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ENDOSCOPIC FINDINGS OF DYSPHAGIA IN ADULTS (18 TO 60 YEARS): AN OBSERVATIONAL STUDY.

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ABSTRACT Dysphagia is a very common symptom of gastro-intestinal disorder and upper GI endoscopy is very useful diagnostic modality to evaluate specific pathology in such patients. It is quick, precise, time sparing and cost- effective modality, which provide direct visualisation of pathology and intervention as well, if required. The study overviews about dysphagia, its causes and may provide road map for the management of the underlying diseases. **Methodology:** This cross- sectional study was undertaken at Pt JNM Medical College, Raipur, Chhattisgarh for 1.5 years of period, in which total 90 patients of dysphagia were included and evaluated through upper GI endoscopy to know the cause of dysphagia. **Results:** Among 90 patients, majority were male, (male: female was 2.5: 1). Most commonly affected age group was 51 to 60 years; tobacco and alcohol addiction was present in more than 70% of cases. Weight loss was almost common associated symptoms (85%). Tumour in the oesophagus was the leading cause of dysphagia (18.89%) followed by tumour in the stomach (10%) and hypopharynx (8.89%). **Conclusion:** Upper GI endoscopy is very important, cost effective, time sparing OPD procedure which can provide sufficient information about disease and also helps to diagnose it effectively by histopathological examination which helps in early diagnosis and management of the underlying diseases.

KEYWORDS : Dysphagia, Upper GI- Endoscopy, Malignancy.

INTRODUCTION

Dysphagia is a very common symptom in ENT and gastrology practice. It poses substantial risk to a patient's health since it is associated with conditions like weight loss, malnutrition, aspiration etc. It is more common in adults and elderly males. To diagnose the cause of dysphagia thorough clinical, radiological and endoscopic evaluation should be done. Upper GI endoscopy is one standard technique which provides direct visualisation of cause, location of the lesion and perform intervention (i.e. biopsy) in the same sitting if needed. This study provides an overview of dysphagia; it's causes and further management of the disease. As early detection and diagnosis give best treatment and prognosis of the underlying disease.

Aim

To study the endoscopic finding of dysphagia in adults (18 to 60 yrs).

MATERIAL AND METHOD

The hospital based cross sectional study was performed for 1.5 years (January 2019 to June 2020) at Pt JNM Medical College and associated Dr B. R. Ambedkar Memorial Hospital, Raipur, Chhattisgarh. Total 90 patients of 18 - 60 years who presented to ENT OPD with complain of dysphagia were included in the study. After proper written and informed consent patient's demographic profile, proper history was noted and complete systemic and ENT examination was performed. Required blood and radiological examinations were advised and upper GI endoscopy was performed to know the exact cause of the dysphagia. Findings were documented and results compiled.

RESULTS AND DISCUSSION

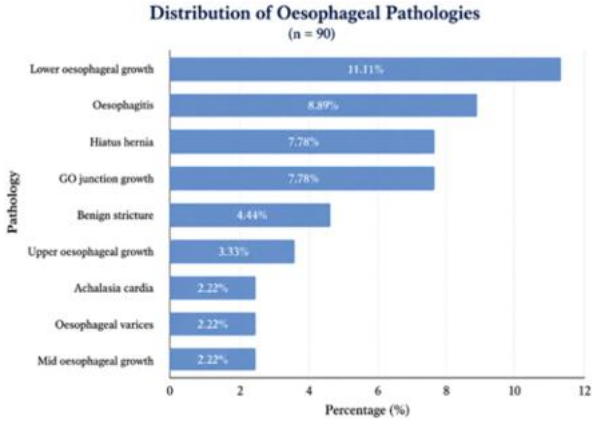
In our study, the main age group affected by dysphagia was 15-60 years (58.8%) followed by 41- 50 years (31%) and 31-40 years (15%). Male: female was 2.5: 1.

Sahu et al (2017) found 56% males and 44% female. Zameerullah et al (2019) found 53% males and 47% female in their studies, which is similar to our study.

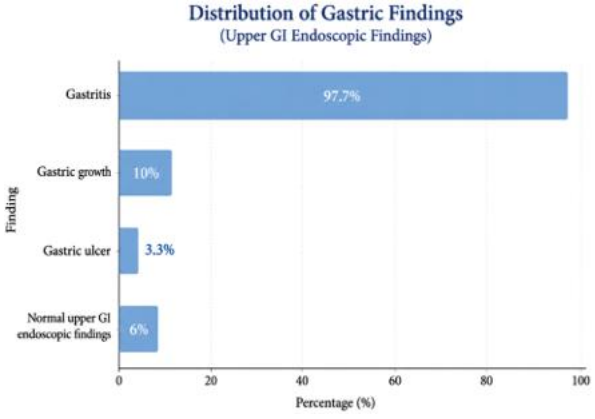
Weight loss was the main associated symptom (85.5%), followed by regurgitation (58.8%) and heartburn (46.6%) in our study. In the study of Sahu et al (2017) 53.3% had history of weight loss, 50% had vomiting and 30% had heart burn.

Majority of the patients had tobacco addiction (82.2%), 73.3% had alcohol addiction and 71.1% had history of smoking in our study.

In our study majority of the pathology was found in oesophagus (66%) followed by stomach (16.6%) and then in hypopharynx or oropharynx. Benign pathologies of oesophagus included oesophagitis (8.89%), hiatus hernia (7.7%), benign strictures (4.4%) and achalasia cardia and varices (2.2%) each. Malignant growth was more common in lower oesophagus (11.11%) followed by gastro-oesophageal junction (7.7%), upper esophagus (3.3%) and mid oesophagus (2.2%).



Benign pathologies of stomach included gastritis (97.7%) and gastric ulcer (3.3%) while growth was present in 10% of cases. We found 6% normal upper GI endoscopic findings.



In previous studies performed by Tongper et al, Lynrah et al (2020) and Zameerullah et al(2029), oesophageal growth was present in 56.8%, 46.4% and 29.7% respectively. This is similar to our study

where we found 66% cases of oesophageal growth as a cause of dysphagia. Gastric malignancy was found to be the second most common cause of dysphagia which is also same as previous studies.

Findings	Tongper et al.	Lynrah et al.	Zameerulla et al.	Our study
Esophageal ca.	56.81%	46.40%	29.74%	18.89%
Gastric ca.	10.00%	0.60%	-	10.00%
Esophagitis	4.50%	8.70%	19.62%	8.89%
Pharyngeal ca.	8.63%	15.00%	-	8.89%
Achalasia	0.90%	0.20%	0.63%	2.22%
Hiatus hernia	-	-	-	4.44%
Gastritis	2.06%	-	-	7.78%
Normal study	9.00%	8.70%	39.87%	6.67%

CONCLUSION

Dysphagia a is prime symptom of GI disorders which is more common in adults and elderly males. It is mostly directly associated with addiction of alcohol and tobacco. Upper GI endoscopy is very important modality to identify the underlying cause of dysphagia. It is cost effective time sparing OPD procedure which allows direct visualization and taking biopsy (if needed) from the lesion as well thus it is very important in early detection of diseases specially malignancy, so that earliest management can be started this helps in reducing the morbidity and improving prognosis and quality of life of the patient.

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