

Worksheet Key

Digestive System

True or False

Examine the following statements. Identify if the statement is true or false.	True	False
1. The esophagus connects the pharynx with the stomach.	✓	✓
2. The process of chewing is called mastication.	✓	✓
3. Nutrients are absorbed into the bloodstream by peristalsis.	✓	✓
4. The duodenum is the last part of the small intestine.	✓	✓
5. The colon and rectum are the most common sites for GI tract cancer.	✓	✓
6. Difficulty swallowing is termed dysphagia.	✓	✓
7. Another term for jaundice is ileus.	✓	✓
8. The root in the word edentulous means “gum.”	✓	✓
9. The glossopharyngeal nerve innervates the tongue and pharynx.	✓	✓
10. A sigmoidoscope is used to examine the small intestine.	✓	✓

Fill-in-the-Blank

Complete the sentence with the correct term(s).	Answers
11. The secretion that moistens food in the mouth is _____.	<i>saliva</i>
12. The tube located between the throat and the stomach is the _____.	<i>esophagus</i>
13. The wavelike contraction that moves food through the digestive tract is called _____.	<i>peristalsis</i>
14. The first portion of the small intestine is the _____.	<i>duodenum</i>
15. The organ that produces bile is the _____.	<i>liver</i>
16. The organ that stores bile is the _____.	<i>gallbladder</i>
17. The common hepatic duct and the cystic duct merge to form the _____.	<i>common bile duct</i>
18. The organ that produces digestive enzymes and hormones that control sugar metabolism is the _____.	<i>pancreas</i>
19. The roots or/o and stomat/o pertain to the _____.	<i>mouth</i>
20. Surgical creation of an opening between the stomach and duodenum is called a(n) _____.	<i>gastroduodenostomy</i>
21. Digested fats enter the lymphatic system through a(n) _____.	<i>lacteal</i>
22. The fleshy mass hanging from the soft palate is the _____.	<i>uvula</i>
23. A ruptured appendix may cause inflammation of the abdominal cavity. This complication is called _____.	<i>peritonitis</i>
24. The inability to absorb gluten is a sign of _____ disease.	<i>celiac</i>
25. Vomiting of blood is termed _____.	<i>hematemesis</i>
26. A(n) _____ is a lymphatic capillary in a villus of the small intestine.	<i>lacteal</i>
27. The vessel that carries secretions from the accessory organs into the duodenum is the _____.	<i>common bile duct</i>
28. Inflammation of diverticula (small pouches) in the wall of the digestive tract, especially in the colon, is a condition known as _____.	<i>diverticulitis</i>
29. Suture of the palate is called _____.	<i>palatorrhaphy</i>
30. _____ is a mild gum infection.	<i>Gingivitis</i>
31. A stone in the gallbladder or a bile duct is known as a(n) _____.	<i>cholelith</i>
32. Use of a fiberoptic endoscope for direct visual examination of all regions of the colon is known as a(n) _____.	<i>colonoscopy</i>

33. Jaundice is also known as _____.	<i>icterus</i>
34. A(n) _____ is a passage or communication between two vessels or organs and may be normal, pathologic, or created surgically.	<i>anastomosis</i>
35. A varicose vein in the rectum is commonly known as a(n) _____.	<i>hemorrhoid</i>
36. _____ is a condition of having gas or air in the GI tract.	<i>Flatulence</i>
37. The large serous membrane that lines the abdominopelvic cavity and covers the organs within it is called the _____.	<i>peritoneum</i>

Matching

Match the following terms and write the appropriate letter next to each term.

Term	Answers	Definition
38. sialogram	<i>C</i>	A. surgical fixation of the stomach
micrognathic	<i>D</i>	B. irrigation of the colon
coloclysis	<i>B</i>	C. radiograph of a salivary gland
gastropexy	<i>A</i>	D. having a small jaw
39. cholelithiasis	<i>C</i>	A. difficulty in swallowing
cholangitis	<i>B</i>	B. inflammation of a bile duct
hepatitis	<i>D</i>	C. condition of having gallstones
dysphagia	<i>A</i>	D. inflammation of the liver
40. diverticulitis	<i>D</i>	A. chronic liver disease
ascites	<i>C</i>	B. inflammation of the tongue
glossitis	<i>B</i>	C. accumulation of fluid in the abdominal cavity
cirrhosis	<i>A</i>	D. inflammation of pouches in the intestinal wall
41. polyp	<i>C</i>	A. varicose veins in the rectum
caries	<i>B</i>	B. tooth decay
hemorrhoids	<i>A</i>	C. a stalked tumor
palate	<i>D</i>	D. the roof of the mouth

Pronounce It

For each phonetic transcription in this section, pronounce the term aloud and write it in the space provided, being careful to spell it correctly.

