Introduction
Benign and malignant disorders of stomach are the major concern for the patients for which they seek medical attention. Early diagnosis and correct management reduces the health burden and associated morbidity and mortality. Barium meal and x-ray, the mainstay for diagnosis since early lesion and for differentiating benign and malignant disorders. Upper GI endoscopy with its armaments is very useful and sensitive for early diagnosis. Management and follow up of stomach disorders and is regarded as the gold standard.

The common benign and malignant disorders of stomach: Peptic ulcer, Oesophago-gastroduodenitis, Gastric polyp, Gastric carcinoma.

Results
Vomiting haematemesis and melaena. In all the cases, the endoscope specimens. Besides these, certain therapeutic procedures can also be done endoscopy like polypectomy, removal of foreign body injection sclera therapy for bleeding ulcer and haemangioma and varices.

Materials and Methods
The patients for this study were selected at random from cases admitted to the different units of the department of general surgery of IMS & SUM Hospital, Bhubaneswar during the period from Jan 2016 to January 2017. Out of 300 cases, 64 cases were found out to be normal study which is 19.2% of total studied population. Upper GI endoscopy is the most important diagnostic tool in acid peptic disease, so we feel that endoscopy examination must be carried out in all cases of acid peptic disease for early detection, thus preventing its different complications.

Introduction
Benign and malignant disorders of stomach are the major concern for the patients for which they seek medical attention. Early diagnosis and correct management reduces the health burden and associated morbidity and mortality. Barium meal and x-ray, the mainstay for diagnosis till date has been fallen into disfavor, for it is less sensitive for early lesions and for differentiating benign and malignant disorders. Upper GI endoscopy with its armaments is very useful and sensitive for early diagnosis. Management and follow up of stomach disorders and is regarded as the gold standard.

The common benign and malignant disorders of stomach: Peptic ulcer, Oesophago-gastroduodenitis, Gastric polyp, Gastric carcinoma. Peptic ulcer disease remains a mystery, wrapped in an enigma, yielding early diagnosis. Management and follow up of stomach disorders and is regarded as the gold standard.

The term peptic ulcer refers to an ulcer in the lower oesophagus, stomach, duodenum, jejenum after surgical anastomosis to the stomach or rarely in the ileum adjacent to a meckel's diverticulum. The ulcer may be either acute or chronic. Chronic ulcer is far much more common, although acute ulcers arise mostly in the gastric mucosa. In Indians the ratio of duodenal to gastric ulcer is 30:1 (baily and love). The symptoms are sometimes vague and bizarre thus confusing with other allied diseases. Because of the development of the different new diagnostic modalities the diagnosis of peptic ulcer has become easy. The shortcoming of the conventional barium meal and x-ray examination of the upper gastrointestinal tract has been recognized for many years. When this method is used the lesions are only detected if they cause a defect in the barium filled stomach. The radiography thus obtained shows, the lesion in profile, as a result, only medium and large size lesions are demonstrated. Small lesions or minor changes in the mucosal pattern elude detection. The double contrastbarium meal x-ray examination and endoscopic study overcome this disadvantage. The barium meal study depends primarily on the mucosal coating with give excellent mucosal details and it makes much easier to distinguish between the need for diagnostic fluoroscopy.
number of patient in this study are belongs to the age of 11 - 20 years and their percentage of frequency is 3.66% (Table-1). The 300 patients, has carried out a study on 186 patients were males and 114 females (62.8% and 38% respectively) (Table-2). The 300 case studies, maximum number of cases registered under etiology of chronic gastritis, followed by acute diffuse gastritis and erosive gastritis (Table-3). Out of 300 cases; 64 cases were found out to be normal study which is 19.2% of total studied population (Figure 1a). Benign pathological changes in the stomach (Figure-2c, 2d) and duodenum were 211 cases and 25 cases found out to be malignancy of stomach (Figure 1b) (Table-3).

In this study, most of the patients on upper GI endoscopy were found to have chronic gastritis and acute diffuse gastritis. This can be explained because of heavy alcohol and smoking consumption in the laborer group of people in this area. Alcohol and smoking lowers the pyloric pressure, and that leads to reflux of bile leading to the damage of gastric mucosal barrier. Our results are comparable to study done by Ray and Pal and Shennak et al.

The incidence of stomach ulcer is a very low level of approximately 1.8% as compared with other research Al-Nakib and Al-Liddawi; Ray and Pal is 5.9% and 4.9%. Morbidity rates for the population of the rural duodenal ulcers gastric ulcer and is the very low (3.3%), in the age of older persons. This may be due to the widespread use of proton pump inhibitors in old people as PPI common provisions and non-steroid anti-inflammatory medication and antiplatelet agents used for cardiovascular disease, cerebrovascular disease, and rheumatological diseases. In addition, the PPI can easily over the counter does not have any cost.

The gastric cancer in our study found 7.5%, M:F ratio is 1.5:1. The stomach cancer is 6.5% in a study by Ray and Pal. The Database Kidwai Memorial Institute of Oncology (KMIO) 2004 -2005, Bangalore, State of Karnataka incidence rate of gastric cancer is 9%. The maximum patient in the age group of 51 -70 years with an average age of 58.5 years, equivalent to 56 as quoted by the Tata Memorial Hospital and 53, quoted by the Najibullah.

Conclusion
Upper GI endoscopy is the most important diagnostic tool in acid peptic disease allowing a precise description of the lesion in all most all cases. Its value in assessing ulcer healing in therapeutic trials has well been established. The endoscopic appearance of acid peptic disease, especially its size may serve as a prognostic parameter of ulcer healing. So we feel that endoscopy examination must be carried out in all cases of acid peptic disease for early detection, thus preventing its different complications.

Conflict of Interest- None

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References