



ENDOSCOPIC EXPERIENCE AT DISTRICT HOSPITAL PULWAMA IN PATIENTS WITH UPPER GASTROINTESTINAL COMPLAINTS

Gastroenterology

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KEYWORDS

INTRODUCTION

Endoscopy is the main diagnostic tool for examination of upper gastrointestinal (GI) tract and is relatively well accepted procedure. Various Upper gastrointestinal disorders are commonly seen in routine clinical practice. Delay in their diagnosis and treatment may lead to fatal complications like cancer. The endoscopic examination of upper GI is not only important in diagnosing common upper GI disorders, but also helpful in identification of premalignant conditions like Barretts oesophagus and malignant lesions. The upper GI-endoscopy study also helps us to know the pattern of upper GI disorders in a particular region and thus provides the basic framework for initiating epidemiological studies in that region to identify the risk factors causing the particular upper GI tract disease. Comparison of patterns of GI disorders from one region with other regions may help to explore the possible causative or risk factors for GI disorders in that particular region and thus aid in removing the underlying cause. Many studies have been done in India researching indications and findings of upper GI endoscopy but these studies have been largely done in teaching Hospitals. However, scanty data are available from the districts hospitals regarding the same. This study aim to document the demographic characteristics, indications and endoscopic findings of patients undergoing upper GI endoscopy at a district hospital in Kashmir.

MATERIAL AND METHODS

This was the retrospective study of the upper GI endoscopy data recorded in the Endoscopic division of District Hospital Pulwama. Data was collected from the Registry for all those patients who had undergone Endoscopy in the last 6 years. So the data was collected retrospectively for the last 6 years; from 2013 to 2019. During this period 1450 EGD procedures had been done. A total of 1417 patient records were retrieved and reviewed. Data extracted from their records included Demographic characteristics, presenting complaints and endoscopic findings. The data thus was classified based on the age group, gender, types of diseases and the diagnosis and analysed to study the pattern. Statistical analysis was done by using Statistical Package for Social Sciences (SPSS).

RESULTS

Table 1 depicts the demographic characteristics of patients who had undergone endoscopy. One-fourth of study population (25%) were in age group 51-60, majority of which were males (13.3%) followed by 22.6% in age group 31-40, with males comprising 12.1%. Only 8 patients were above the age of 70. In the age group 41-50 only, out of 19.8% cases, majority (10.5%) were females. Majority (82%) were from rural areas and 52% approximately were males.

In majority of patients i.e., 750(52.9%) main indication for EGD was Dyspepsia followed by Epigastric pain in 426(30%) cases. Same pattern was seen in rural versus urbanites. Dysphagia as an indication for EGD was found in 33 (63.5%) females but only in 19(36.5%) males. More common indications in males were Anaemia, Epigastric pain and upper GI bleed while Dyspepsia, Dysphagia, heart burn, postprandial fullness and vomiting were more common indications in females. (Tab. 2).

254(17.9%) of the studied population had normal EGD findings, among which 134(52.8%) were females and majority resided in Rural areas, 215(84%). Duodenitis was the most common finding overall and was found in 409(28.8%) of study subjects and was again found more

in females 212(51.9%) and in rural population 346(84%). Second commonest finding was gastric ulcer in 353(27.1%) cases, mostly in males 195(55.2%). Esophagitis was found in 56(3.9%) cases and was equally distributed in males and females.