	Answers
42. IL-e-um	<i>ileum</i>
43. jeh-JU-num	<i>jejunum</i>
44. lak-TELE	<i>lacteal</i>
45. per-ih-STAL-sis	<i>peristalsis</i>
46. FAR-inks	<i>pharynx</i>
47. pi-LOR-us	<i>pylorus</i>
48. U-vu-lah	<i>uvula</i>
49. ah-SI-teze	<i>ascites</i>
50. KAR-eze	<i>caries</i>
51. sir-RO-sis	<i>cirrhosis</i>

	Answers
52. POL-ip	<i>polyp</i>
53. hi-A-tal	<i>hiatal</i>
54. JAWN-dis	<i>jaundice</i>
55. EM-eh-sis	<i>emesis</i>
56. kah-KEK-se-ah	<i>cachexia</i>
57. SE-kum	<i>cecum</i>
58. eh-SOF-ah-gus	<i>esophagus</i>
59. JIN-jih-vah	<i>gingiva</i>
60. LING-gwal	<i>lingual</i>
61. pal-ah-TOR-ah-fe	<i>palatorrhaphy</i>

Word Building

For each item in this section, select the correct word parts from the bank below to form the term that matches the definition. Word parts may be used more than once.

Part 1	Answers
62. A stone in a salivary gland	<i>sial-o-lith</i>
63. A biliary stone	<i>chol-e-lith</i>
64. Inflammation of the gallbladder	<i>chol-e-cyst-itis</i>
65. Pain in the stomach	<i>gastr-algia</i>
66. Inflammation of the liver	<i>hepat-itis</i>
67. Beneath the gums	<i>sub-gingiv-al</i>
68. Pertaining to the intestine	<i>enter-ic</i>
69. Beneath the liver	<i>sub-hepat-ic</i>
70. Excision of the stomach	<i>gastr-ectomy</i>
71. Inflammation of the gums	<i>gingiv-itis</i>

Part 1 Word Bank

al	enter	lith
algia	gastr	o
chol	gingiv	sial
cyst	hepat	sub
e	ic	
ectomy	itis	

Sorting

For each word part category in this section, list the corresponding word parts from the bank below.

Part 1 Word Bank

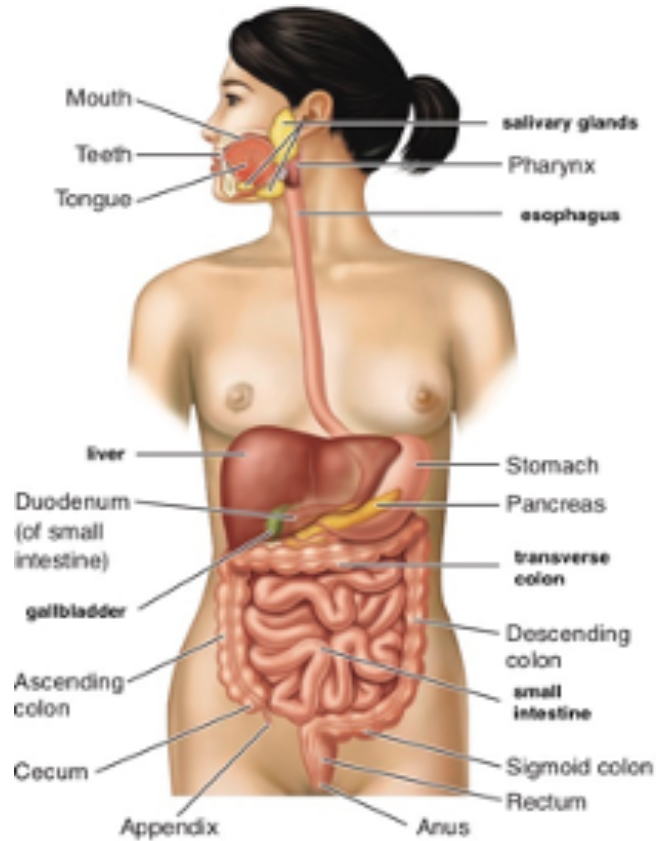
cholelithiasis	emesis	liver	salivary gland
cirrhosis	gallbladder	palate	tongue
diverticulosis	gingiva	pancreas	uvula

