Volume : 5 | Issue : 6 | June 2016 • ISSN No 2277 - 8179 | IF : 3.508 | IC Value : 69.48

Research Paper

Pattern of Upper Gastrointestinal Diseases Based on Endoscopy in Rural Maharashtra

Medical Science

KEYWORDS : Dyspepsia, Upper gastrointestinal disorders, endoscopy, gastritis.s.

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ABSTRACT

Aim: To evaluate the different types of disorders with the help of endoscopy in patients of upper gastrointestinal disorder in rural Maharashtra.

Background: Upper gastrointestinal diseases are quite common among adults and have a great impact on the patient's quality of life. The present study was designed to investigate the spectrum/ pattern of gastrointestinal diseases (dyspepsia) and to determine existing symptoms and endoscopic findings.

Patients and methods: Over a period of 5 Years (March 2010 and March 2015) a total of 449 cases in our endoscopic unit referred for upper gastrointestinal endoscopy because of dyspepsia.

Results: Largest number of cases was in the age group of 61-70 years. Commonest Diagnosis was Acid Peptic disease related accounting for 77.53%, Malignancy accounted for 22.47%.Most of the patients were vegetarian (264) accounting for 58.79. %.

Conclusion: In Maharashtra upper gastrointestinal symptoms are very common and expert endoscopic studies can be of great diagnostic value and may reduce the morbidity and mortality due to upper gastrointestinal diseases.

Introduction:

The evaluation of upper gastrointestinal symptoms in a rural population can be challenging. The lack of endoscopists, and limited facilities, can limit the ability for appropriate evaluation for patients with upper gastrointestinal complaints. Symptoms such as epigastric pain, dysphagia, odynophagia, heartburn, nausea, bloating and early satiety arising from the upper gastrointestinal tract are common.[1]

Endoscopy has become a cornerstone for diagnosing various upper gastrointestinal disorders.[2] The epidemiology of common gastrointestinal diseases differs between populations in Asian countries, and in Asia particularly, the pattern of these diseases seems to be changing.[3]

Patients and methods:

Here we have made a report on analysis of upper G.I. endoscopic findings between March 2010 and March 2015 a total of 449 cases in our endoscopic unit. Patients were from the rural area of South Maharashtra who presented to our O.P.D and I.P.D. The endoscopic procedure was explained to the patient. Ethical committee clearance for the study and individual patient consent was taken. Overnight fasting was an essential requirement. After positioning of the patient a supportive mouthpiece was placed to keep the mouth open during the endoscopy. Local Xylocaine viscus (4%Xylocaine) was given to the patient to be swallowed 5 mins before endoscopy.Further a local anaesthetic spray (10%Xylocaine) was sprayed in the oro-pharynx. The endoscopic findings were recorded in a procedure record book by the doctor.

Results:

Total: 449

Male: Female: 274: 175: 61.03%:38.97% i.e. 3:1 (Total no =449):

The youngest 10 yr boy, oldest 90 year gentleman who had Carcinoma Oesophagus.

Largest number of cases was in the age group of 61-70 years i.e. 92 patients accounting for 20.48%

Age distribution was as follows:

Age	Number of patients	Percentage
1-10	1	0.22%
11-20	19	4.23%
21-30	78	17.37%
31-40	57	12.69%
41-50	70	15.59%
51-60	81	18.04%
61-70	92	20.48%
71-80	44	09.79%
81-90	6	01.33%
91-100	1	00.22%

Commenest Diagnosis was Acid Peptic disease related accounting for 77.53 %, Malignancy accounted for 22.47 % Gastritis was most common followed by duodenitis. In many cases there was more than one disorder e.g. Gastritis with duodenitis with Barrets oesophagus with Hiatus hernia.

Acid Peptic Disease related Diagnosis: 300=66.82%

Condition	Number of patients
Gastritis	128
Duodenitis	69
Reflux Oesophagitis	43
Gastric ulcer	18
Oesophagitis	17
Superficial oesophageal ulcer	12
Superficial duodenal ulcer	9

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Active Duodenal ulcer	4
Hour glass stomach	2
Duodenal stricture	1
Bleeding duodenal ulcer	1

MALIGNANCY: Total=40 =8.90%

Site	Number of patients
Carcinoma Oesophagus	20
Carcinoma Stomach	13
Carcinoma pyriform fossa	7

OTHER BENIGN CAUSES: 107 =24.28%

Barrets Oesophagus	44
Hiatus Hernia	19
Pyloricobstrution	08
Worm infestation	04
Candidiasis	04
External compression of stomach	05
Benign stricture oesophagus	13
Oesophageal web	02
Hourglass stomach	02
Gastric polyp	02
Rolling hiatus hernia	01
Submucous lipoma oesophagus	01
Oesophageal varices	01
Oesophageal leukoplakia	01
Zenkers diverticulum	01
Duodenal diverticulum	01

DIET: Most of the patients were vegetarian (264) accounting for 58.79. %.
Non-vegeterian accounted for (185) 41.21%
Spicy food -378 = 84.18%
Non-spicy – 71 = 15.82%

DIET	Number of patients	Percentage
Spicy food	378	84.18%
Non-spicy	71	15.82%

TOBACCO:

Use of Tobacco	260	57.90%
Non tobacco users	189	42.10%

Tobacco was taken in form of smoking, Gutka (tobacco quid form), Missri –applying/rubbing of tobacco powder over the gums especially common among women.

Complaints of the Patients were as follows:

Complaints	Number of patients
Epigastric Pain	224
Dyspepsia	107
Dysphagia	59
Reflux& Vomiting	33
Haemetemisis	19
Lump in Abdomen	04
Malena	03

Discussion:
Upper Gastroentrolgic disorders are varied and are a common problem all over the world including rural area of Maharashtra. A total of 449 patients were endoscoped between March 2010 and march 2015. The indications for conducting endoscopy in the majority of our patients were epigastric pain, UGI bleed and vomiting which were comparable with other reports.[4] Endoscopic diagnosis of oesophagitis, gastritis, duodenitis, and peptic ulcer disease were made according to the accepted standard criteria.[5] Largest number of cases was in the age group of 61-70 years and commonest complain is epigastric pain. Commenest Diagnosis was Acid Peptic disease. Gastritis was most common followed by duodenitis. Most of the patients were vegetarian.The frequency of gastritis in our patients is higher than other reports.[6]

Malignancy is much more common in this region while other reported very less prevalence of malignancy. [7] It may be due to excessive alcohol intake and tobacco use among the population.

Conclusion:
Various upper gastrointestinal disorders common on endoscopy. Early endoscopy in patients with dyspepsia should be done. In a Maharashtra upper gastrointestinal symptoms are very common and expert endoscopic studies can be of great diagnostic value and may have a role in reducing the morbidity and mortality due to upper gastrointestinal diseases.

Photographs showing Endoscopic view of various upper gastrointestinal disorders.

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