DISCUSSION

Upper GI endoscopy is a routine procedure being done in this hospital for last 10-12 years. In this study we have made a humble attempt to find the demographic and clinic-endoscopic characteristics of patients who had undergone upper GI endoscopy in our hospital. Majority of patients were males and in the age group 51-60. Male preponderance was a finding that was seen in many other studies and can be ascribed to the fact that upper GI tract diseases are prevalent more in males than females¹⁻⁵, as also to smoking which is more in males. In our study majority of patients, both males and females were in age group 51-60 which is similar to the finding in a study by Picardo and Ajayi⁶. In majority of patients i.e., 750(52.9%) main indication for EGD was Dyspepsia followed by Epigastric pain in 426(30%). This is similar to findings in numerous other studies like that of studies by Kalidas, A.B. Olokoba et al., Patel et al., Keren et al., Khurram et al., and Agyei-Nkanash⁷⁻¹². Interestingly 17.9% of patients undergoing upper GI endoscopy were found to have normal findings. In studies by Jalpa Devi, Picardo and Arjun et al normal pattern was seen in 11.4%, 3.8% and 14% of patients respectively^{13,6,14}. Higher percentage of normal findings in our study may be ascribed to the fact that people in this part of world resort to indiscriminate use of proton pump inhibitors (PPIs) and NSAIDs with or without doctor's advice which might have modified the endoscopy findings. Duodenitis was the most frequent endoscopic finding in our patients, followed very closely by gastritis. This is comparable to previous few studies^{5,15}, which reported gastritis and duodenitis as common endoscopic findings among their patients. Agyei-Nkansah et al and Patel et al found gastritis as the most common finding in upper GI endoscopy^{12,9}. A study by Jeje et al.¹⁶ found duodenal ulcer, gastritis, and duodenitis as their most frequent endoscopic diagnoses. Our finding of duodenitis slightly more than gastritis may be attributed to the fact that the endoscopic impression of gastritis/duodenitis based on perceived mucosal erythema is subject to differing interpretations between individuals. In our study both gastric and duodenal ulcer were found in < 2% subjects, yet in another study the incidence of both gastric and duodenal ulcer was found to be 6.2%.⁶ Results in our study may be attributed to the cultural and dietary practices, genetic makeup and geographical variation and clustering of cases at District Hospital. An important finding in our study was that in about 7% patients indication for endoscopy was upper GI bleed. Likewise in 20 cases indication was anaemia. Among upper GI complaints, bleeding is a fatal medical emergency with a multitude of causes including esophageal varices, gastric erosions, peptic ulcer, and mucosal tear¹⁷. This points to the fact that patients ignore their symptoms initially and seek healthcare only when they develop complications. This needs to be taken care of. So creating awareness among community regarding symptoms and emphasising on not ignoring them and reporting immediately to the healthcare facility is the need of hour. This will help in preventing complications like bleeding and cancers. Equally important is to aware masses via community-based educational interventions regarding importance of avoiding smoking and adopting healthy lifestyles.

CONCLUSION

For patients presenting with GI symptoms, upper GI Endoscopy is an important tool for diagnosis. Duodenitis closely found by gastritis was

found to be predominant problem warranting further research studies to evaluate the causative factors and accordingly provide recommendations to prevent these disorders at community level.

RESULTS

Table 1: Demographic Characteristics of study population

Age Group	Males 735 (51.9)	Females 682 (48.1)	Total Patients n=1417
<20	20(1.4)	41(2.9)	61(4.3)
21-30	102(7.2)	98(6.9)	200(14.1)
31-40	172(12.1)	148(10.5)	320(22.6)
41-50	132(9.3)	149(10.5)	281(19.8)
51-60	189(13.3)	167(11.8)	356(25.1)
61-70	115(8.2)	76(5.3)	191(13.5)
>70	5(0.3)	3(0.2)	8(0.5)
Residence	Rural	Urban	Total
	1162(82)	255(18)	1417

Table 2: Indications of Endoscopy in Study subjects

EGD Indications	n=1417	Rural (n=1162)	Urban (255)	Males (735)	Females (n=682)
Anaemia	20(1.4)	14(70.0)	6(30)	16(80)	4(20.0)
Anorexia	1(0.07)	1(100.0)	0	0	1(100.0)
Dyspepsia	750(52.9)	619(82.6)	131(17.5)	360(48)	390(52.0)
Dysphagia	52(3.6)	39(75.0)	13(52)	19(36.5)	33(63.5)
Pyrosis (Heart Burn)	17(1.1)	15(88.4)	2(11.8)	8(47.1)	9(52.9)
Pain Epigastrium	426(30)	362(85.0)	64(15)	241(56.6)	185(43.4)
Post prandial Fullness	32(2.2)	24(75.0)	8(25)	14(43.8)	18(56.3)
Upper GI Bleed	99(6.9)	76(76.8)	23(23.2)	70(70.7)	29(29.3)
Vomiting	20(1.4)	12(70.0)	8(30)	7(40)	13(60.0)

Table 3: Endoscopic Findings in Study Population

EGD findings	N=1417	Rural (n=1162)	Urban (255)	Males (n=735)	Females (n=682)
Duodenitis	409(28.8)	346(84.0)	63(16)	197(48.1)	212(51.9)
Gastritis	385(27.1)	294(83.0)	59(17)	195(55.2)	158(44.8)
Normal	254(17.9)	215(84.0)	39(16)	120(47.2)	134(52.8)
Gastroduodenal Erosion	166(11.7)	133(80.0)	33(20)	92(55.4)	74(44.6)
Esophagitis	56(3.9)	41(73.0)	15(27)	28(50)	28(50)
Gastric Growth	53(3.7)	31(58.0)	22(42)	31(58)	22(42)
Oesophagea Growth	50(3.5)	44(88.0)	6(12)	30(60)	20(40)
Duodenal ulcer	23(1.6)	19(69.0)	4(31)	12(52.1)	11(47.9)
Gastric Ulcer	20(1.4)	15(75.0)	5(25)	10(50)	10(50)
Esophageal varices	1(0.07)	1(100)	0	1(100)	0(0.0)

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