Endoscopic Findings in Persistent Dyspepsia in Secondary Care Hospital Setting in North Kashmir

Riyaz U Saif Andrabi*, Wani Abdul Ahad2, Mohammed Yousuff3, Banday Dawood4, Muzamil Mudasir5, Syed Mushtaq6

Abstract

Background: Dyspepsia is a common clinical problem and has a great impact on the patient’s quality of life. More than half of patients presenting with dyspepsia have no detectable lesion for their symptoms. The common organic causes of dyspepsia include peptic ulcer, esophagitis and cancer. The diagnostic test of choice is endoscopy. Age specific thresholds to trigger endoscopic evaluation may differ by gender, availability of resources and regional disease specific risks.

Aim: The aim of the study was to determine the prevalence of significant endoscopic lesions in patients presenting with dyspepsia.

Materials and Methods: This was a retrospective study. Data on patients presenting with dyspepsia and scheduled for upper gastrointestinal (UGI) endoscopy between January 2011 and December 2016 was collected.

Results: Nine thousand five hundred and twenty five patients with persistent dyspepsia were assessed by Upper Gastrointestinal (UGI) endoscopy. 58.8% were male. The mean age was 41 years. Endoscopy revealed normal findings or miscellaneous irrelevant findings in 6967 patients (73.1%). Significant endoscopic findings were diagnosed in 2558 (26.9%). These included peptic ulcers in 493 patients (5.1%), esophagitis in 560 (5.9%), erosive Gastroduodenitis in 1069 (11.2%), Varices in 40 patients (0.4%) and UGI malignancy in 279 (2.9%).

Conclusions: The endoscopic diagnosis of persistent dyspepsia in our setting showed a predominance of functional disease. Every 4th person (26.7%) with persistent dyspepsia had organic lesions whereas UGI malignancy was an uncommon finding. The most frequent significant pathologies included erosive gastroduodenitis, esophagitis and peptic ulcer disease. Patients with recent onset of dyspepsia who are in the age group at risk of gastric malignancy should undergo early endoscopy. UGI endoscopy is simple procedure that can be undertaken for early diagnosis of benign as well as malignant lesions in patient presenting with dyspepsia.

Introduction

Dyspepsia is defined as pain or discomfort in the upper abdomen. Dyspepsia is a prevalent complaint in general practice and gastrointestinal clinics,1-5 with a prevalence of around 30% among adults in India.6 Dyspepsia represents up to 8.3% of all primary care physician visits and causes huge economic costs to patients and to the economy.7 Only 75% of the dyspepsia experts, 73% of gastroenterologists and 59% of primary care providers adhere to dyspepsia best practices; so “dyspepsia” means different things to different providers. Without a common diagnostic language, general practitioners may be unable to provide adequate treatment following common dyspepsia guidelines.8 Rome definitions have been helpful in better-standardizing patients that are included in studies of dyspepsia but are less relevant to clinical practice as there is considerable overlap in symptom presentation making classification difficult in many patients presenting in primary and secondary care. For this reason, a clinically relevant definition of dyspepsia as predominant epigastric pain lasting at least 1 month is preferred. This can be associated with any other upper gastrointestinal symptom such as epigastric fullness, nausea, vomiting, or heartburn, provided epigastric pain is the patient’s primary concern.9 The rapid introduction of new diagnostic criteria for dyspepsia has made very difficult or virtually impossible to compare prevalence rates from different periods or geographic regions.10 Because structural UGI tract diseases, such as peptic ulcer, erosive esophagitis, luminal strictures and malignancy can course with dyspepsia, esophagogastroduodenoscopy (EGD) is the diagnostic procedure of choice to differentiate patients with organic from those with functional dyspepsia.11 Although it is possible to propose endoscopy as the initial strategy for dyspepsia,12 the establishment of this procedure for every dyspeptic patient may not be practical approach, as the high prevalence of the syndrome will result in very high costs to any health system.13 Moreover, the diagnostic procedure and its cost effectiveness must be considering that a large number of uninvestigated dyspepsia are functional cases.14 More than half of the patients presenting with dyspepsia have no detectable cause for their symptoms.15 Once the decision has been made to investigate, the diagnostic
Dyspepsia is defined as predominant epigastric pain lasting at least 1 month. This can be associated with any other upper gastrointestinal symptom such as epigastric fullness, nausea, vomiting, or heartburn, provided epigastric pain is the patient's primary concern. Persistent dyspepsia is defined as symptoms of dyspepsia persisting after two months of adequate PPI trial. Heartburn is not included in the diagnostic symptom criteria for dyspepsia. Significant endoscopic findings in the UGI tract were defined as those benefiting from specific treatment or those that are life threatening. The presence of any of the following lesions was considered as a significant finding in UGI endoscopy: peptic ulcer, esophagitis (with or without hiatal hernia), erosive gastritis or duodenitis, stricture, Barrett’s esophagus, esophageal candidiasis, neoplasm, mass and polyps. The presence of any of the following lesions was considered as an irrelevant endoscopic finding: erythematous gastritis, atrophic gastritis and incidental miscellaneous abnormalities (portal hypertensive gastropathy, hiatal hernia without esophagitis and vascular ectasia).

### Results

A total of 9525 patients underwent UGI endoscopy between January 2011 and December 2016. Data on patients presenting with persistent dyspepsia and scheduled for UGI endoscopy were collected. Patients who underwent UGI endoscopy for reasons other than dyspepsia such as dysphagia, UGI bleeding, or strong suspicion of cancer were excluded from the study. Patients with prior peptic ulcer were also excluded. Presence of systemic decompensated diseases (congestive heart failure, coronary heart disease, liver failure, diabetes mellitus, thyroid disease, acute or chronic respiratory failure, hematological diseases), presence of major psychiatric disorders, impediment to endoscopy and difficulty for the patient to understand the aims and procedures of the study were also excluded from the study. Those whose procedures were not completed were excluded subsequently.