Part 1	Answers
72. accessory organs of digestion	<i>liver, gallbladder, pancreas, salivary gland</i>
73. parts of the mouth	<i>gingiva, palate, uvula, tongue</i>
74. digestive disorders	<i>diverticulosis, emesis, cholelithiasis, cirrhosis</i>

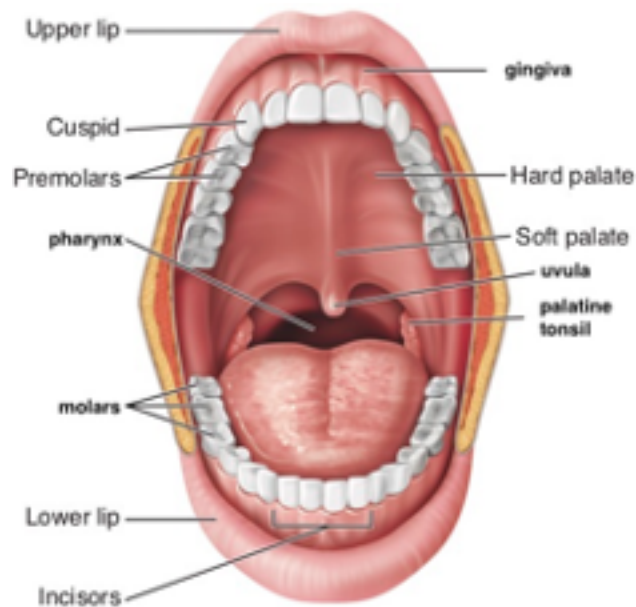
Look and Label

For each image in this section, write each label indicated on the image in the correct location or near the image with a line pointing from the label to the correct location on the image.

75. Labels: esophagus, gallbladder, liver, salivary glands, small intestine, transverse colon



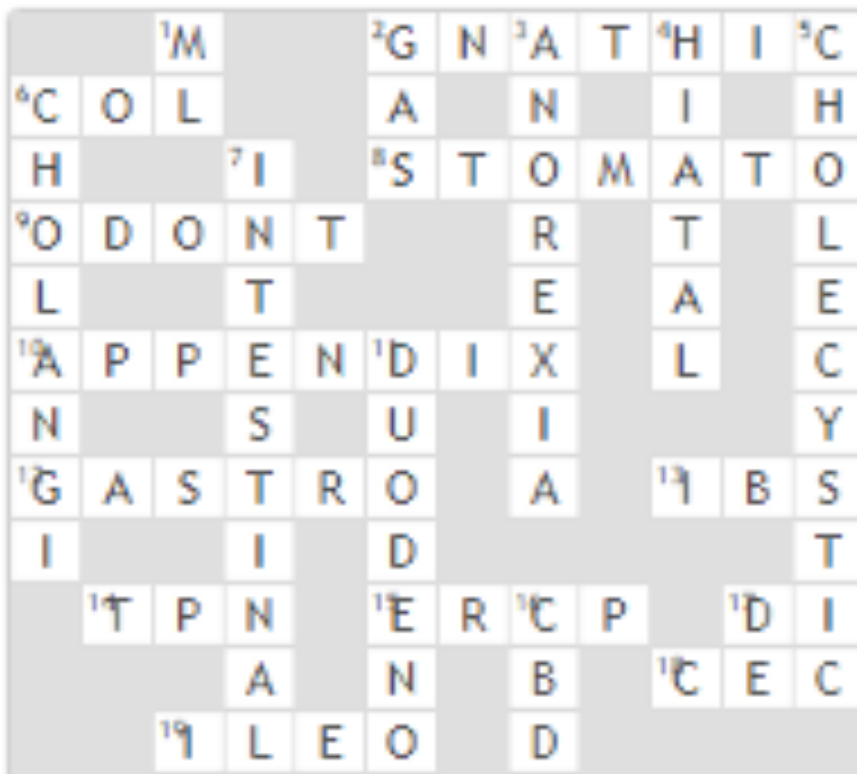
76. Labels: gingiva, molars, palatine tonsil, pharynx, uvula



Crossword Puzzle

Complete the crossword puzzle using the clues provide

77.



