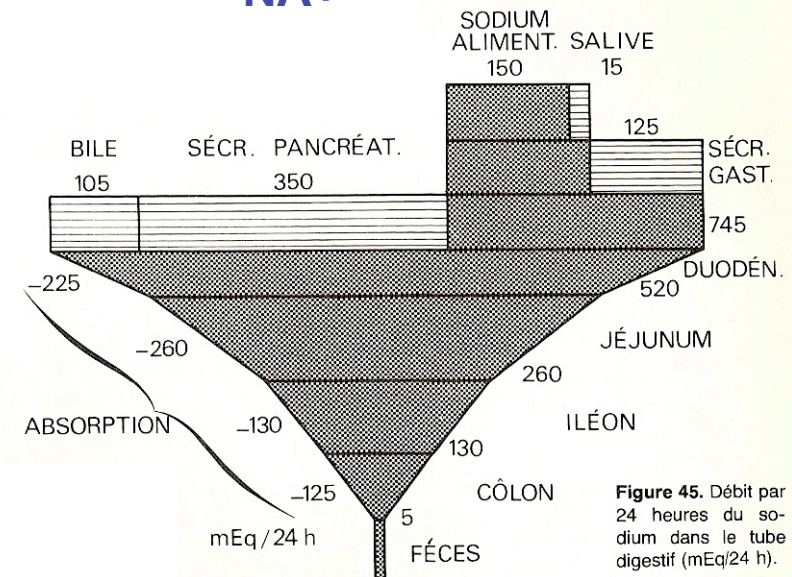
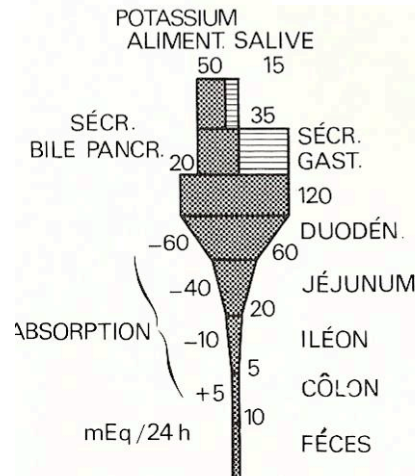
