



ESOPHAGOGASTRODUODENOSCOPY FINDINGS IN DYSPHAGIA PATIENTS: A STUDY IN TERRITORY CARE HOSPITAL

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ABSTRACT **Objective:** The main objective of this study is to find common EDG finding in patients with dysphagia. **Materials and Methods:** The current study was a hospital based observational study conducted on prospective cum retrospective basis. The study was conducted in the Department of Gastroenterology in collaboration with the Department of Medicine GMC Srinagar Kashmir. **Results:** The total number of patients enrolled in our study were 2915. The mean age of the study patients was 47.08 years $\pm$ 17.002. The minimum Age of patients was 15 years. The maximum age of patients was 113 years. The total number of males in our study were 1568 (53.77%) while as the total number of female patients were 1347(46.23%). **Conclusion:** The predominant esophageal abnormalities in the study patients in the Esophagogastroduodenoscopy (EGD) findings were Esophageal Malignancy and Malignant Esophageal Ulcers 629 (13%) & Esophagitis 197 (04%).

KEYWORDS :

INTRODUCTION

Dysphagia is a sensation of food being “stuck” up in its passage from the mouth to stomach. Esophagus is a muscular tube which mainly acts as conduit for transfer of food from mouth into the stomach. The annual incidence of esophageal food impaction is 25 per 100,000 persons per year. There are a number of causes of different types of dysphagia across the world of which the most common is stroke among the elderly.

Endoscopy is indicated in patients with dysphagia to determine the underlying etiology, to exclude malignant and premalignant conditions, assess the need for therapy, and perform therapy. Early detection of esophageal carcinoma improves patient's survival and may lead to cure with better quality of life by much less invasive endoscopic treatment than esophagectomy. Lugolchromoendoscopy, iodine mucosal staining by spraying Lugol's solution, is known to improve the endoscopic visualization of esophageal squamous dysplasia and carcinoma¹.

MATERIALS AND METHODS

The current study was a hospital based observational study conducted on prospective cum retrospective basis. The study was conducted in the Department of Gastroenterology in collaboration with the Department of Medicine GMC Srinagar Kashmir.

All the patients of dysphagia alone and dysphagia with other symptoms who had indication for upper gastrointestinal endoscopy were selected. The patients were grouped as follows:

Before undergoing the UGI endoscopy, the patients need to possess the Endoscopic procedure Requisition form duly signed by the treating doctor. The patient has to come fasting for the procedure. When the patient undergoes the procedure, the diagnosis of the patient is recorded in both hardcopy as well as a database is maintained in the Department of Gastroenterology wherein all the relevant details of the patient undergoing the procedure are recorded in the statistical software. The Department of Gastroenterology has maintained and digitized the records of all the patients who have undergone any endoscopic procedure in the department since the year 1993. The master chart for the study was prepared in Excel format which was a subset of the departmental database. The master chart contained the OPD/IPD No., Age, Gender, Residence, Name, Symptoms, signs, Diagnosis on Endoscopy and the name of the endoscopist.

Inclusion criteria

All patients of dysphagia who had indication for EGD.

Exclusion Criteria

1. Patients with known malignancy/ follow up EGD.
2. Patients cardiac problems like CAD.
3. Patients on EVL protocol.

Statistical Analysis

The data was entered in Microsoft Excel spreadsheet. Categorical variables were summarized as frequency and percentage. Continuous variables were summarized as mean and standard deviation. Chi-square test was used to analyze the relationship between categorical variables and Dysphagia status.

A p-value of less than 0.05 was considered statistically significant. Data was analyzed using Statistical Package for Social Sciences (SPSS version 25).

OBSERVATIONS AND RESULTS

The total number of patients enrolled in our study were 2915. The mean age of the study patients was 47.08 years $\pm$ 17.002. The minimum Age of patients was 15 years.

