Upper Gastrointestinal Endoscopic Findings of Patients Presnting with Dyspepsia in Diyala Province

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Abstract

Introduction: Endoscopy of upper gastrointestinal tract is a safe and easily carried out procedure of high diagnostic value and also atheraputic value in some cases.
Endoscopy is not costly and has aremarkable low incidence of morbidity, Dyspepsia is a non-specific group of symptoms related to the upper GI tract.
It is the medical term for indigestion, a symptom that includes epigastric pain, heartburn, distension, nausea or 'an acid feeling' occurring after eating or drinking. The symptom is subjective and frequent. The most common causes of indigestion are gastroesophageal acid reflux and functional dyspepsia. Other cases are a consequence of a more serious organic illness[6].
Objective: To evaluate the common causes of dyspepsia by endoscopic examination.
Material and methods: Atotal of(9785) endoscopic examination of upper GI tract were recorded and analyzed during the period between first of January 1998 to end of December 2009.
Results: The endoscopic findings of (9785) patients with dyspepsia were studied .out of 9785 patients ,5112 patients(52.24%)were males while 4673(47.76%) were females.
The endoscopic findings were normal in (3219)patients(32.89%)
The abnormal findings included duodenal lesion in 3793 patients(38.76%) ,gastric lesions in 1492 patients (15.24%) ,esophageal lesions in 1111 patients(11.35%) and others causes in 170 paients(1.73%).
Conclusion: The upper gastrointestinal endoscopy has ahigh diagnostic values in the investigations of upper gastrointestinal symptoms
Key word : dyspepsia-upper endoscopy

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Introduction

Endoscopy of upper gastrointestinal tract is a safe and easily carried out procedure of high diagnostic value and also atheraputic value in some cases.

Endoscopy is not costly and has aremarkable low incidence of morbidity[1,2], Dyspepsia is a non-specific group of symptoms related to the upper GI tract[3]

It is the medical term for indigestion, a symptom that includes epigastric pain, heartburn, distension, nausea or 'an acid feeling' occurring after eating or drinking[4]. The symptom is subjective and frequent[5]. The most common causes of indigestion are gastroesophageal acid reflux and functional dyspepsia. Other cases are a consequence of a more serious organic illness[6]. it may be associated with

Helicobacter infection, peptic ulceration, acid reflux, and occasionally upper GI malignancy.[5]

Upper endoscopy is indicated to exclude mucosal injury in cases with atypical symptoms, symptoms unresponsive to acid suppressing drugs, patients with alarm features.

But theAlarm' features are suggestive of serious diseases in dyspepsia such as cancer. They are:

- weight loss
- Odynophagia
- Unexplained Recurrent vomiting
- Occult or gross gastrointestinal bleeding
- Jaundice
- Palpable mass or adenopathy
- Family history of gastrointestinal malignancy [5]

Upper GIT endoscopy still the best investigation for diagnosis of dyspepsia. which is now performed as the first intial examination instead of barium meal of high value in evaluation and to explore these symptoms[12-13].

Treatment of dyspepsis according to the cause,in simple causes of dyspepsia like non functional and GERD need general measure including reassurance ,limit ethanol, caffeine, chocolate,and tobacco use . Other measures in GERD include ingestion of a low-fat diet, avoidance of snacks before bedtime, and elevation of the head of the bed.

other cases of GERD and other causes of dyspepsia need Specific therapies,and some cases like atumours need surgical operation[5].

Patients and Methods

Aretro spectiv study done in endoscopic unit in Baquba Teaching Hospital to evaluate patients presented with upper abdominal pain and dyspepsia .during the period between first of January 199 and end of December 2009 endoscopic examination of upper gastrointestinal tract were recorded and analyzed, patients were referred from out patient department ,private clinics ,medical and surgical wards.

Results

out of 9785 patients, 5112 patients (52.24%) were males while 4673(47.76%) were females.

The endoscopic findings were normal in (3219) patients(32.89%)

The abnormal findings included

1- Duodenal lesion in 3793 patients (38.76%)
   a-duedenitis :1676 patients (17.13%).
   b-duedenal ulcer :2117 patients (21.63%)

2- gastric lesions in 1492 patients (15.24%)
   a-gastritis :887 patients (9.08%)
   b-gastric ulcer :366 patients (3.74%)
   c-Ca. stomach:239 patients (2.44%)

3- esophageal lesions in 1111 patients (11.35%)
   a-esophagitis :1061 patients (10.84%)
   b-esophageal varices :45 patients (o.45%)
   c-Ca, esophagus 5 patients (0.05%)

4- Others causes in 170 paients(1.73%)most of them refused doing OGD , inability to continued endoscopy and other lesions

Table (1): Show no. of patients they did endoscopy in the last 12 year and sex distribution.

Year	No. of patients	No. of male	No. of female
1998	1000	513	487
1999	1038	531	507
2000	1023	543	480
2001	1095	570	525
2002	886	426	460
2003	900	582	318
2004	800	420	380
2005	890	460	430
2006	268	144	124
2007	110	30	80
2008	583	303	280
2009	1122	570	552

Table (2): Upper endoscopic finding ,and the no.of patients and percentage of OGDfinding.

Endoscopic finding	No. of patients	%
Normal OGD	3219	32.89%
Esophageal lesions	1111	11.35%
Gastric lesions	1492	15.24%
Duodenal lesions	3793	38.76%
Others	170	1.73%
Total	9785	100%

Table (3): Show the No. , percentage of patients and specific causes of dyspepsia.

Findings of specific causes	No. of patients	%
Normal	3219	32.89%
Esophagus *esoophagitis	1061	10.84%
***ES. Varices**	45	0.45%
***Ca. esophagus**	5	0.05%
Stomach *gastritis	887	9.06%
***Gastric ulcers**	366	3.74%
***Ca. Stomach**	239	2.44%
Doudenum *doudenitis	1676	17.12%
***duodenal ulcers**	2117	21.36%
Others	170	1.73%
total	9785	0.05%

Discussion

Dyspepsia is a major health problem worldwide especially in developing countries like Iraq where it put financial burden on national economy.

The prescription for dyspepsia now account for over 10% of primary care, nubering471million in 1999 in Engeland and Wales-[7]

This study has shown that 3219 (32.89%) from 9785 patients were nomal……

While 6396 (65,36%) of the examined patients] had visible endoscopic finding.The most common lesions observed was duodenal (59.28%), fallowed by gastric and esophageal (18,63%) ,(17.37%) respectively.

The commonest lesion was duodenal ulcer (17.12%). This is lower than what was found in Sarkis K study(22.8%)[1].And compatible with what was found in sudan (17%)[8].

And higher than with what was found in Saudi Arabia (14%)[9]

In this study the benign -gastric ulcer was uncommon finding 366 patients(3.74%) and when we compared with duodenal ulcer 2117(21.63%).The ratio of duodenal to gastric ulcer was 17,2:1 .the result was higher than study done in Basrah in 1993, 14:1[10]. And in Kuwit in 1981 2.8;1[11].But is lower than study from sudan 25:1[8], and Sarkis K study 28.5:1[1].

The study showed that common cause of esophageal lesion is reflux esophagitis 1061 case which is compatible with Sarkis K study[1].

Finally in this study showed the incidence of stomach carcinoma 2.44% which is higher than Sarkis K study[1]

Conclusion

Upper gastro intestinal endoscopy has a high diagnostic value in the investigations of dyspepsia and upper gastro intestinal symptoms. The endoscopic findings were normal in majority of cases. The common abnormal endoscopic finding included duodenal ulcer ,doudenitis ,esophagitis ,gastric ulcer and gastritis.

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