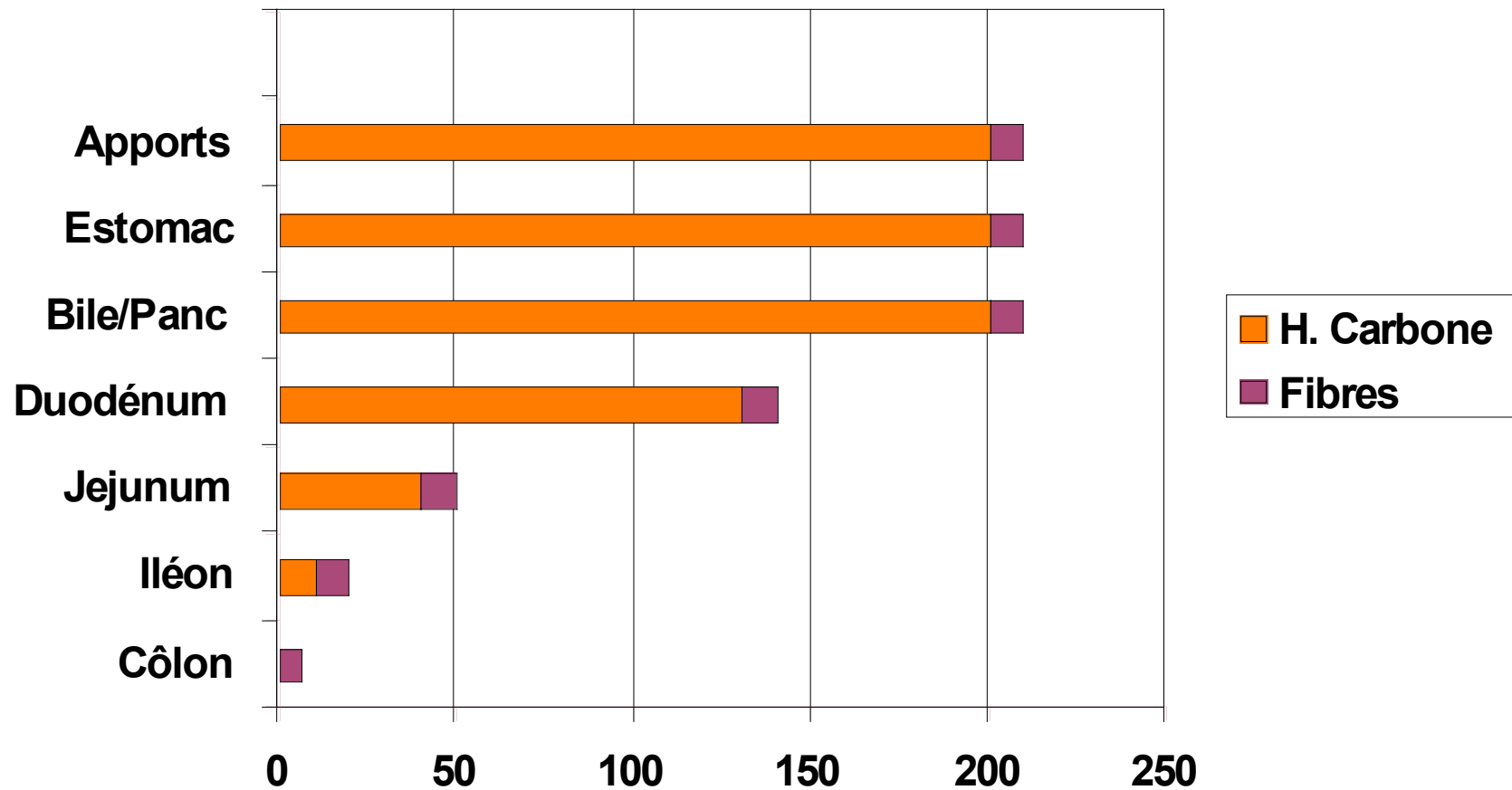