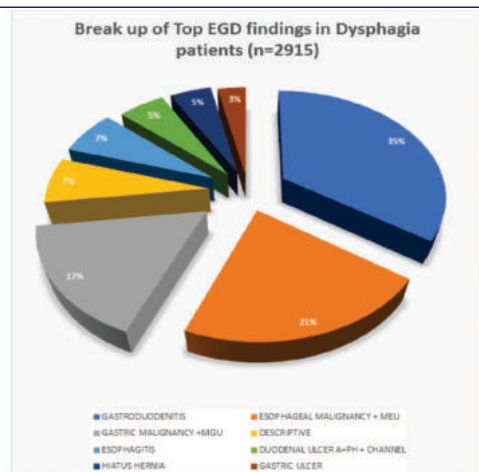
The maximum age of patients was 113 years. The total number of males in our study were 1568 (53.77%) while as the total number of female patients were 1347(46.23%). These are the total number of patients who underwent endoscopy irrespective of their symptoms (having indication for EGD).

Table 1: EGD findings in Dysphagia patients from (n=4931)

EGD Finding	No. (%age)
Normal	2016(40.88)
Gastroduodenitis	1008 (20.44)
Esophageal Malignancy & Malignant Esophageal Ulcer	629 (12.7)
Gastric Malignancy & Malignant Gastric Ulcer	488 (9.89)
Descriptive	200 (4.05)
Esophagitis	197 (3.99)
Active Duodenal Ulcer & Pyloric Channel Ulcer	158 (3.2)
Hiatus Hernia	140 (2.84)
Gastric Ulcer	95 (1.9)
Total	4931

The above table depicts the most common EGD findings in only Dysphagia patients from both the Retrospective and Prospective Group.

Among these EGD findings, the most prevalent finding was Gastroduodenitis 1008 followed by Esophageal Malignancy & Malignant Esophageal Ulcers 629, Gastric Malignancy & Malignant Gastric Ulcer 488, Descriptive 200, Esophagitis 197, Active Duodenal Ulcer & Pyloric Channel Ulcer 158, Hiatus Hernia 140 and the least common finding was Gastric Ulcer 95.



The above pie chart gives us a pictorial representation of the top 8 EGD findings in Dysphagia patients as described in Table No. 1.

DISCUSSION

Dysphagia is a medical term that refers to difficulty in swallowing. It is a symptom that is often associated with a wide range of medical conditions. It affects people of all ages and can be caused by a variety of factors, including structural, neurological, and functional problems. The EGD findings of the patients with Dysphagia was studied which revealed that the most of the patients had normal Study, followed by Gastroduodenitis, Esophageal Malignancy and Malignant esophageal ulcer, Gastric Malignancy & Malignant Gastric Ulcer, Esophagitis and Active Duodenal Ulcer and Pyloric Channel ulcer. The results of our study are in consistence with the results obtained in the study conducted by Qureshi, N.A., et al (2007) where the total number of index endoscopies were 13,881.³⁵ Afterwards, the total endoscopic findings of dysphagia patients was analyzed in both the groups in the order of decreasing prevalence. In order to give a contrasting view of patients belonging from both the groups, the most prevalent endoscopic findings of patients in both the groups was analyzed wherein it was seen that the prevalence of Gastroduodenitis, Esophageal Malignancy & Malignant Esophageal Ulcer, Gastric Malignancy & Malignant Gastric Ulcer was equally high in both the groups. The results of our study about dysphagia caused by Esophageal and Gastric malignancy was akin to the results of the study conducted by H. M. Y. Mudawi, et al (2010) wherein the Malignant reasons for causing dysphagia among the study population were largely related to the prevalence of esophageal cancers (40.4%) and Gastric cancers (3.5%)³⁶. Furthermore, the decade wise endoscopic findings in dysphagia patients were also compared together in order to evaluate their occurrence patterns in all the three decades.

CONCLUSION

The predominant esophageal abnormalities in the study patients in the Esophagogastroduodenoscopy (EGD) findings were Esophageal Malignancy and Malignant Esophageal Ulcers 629 (13%) & Esophagitis 197 (04%). The other benign and malignant abnormalities which were predominantly seen in the Dysphagia patients other than the esophageal abnormalities include Gastroduodenitis 1008 (20%), Gastric Malignancy 488 (10%), Miscellaneous 430 (09%), Esophagitis 197 (04%) Duodenal Ulcer Disease 158 (03%), Hiatus Hernia 140 (03%) and Gastric ulcer 95 (02%).

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