Original Research Article

Spectrum of endoscopic findings of dyspepsia patients- A single centre, retrospective, observation study

Shoket Mahmood Chowdry[1*] , Anna Javed[2], Muzaffer Rashid Shawl[3]

[1]Assistant Professor , Department of Gastroenterology, Govt Medical College , Jammu, India
[2]Demonstrator, Department of Pharmacology , GMC Jammu, India
[3]Consultant, Gastroenterology and Hepatology, Max Hospital saket, New Delhi,India

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Abstract

Background: Dyspepsia is not a diagnosis, but constellation of symptoms related to the upper gastrointestinal tract. The prevalence of dyspepsia is rampant, imposing high medical resources and economic burden. The present study was conducted to assess endoscopic findings of dyspepsia patients.**Materials & Methods:**150 patients of dyspepsia were subjected to endoscopy. Endoscopic findings were evaluated as normal, gastric ulcer, duodenal ulcer, gastritis, duodenitis, and esophagitis.**Results:** Out of 150 patients, males were 123 and females were 27. These were findings when endocopy was done such as gastritis in 114, reflux esophagitis in 10, endoscopy negative dyspepsia in 12, upper GI malignancy in 8 and duodenitis in 6 cases. **Conclusion:** Dyspepsia is a common clinical event in the upper GI disorder.Common endoscopic findings was gastritis, reflux esophagitis, endoscopy negative dyspepsia, upper GI malignancy and duodenitis.

Key words: Dyspepsia, Endoscopy, Gastritis

Introduction

Dyspepsia is not a diagnosis, but constellation of symptoms related to the upper gastrointestinal tract. The prevalence of dyspepsia is rampant, imposing high medical resources and economic burden. Dyspepsia encompasses an array of symptoms like nausea, bloating sensation, epigastric burning sensation and pain, indigestion and heartburn[1].Globally, the prevalence of dyspepsia is around 20-30% and in India the prevalence is touted to be around 30 to 49%. An international committee of clinical investigations defined Dyspepsia with one or more of the following symptoms like postprandial fullness, early satiation and epigastric pain or burning. Dyspepsia is also linked to serious gastrointestinal pathological state like malignancy, stricture or ulcer. The dyspepsia patients are considered as high risk if age > 50 years with new onset of dyspepsia, familial history of cancer, sudden weight loss, hematemesis, Melena, dysphagia and Persistent vomiting[2].Endoscopy is recommended as the first investigation in the work up of a patient with dyspeptic symptoms. The most commonly reported major endoscopic abnormalities are: gastric ulcer, duodenal ulcer, oesophagitis and gastric malignancy[3].The relationship between the organic causes of dyspepsia and dyspepsia symptomatology can often be uncertain, with healing of the organic cause not always resulting in complete symptom resolution[4]. The relationship between mild or equivocal endoscopic inflammatory gastroduodenal abnormalities and dyspeptic symptoms is also confusing, as shown in the poor or non-existent correlation between erythematous/exudative duodenitis or gastritis and symptoms[5].When endoscopic findings in patients with dyspepsia are compared with those in age and sex matched controls, they show no clinically relevant association with dyspeptic symptoms, with the possible exceptions of peptic ulcer disease and duodenitis seen by endoscopy.Early diagnosis of gastric carcinoma has evaded surgeons mostly due to nonspecific upper gastrointestinal (UGI) symptom like dyspepsia. Most of them go undiagnosed in the early stages and later present with advanced disease. Early gastric cancer is defined as a gastric carcinoma confined to the mucosa or submucosa regardless of lymph node status and it has an excellent prognosis with a 5-year survival rate[6].In new Rome IV classification, not only postprandial fullness, but also EPS symptom and early satiation should be determined as “bothersome symptoms”. Then, Rome IV classification involves not only PDS and EPS, but also the overlap of PDS and EPS. PDS-EPS overlapped syndrome in the hospital—based population is more frequent than in the general population.The present study was conducted to assess endoscopic findings of dyspepsia patients.

Materials & Methods

The present single centre retrospective observation study was conducted among 150 patients in the department of Gastro-enterology,Government Medical college, Jammu. The study was conducted over the period of 2 years between June 2014 - June 2016. All were informed regarding the study and their written consent was obtained.

Data such as name, age, gender etc. was recorded. A thorough clinical examination was performed. All patients were subjected to endoscopy. Endoscopic findings were evaluated as normal, gastric ulcer, duodenal ulcer, gastritis, duodenitis, and esophagitis (suspect cases with short-segment Barret’s esophagus were evaluated as esophagitis). Results thus obtained were subjected to statistical analysis.