Figure 45. Débit par 24 heures du sodium dans le tube digestif (mEq/24 h).

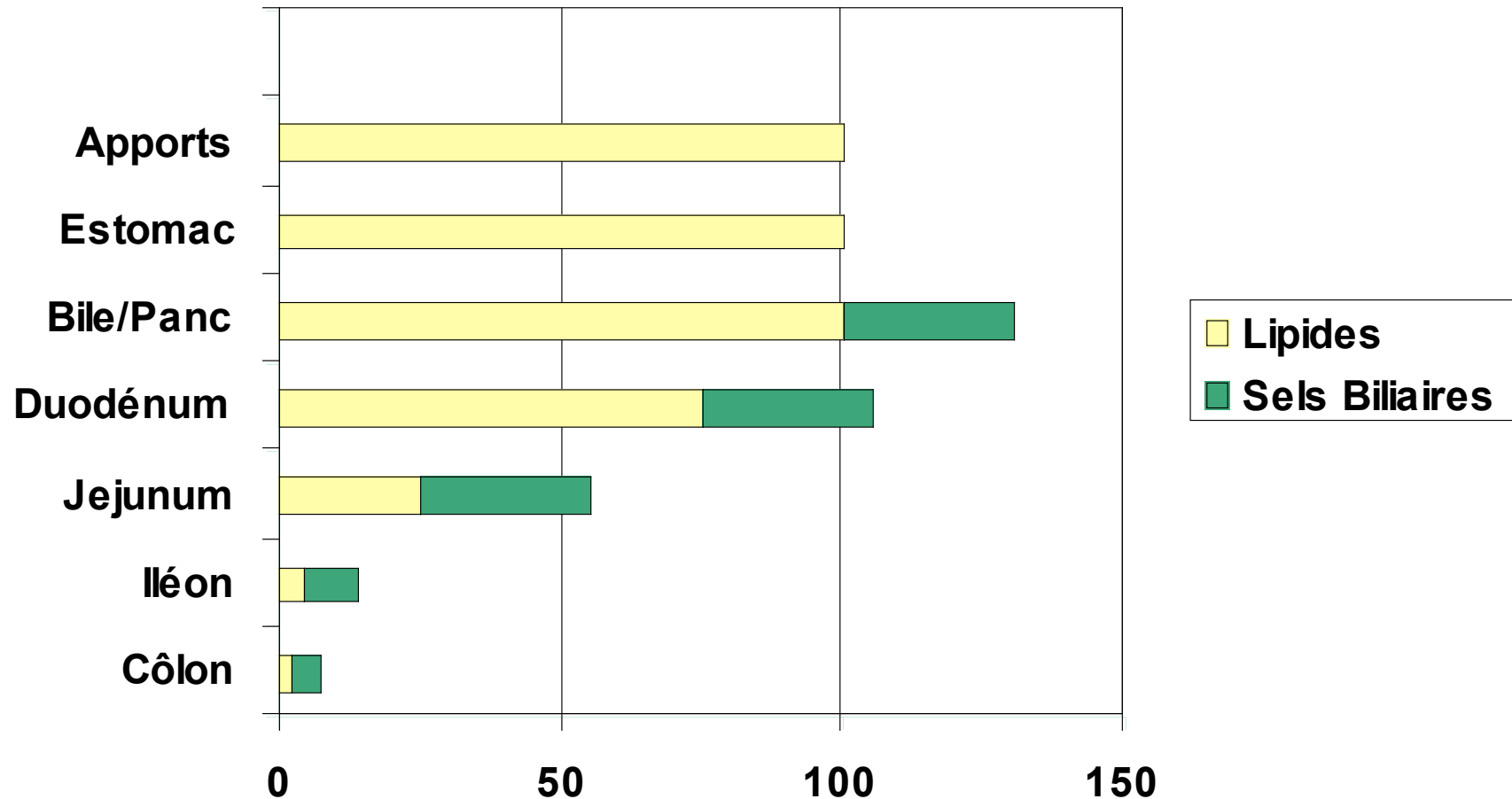