### Data recording and statistics

A standardized data collection form (sheet) was completed for each patient. Recorded information included demographic data (age and gender) and endoscopic findings. Data were analyzed to assess presence of significant gastrointestinal lesions. The data from the patients were registered, and tabulated.

### Definitions

**Dyspepsia**

Dyspepsia is defined as predominant epigastric pain lasting at least 1 month. This can be associated with any other

### Table 1: Shows no. of Out Patient department (OPD) visits and no. of patients in whom endoscopy was done in 6 years period and sex distribution

<table>
<thead>
<tr>
<th>Year</th>
<th>Total OPD visits</th>
<th>No. of patients</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>360563</td>
<td>790</td>
<td>417</td>
<td>373</td>
</tr>
<tr>
<td>2012</td>
<td>397639</td>
<td>767</td>
<td>421</td>
<td>346</td>
</tr>
<tr>
<td>2013</td>
<td>430610</td>
<td>1850</td>
<td>1056</td>
<td>794</td>
</tr>
<tr>
<td>2014</td>
<td>480954</td>
<td>1500</td>
<td>922</td>
<td>578</td>
</tr>
<tr>
<td>2015</td>
<td>432615</td>
<td>2406</td>
<td>1460</td>
<td>946</td>
</tr>
<tr>
<td>2016</td>
<td>431617</td>
<td>2212</td>
<td>1327</td>
<td>885</td>
</tr>
<tr>
<td>Total</td>
<td>2533998</td>
<td>9525</td>
<td>5603</td>
<td>3922</td>
</tr>
</tbody>
</table>

### Table 2: Year wise distribution of patients with persistent dyspepsia and EGD findings

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of patients</th>
<th>Normal EGD</th>
<th>Esophageal lesions</th>
<th>Gastric lesions</th>
<th>Duodenal lesions</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>790</td>
<td>553</td>
<td>71</td>
<td>68</td>
<td>90</td>
<td>8</td>
</tr>
<tr>
<td>2012</td>
<td>767</td>
<td>414</td>
<td>113</td>
<td>136</td>
<td>94</td>
<td>10</td>
</tr>
<tr>
<td>2013</td>
<td>1850</td>
<td>1339</td>
<td>174</td>
<td>186</td>
<td>129</td>
<td>22</td>
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<td>2014</td>
<td>1500</td>
<td>1021</td>
<td>141</td>
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<td>133</td>
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<tr>
<td>2015</td>
<td>2406</td>
<td>1862</td>
<td>173</td>
<td>194</td>
<td>147</td>
<td>30</td>
</tr>
<tr>
<td>2016</td>
<td>2212</td>
<td>1778</td>
<td>167</td>
<td>120</td>
<td>119</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>9525</td>
<td>6967</td>
<td>839</td>
<td>890</td>
<td>712</td>
<td>117</td>
</tr>
</tbody>
</table>

This study was undertaken to determine the prevalence of significant endoscopic lesions in patients presenting with persistent dyspepsia (> 8 weeks proton pump inhibitors [PPI] trial).

### Material and Methods

This was a retrospective study carried out at Government District Hospital, Baramulla in North Kashmir over a period of six years from January 2011 to December 2016. Government District Hospital, Baramulla is a secondary-care Governmental hospital in north Kashmir. The hospital serves a population of nearly two million people. The endoscopy unit provides an open-access service and receives patients from outpatient clinics and other hospitals in the area. Patients are from a lower socioeconomic background. All patients presenting with persistent dyspepsia were included in the study. Endoscopic biopsy was done at the discretion of an endoscopist. Pathological examination was performed by expert pathologists.

### Discussion

Dyspepsia is a common clinical problem seen by both primary care physicians and gastroenterologists. Dyspepsia accounts for about 4–5% of all the general practitioner consultations and 20–40% of all gastroenterological consultations. Initial evaluation should focus on the identification and treatment of potential causes of symptoms such as gastro-esophageal reflux disease, peptic ulcer disease,
6. Uday C Gholash Functional dyspepsia: The Indian Scenario, supplement to JAPM march 2012 vol 6 page 6
Cerebral Venous Sinus Thrombosis: A Study from Western India
Clinical Profile, Risk Factors and Outcomes in Patients with

Aim

We conducted a retrospective study of patients with venous sinus thrombosis in Rajasthan in western India. Out of 71 patients in our study group the mean age of presentation was 36.64 years. 42 patients were male (59.2%) and 29 were female (40.8%). Only 9 patients (12.6%) had pregnancy or puerperium related venous sinus thrombosis. The most common presenting feature was headache 47/71(66.2), followed by seizures 33 (46.5%), paresis 20/71 (28.16%) and coma 15/71(21.1%).

Results

Inclusion criteria were a) Age more than 15 years of age b) clinically symptomatic patients c) Diagnosis confirmed by Magnetic resonance Venography (MRV) or CT Venography. Exclusion criteria: Patients with infarct in arterial territory, hypertensive hemorrhage, metabolic encephalopathy and eclampsia.

Settings

Material

Methods

Conclusions


22. Thomson ABR, Barkun AN, Armstrong D, Chiba N, Whites RJ, Daniels S. The prevalence of clinically significant endoscopic findings in primary care patients with