Dr. Shoket Mahmood Chowdry
Assistant Professor , Department of Gastroenterology, Govt Medical College , Jammu, India.
E-mail: shoketchowdry@gmail.com

Results

Table 1:Distribution of patients

Total- 150		
Gender	**Males**	**Females**
Number	127	23

Table 1, Fig 1 shows that out of 150 patients, males were 127 and females were 23.

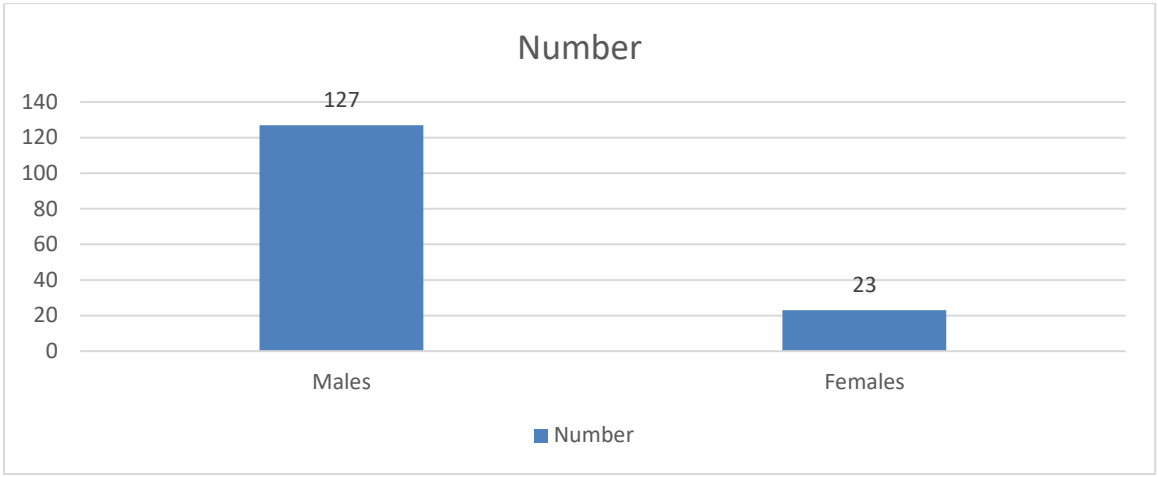

Fig 1:Distribution of patients

Table 2:Endoscopic findings in patients

Endoscopic findings	Number
Gastritis	114
Reflux esophagitis	10
Endoscopy negative dyspepsia	12
Upper GI malignancy	8
Duodenitis	6

Table 2, Fig 2 shows that common endoscopic findings was gastritis in 114, reflux esophagitis in 10, endoscopy negative dyspepsia in 12, upper GI malignancy in 8 and duodenitis in 6 cases.