K⁺



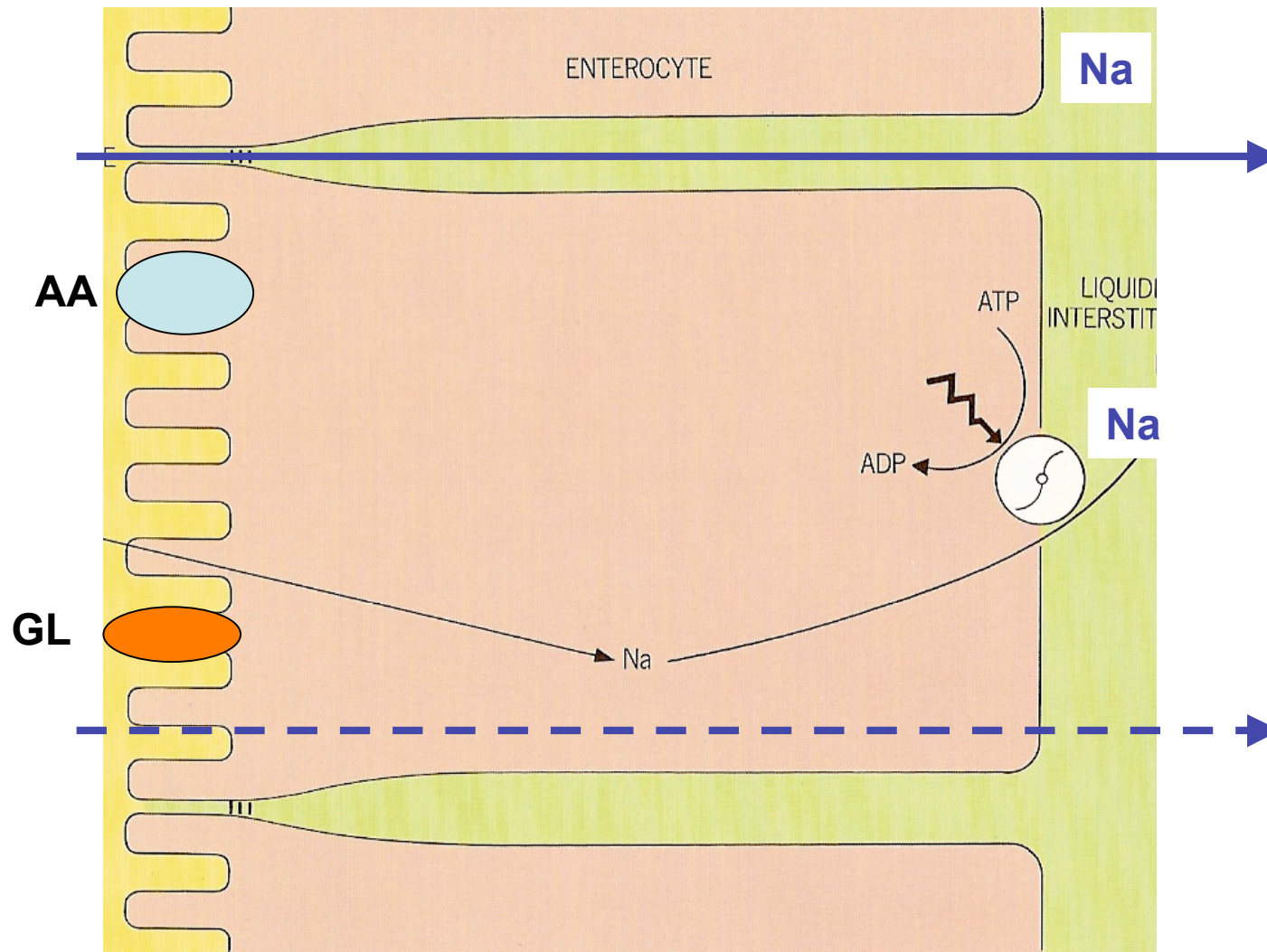
Hydrates de carbone dans le tube digestif