Across

2. Pertaining to the jaw
6. Major portion of the large intestine: root
8. Mouth: combining form
9. Tooth: word root
10. Small appendage to the cecum
12. Stomach: combining form
13. Inflammatory condition of the bowel (abbreviation)
14. Parenteral hyperalimentation (abbreviation)
15. Technique for viewing the accessory ducts (abbreviation)
17. Two, twice: prefix
18. Blind pouch at the beginning of the large intestine: word root
19. Last portion of the small intestine: combining form

Down

1. 1/1000 of 1 liter (abbreviation)
2. Results in flatulence
3. Loss of appetite
4. Pertaining to the opening in the diaphragm that the esophagus passes through
5. Pertaining to the gallbladder
6. Bile duct: word root
7. Enteric
11. First portion of the small intestine: combining form
16. Duct that carries bile into the intestine (abbreviation)
17. Down, without, removal: prefix

Case Studies

Read the following case studies carefully. Complete the sentence with the correct term(s).

Case Study 1: Colonoscopy Operative Report

OPERATION: Colonoscopy.

ANESTHESIA: Premedication: Versed 5.5 mg slow IV push. INSTRUMENT: Pentax EC-3801L with the EPM-3300.

INDICATIONS: The patient is a 65-year-old woman who is currently being evaluated for rectal bleeding.

The patient has longstanding history of constipation with use of over-the-counter laxatives for many years. Beginning 2.5 years ago, she began having diarrhea with up to 12 bowel movements per day. She underwent colonoscopy in October 2006, at which time inflammatory changes were noted in the rectum up to the level of the splenic flexure. The endoscopic description sounds most consistent with left-sided ulcerative colitis, though the patient was told that she had Crohn's disease. She has been treated with sulfasalazine and at times with prednisone.

The patient had been on 1 g of sulfasalazine per day when seen by me in late October 2007. She was advised to increase to 2 g per day. With this, she has noted that she is not having diarrhea and instead again is having periods of time when she will be constipated and not have a stool for several days at a time. At other times, she will have significant urgency diarrhea and blood per rectum.

In recent weeks, constipation has been the major difficulty.

PHYSICAL EXAMINATION: Alert and oriented. Lungs are clear. Heart: Regular rate. No murmur or gallop.

OPERATIVE FINDINGS: The perianal area was unremarkable. On digital examination, the rectal mucosa was noted to have somewhat of a nodular, indurated sensation to it. The instrument was introduced. There were significant inflammatory changes in the rectum with linear ulcerations up to 1 cm in diameter and up to 3 to 4 cm in length throughout the rectum. There was minimal friability present despite the degree of ulceration and moderate exudate. These changes seemed to dissipate at the level of the rectosigmoid junction. At about 20 cm, there were scattered aphthous ulcerations. Once we reached 30 cm, the mucosa appeared to be entirely normal with a normal submucosal vascular pattern and no gross evidence of inflammatory change. The instrument was advanced through the remainder of the sigmoid, descending, transverse, and right colon. The instrument could be passed to just above the level of the ileocecal valve with a good view down into the cecum. We could not, however, negotiate the instrument into the ileocecal valve. There was no gross evidence of inflammation at this point.

Opposite the ileocecal valve, there was some slight erythema that was perhaps more suggestive of a small polyp, which was removed with hot biopsy forceps and sent for histologic evaluation.

Random biopsies were obtained with multibite forceps in the right colon and then in the descending colon and sigmoid colon. An additional series of biopsies was obtained in the rectum and sent for histologic evaluation.

IMPRESSION: Marked inflammatory changes in the rectum that endoscopically had the appearance consistent with Crohn's disease rather than ulcerative colitis.

PLAN:

1. Will increase the sulfasalazine to 3 g per day.
2. Because of the constipation, I will have the patient begin on lactulose 30 cc per day.
3. I will plan to see her in a few weeks' time to review the biopsy results with her and to see if additional therapeutic recommendations are needed.

	Answers
78. A standard colonoscopy is done with a(n) _____.	<i>endoscope</i>
79. The rectal mucosa is the rectum's _____.	<i>lining</i>
80. An aphthous ulcer is found in a(n) _____.	<i>mucous membrane</i>
81. The ileocecal valve is between the _____ and _____.	<i>small intestines; large intestines</i>
82. Erythema is _____.	<i>redness</i>
83. A histologic examination is the study of _____.	<i>tissue</i>