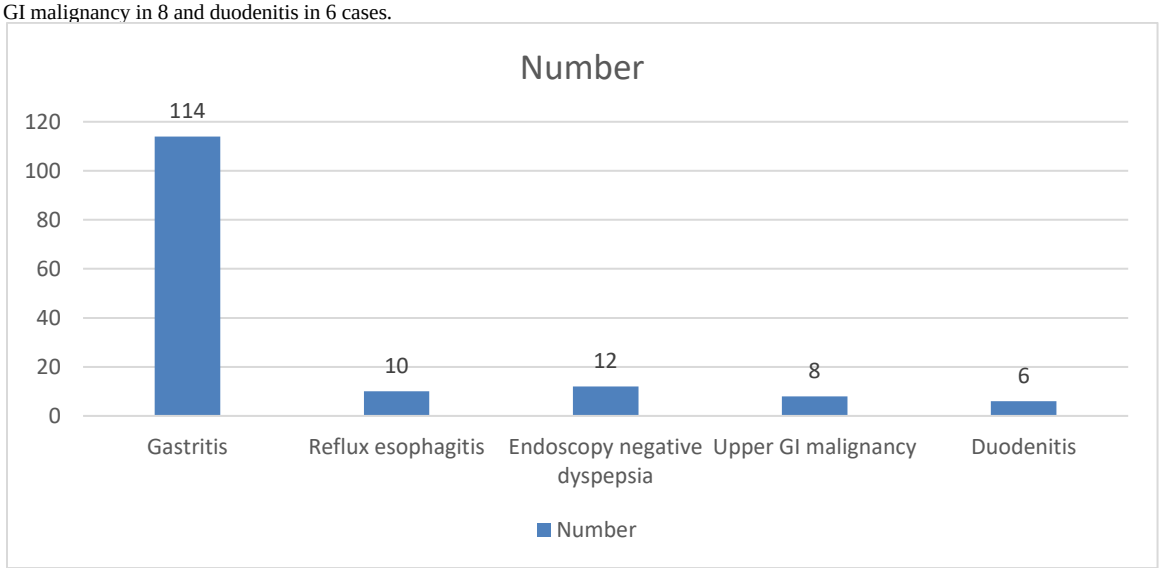

Fig 2:Endoscopic findings in patients

Discussion

Endoscopy is recommended as the first investigation in the work up of a patient with dyspeptic symptoms[7]. Endoscopic examination is essential in the classification of the patient's condition as organic or functional dyspepsia[8]. Ideally, endoscopy should be carried out during a symptomatic phase of the disease and in the absence of any drug therapy, particularly acid -suppressants, that may obscure relevant features or interfere with the interpretation of endoscopic abnormalities[9]. Dyspepsia is a discomfort felt over the upper abdomen, and epigastrium. Dyspepsia is a group of symptoms including pain, bloating, early satiety, postprandial upper abdominal fullness, nausea, loss of appetite, pyrosis, regurgitation, and belching. Dyspepsia is an important clinical problem in that it is very frequently seen in the commuınity which is also one the reasons for seeking medical help[10]. Because of recurrent complaints in half of the patients, patient's quality of life, and social life is affected directly or indirectly. In addition to medical services used for dyspeptic patients, loss of labour, and productivity lead to considerable financial burden. In Western countries estimated prevalence of dyspepsia among adults ranges between 10, and 20%, and it constitutes 5% of referrals to outpatient clinics, and nearly 40-70% of the consultations for gastrointestinal complaints[11].The present study was conducted to assess endoscopic findings of dyspepsia patients.

In present study, out of 150 patients, males were 127 and females were 23. Sahin et al[12]evaluated the endoscopic findings of dyspeptic patients unresponsive to proton pump inhibitors (PPIs) and analyzed if there is any correlation between these findings and dyspeptic symptoms via predetermined inquiry.Patients between 18 and 45 years of age were selected among those referred to our unit for upper GI endoscopy due to failure to achieve improvement in dyspeptic complaints with PPI. A total of 446 patients with female preponderance (60%) were included in the study. Endoscopic results were listed as: 147 (32.9%) normal, 16 (3.6%) gastric ulcer, 36 (8.1%) duodenal ulcer, 216 (48.4%) gastritis, 7 (1.5%) duodenitis and 24 (5.4%) esophagitis. A total of 122 patients were classified as functional dyspepsia. While incidence of persistent bloating was distinctly higher in patients with gastritis compared to those with normal endoscopic findings but its incidence was comparable between ulcer and normal patients. No statistical difference was detected between gastritis, ulcer and normal endoscopy patients considering incidence of early satiety. Compared to those with normal endoscopy patients, incidence of epigastric pain was significantly higher among patients with gastritis and ulcer. Incidence of heartburn was higher in patients with gastritis compared to those with normal endoscopy findings, but it was similar to those with ulcer.We found that common endoscopic findings was gastritis in 114, reflux esophagitis in 10, endoscopy negative dyspepsia in 12, upper GI malignancy in 8 and duodenitis in 6 cases. Dyspepsia overlaps significantly with peptic ulcer disease, GERD, functional disorders such as irritable bowel syndrome, malignancy, drugs, pancreatitis, biliary disease, vascular disease and motility disorders [13]. Treating dyspepsia is a real challenge since it involves huge financial burden, patient's dissatisfaction and the risk of mismanagement leads to missing the high-risk patients who are potentially curable in early stage of their diseases. Upper gastro-intestinal (GI) endoscopy is the investigation of choice to evaluate the cause of dyspepsia. Based on endoscopic findings, Dyspepsia will be classified into two groups (i) Functional (ii) Specific disease related. The most common cause of dyspepsia is functional disorders in many studies[14].Aziz et al have demonstrated that almost ten percentage in the adult population fitted into symptoms-based criteria for Rome IV FD. They have reported that the proportion of Rome IV FD in the USA was significantly higher than in Canada (8%) and UK (8%). They have also reported that 9% participants accompanying with symptom-based diagnosis for Rome IV FD patients, 6% having PDS, 2% EPS, and 2% having the overlapping variant.[15]

Conclusion

Authors found thatDyspepsia is a common clinical event in the upper GI disorder.Common endoscopic findings was gastritis, reflux esophagitis, endoscopy negative dyspepsia, upper GI malignancy and duodenitis.

Conflict of Interest: Nil

Source of support:Nil

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