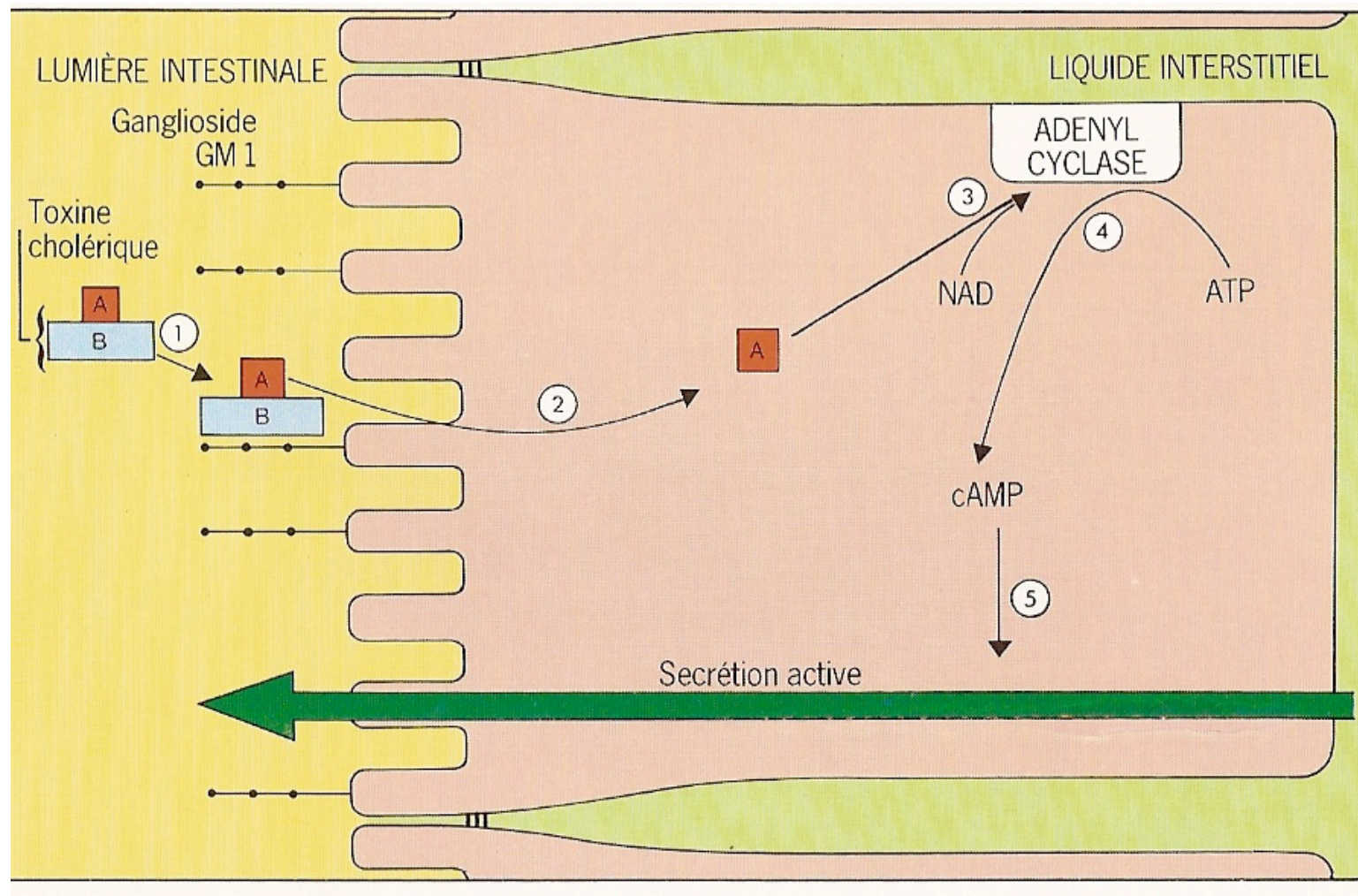
Lipides et sels biliaires dans le tube digestif



