



A STUDY ON UPPER GASTROINTESTINAL ENDOSCOPY FINDINGS IN SYMPTOMATIC GALLSTONE DISEASE

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ABSTRACT

There is a marked increase in gall stone incidence in recent years due to lifestyle modification. Asymptomatic gall stones detected through ultrasound for other abdominal problems are more common than symptomatic stones. Patients with cholelithiasis have persistent pain abdomen even after cholecystectomy, suggesting the alternate causes of pain abdomen. Chronic symptoms are usually dyspeptic classically referred to as flatulent dyspepsia. In these patients with chronic symptoms it is important to stress that demonstration of gall stones does not exclude other disorders which may be responsible for the symptoms. This study focuses on the role of pre operative upper gastrointestinal endoscopy as an investigative modality to find other relative disorders of upper gastrointestinal tract in cases with ultrasonogram proven gallbladder stones presenting with chronic dyspepsia symptoms

KEYWORDS : cholelithiasis, cholecystectomy, chronic dyspepsia

INTRODUCTION

Aims & Objectives:

Aim Of The Study:

1. The aim of the study is to determine the significant findings by upper gastrointestinal endoscopy with ultrasound proven gall stone disease in patients with chronic dyspeptic symptoms
2. To identify the coincidence of gall stones with different upper GI pathology and to evaluate the role of upper GI endoscopy in patients with symptomatic gall stone disease
3. To study the age and sex distribution and prevalence of chronic dyspeptic symptoms in patients with cholelithiasis

Objectives:

1. To emphasize the importance of upper gi endoscopy as pre operative investigation in patients with chronic dyspepsia and cholelithiasis
2. Study design: retrospective observational study
3. Study objects: patients with ultrasonogram proven gallstone disease
4. Site of study: study was conducted in department of general surgery at maharajah's institute of medical sciences, nellimarla
5. Sample size: 55 patients

Patients & Method:

Retrospective study 55 patients, OPD Jan '19 - Jun '20 = 18 M

Inclusion :

1. Age of patients more than 20 years
2. Patients with ultrasonogram proven single or multiple gall bladder stones
3. Patients with chronic dyspeptic symptoms like pain abdomen in the epigastrium or right hypochondrium, belching and bloating, post prandial pain, associated nausea and vomiting

Exclusion :

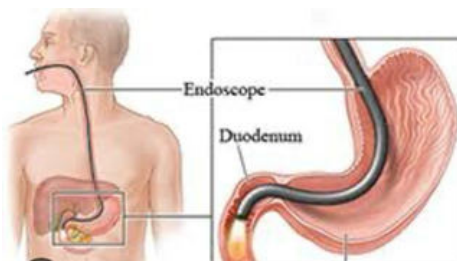
1. Patients age less than 20 years
2. Patients with acute pain abdomen
3. Patients who are not fit for endoscopy

All patients who presented to surgery outpatient department with proven gallstone disease were taken into study for upper GI Endoscopy

The routine diagnostic endoscopy is the 120 cm forward

viewing endoscope.

Complaints and history of the patient taken with a proforma. General and physical examination done and endoscopy is performed and results were tabulated accordingly.



Observations:

Age	frequency	percentage	Valid percentage	Cumulative percentage
Up to 20 years	1	1.8	1.8	1.8
21-40	29.5	52.7	52.7	54.5
41-60	18	33.9	33.9	88.4
Above 60	6.5	11.6	11.6	100.0
TOTAL	55	100	100	

Statistics / Operative Details:

gender	frequency	percentage	Valid percentage	Cumulative percentage
female	40	73.2	73.2	73.2
male	15	26.8	26.8	100
total	55	100	100	

RESULTS

Endoscopic findings	yes	no
Normal study	26.8%	73.2%
gastritis	48.2%	51.8%
Gastric ulcer	1.8%	98.2%
duodenitis	25.9%	74.1%
Duodenal ulcer	1.8%	98.2%
Reflux esophagitis	11.6%	88.4%
Hiatus hernia	9.8%	90.2%

DISCUSSION:

1. The endoscopy findings recorded in a proforma for all dyspeptic patients with ultrasound proven gall stone by age and sex.
2. The prevalence of all the significant lesions in upper GI endoscopy was derived and their age and sex distribution charts were made out. All data tables and interpretations are presented as the observations and the results tabulated.
3. The prevalence of significant lesions was found to be higher in our institution.
4. The prevalence of positive findings were higher in females than males.
5. The prevalence also decreased with age and prevalence were highest in above 40 years of age group
6. The most common findings on endoscopy in this study is gastritis. About half of the patients had this findings and then comes duodenitis.
7. The other common findings are reflux esophagitis and hiatus hernia.

CONCLUSION:

1. The prevalence of significant lesions was highest in the age group above 40 years.
2. Increase in the age will be increase in the associated significant findings.
3. The prevalence of gastritis as a single diagnoses is more prevalent in this part of the world and in our institution
4. This study is an attempt to emphasize that pre op endoscopy of all gall stones disease patients presenting with chronic dyspeptic symptoms is an useful investigation as it shows that the majority of the patients show significant lesions on endoscopy.
5. Upper GI scope should be made routine for all gall stone disease patients prior to elective surgical cholecystectomy as it helps to identify other potential medically treatable diseases and hence cholecystectomy rates can be reduced.
6. The postoperative persistence of symptoms will reduce due to single investigation.
7. Thus upper gastrointestinal endoscopy has a very important and vital role in initial evaluation and investigation of patients with symptomatic gall stone disease.

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