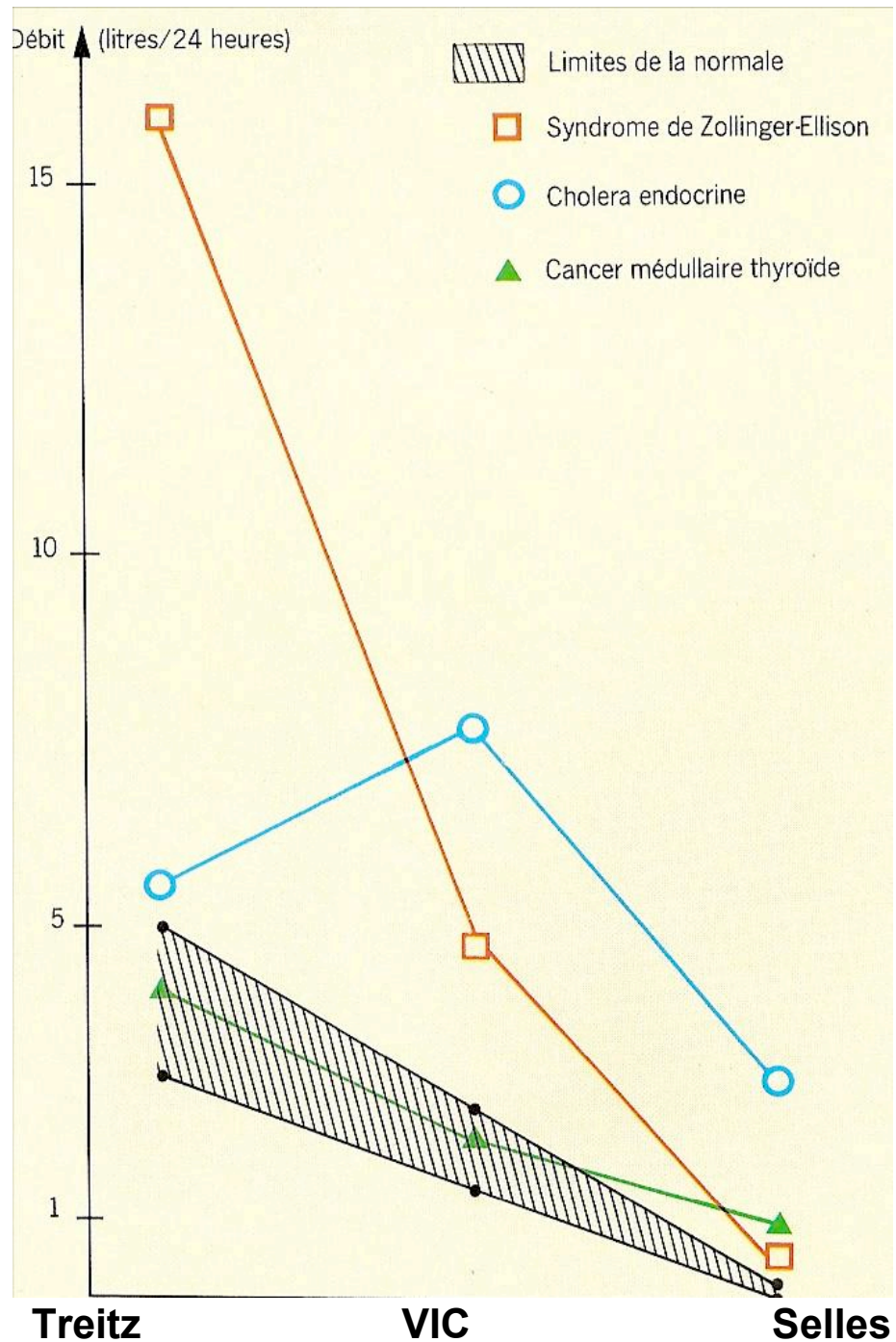
Absorption passive et active du sodium



Sécrétion hydro-électrolytique



Débits liquidiens dans les diarrhées humorales



Transit intestinal dans les diarrhées motrices fonctionnelles

730

Jian, Najean, and Bernier

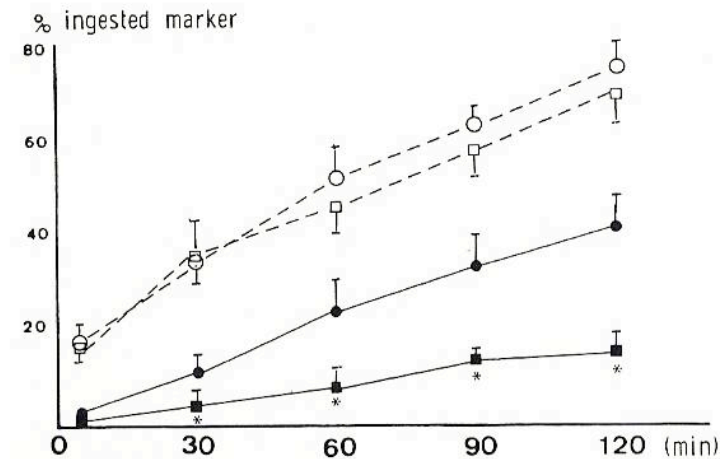


Fig. 3 Percentage of meal marker that leaves stomach (dotted line) and that reaches colon (plain line). Squares depict normal subjects ($n=9$) and circles depict diarrhoeal patients ($n=7$); statistical evaluation of difference between controls and patients: $*p<0.05$.