ORIGINAL RESEARCH PAPER

Pathology

KEY WORDS: Dyspepsia, endoscopic biopsy

INCIDENCE OF UPPER GASTROINTESTINAL MALIGNANCY IN DYSPEPTIC PATIENTS

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ABSTRACT

Background Dyspepsia is a common clinical problem seen by both primary care physicians and gastroenterologists. Initial evaluation should focus on the identification and treatment of potential causes of symptoms such as gastroesophageal reflux disease (GERD), peptic ulcer disease, and medication side effects but also on recognizing those at risk for more serious conditions such as malignancy.

Method An analysis of cases of dyspeptic patients was done with elaboration of clinical, endoscopic and histopathological findings.

Results This was a prospective study for a period of 3 years. Altogether 1300 dyspeptic patients were studied and among them 52 cases with malignancy were found. In the present study 564 cases of organic dyspepsia patients were there of which 72 cases (5.53%) were malignant. Among 72 cases adenocarcinoma of stomach is most common 66 cases (91.66%) followed by squamous cell carcinoma of oesophagus 6(8.33%).

Conclusion Dyspepsia is a very common problem among the population but organic dyspepsia is 46% out of which 5.53% turn out malignant. Therefore dyspepsia should be investigated carefully and in prolonged dyspepsia endoscopic biopsy is recommended.

Introduction

Dyspepsia is a term broadly used to describe episode or persistent upper abdominal symptoms may or may not be related to eating. Symptoms can be epigastric pain, bloating, fullness, belching, nausea. Causes of dyapepsia can be high fat food, stress, alcohol, coffee, achalasia, coronary ischemia, oesophageal spasm, gastroesophageal reflux, peptic ulcer, and carcinoma. Drugs causing dyspepsia are asprin, antibiotics,metronidazole, macrolides, corticosteroids, digoxin, iron, oestrogen and narcotics. 15-25% of dyspeptic patient has peptic ulcer. 20% has gastroesophageal reflux. 1% gastric cancer patient has dyspepsia. 20-30% has functional dyspepsia. H.Pylori infection is an important organism causing dyspepsia. Upper GI malignancy can be gastric cancer or oesophageal cancer. Incidence of upper GI malignancy in India is low to moderate and varies from region to region. Cause can be consumption of smoked, salted food, drinking hot tea, cigarette smoking, low socioeconomic condition and infection by H.pylori. Upper GI endoscopy is the most useful invasive method for exclusion of organis causes of dyspepsia.

Aims and Objectives

Aim of this study is to study the biopsy material of endoscopy of dyspeptic patients and to know the incidence of malignancy in dyspeptic patients.

Materials and Methods

Selection of cases for study was done by taking a detailed history, clinical examination of patient suffering from dyspepsia. Patients name, age, sex, religion, address and occupation was noted. Chief complaints like pain abdomen, nausea, vomiting, bleeding-hemetemesis, melena, weight loss, anorexia, dysphagia. Patient's name, age, sex, religion, address, occupation was noted. Chief complaints like pain abdomen, nausea, vomitting, bleeding, hemetemesis, melena, weight loss, anorexia, dysphagia, abdominal mass, heart burn, regurgitation was noted. Personal history such as alcohol drinking, bidi cigarette, smoking, betel nut chewing, khaini or gutka chewing were noted. Investigations done were routine examination of blood , stool examination of occult blood, histopathological examination of endoscopic biopsy by H&E staining.

Results

This was a prospective study for a period of 3 years. Altogether 1300 dyspeptic patients were studied and among them 52 cases with malignancy were found.

Table 1 Incidence of various types of dyspepsia

	Number of cases	Percentage (%)
Total number of dyspeptic patients	1300	100
Functional Dyspepsia	706	54
Organic Dyspepsia	594	46
Organic Dyspepsia without malignancy	522	40
Organic Dyspepsia with malignancy	72	5.53

Table 2 Malignancy Incidence with Age

Age	Number of cases	Percentage (%)
0-10	0	0
11-20	0	0
21-30	2	2.7
31-40	5	6.94
41-50	16	22.2
51-60	33	45.8
61&Above	16	22.2

Table 3 Sex incidence with upper GI malignancy

Sex	Number of cases	Percentage (%)
Male	45	67.4
Female	27	32.6

Table 4 Various sites involved in Upper GI malignancy

Site	Number of cases	Percentage (%)
Cardia	2	2.77
Body	16	22.22
Antrum	49	68.05
Oesophagus	5	6.94

Table 5 Histopathological type of Upper GI malignancy

Site	Histopathological finding	Number of cases	Percentage (%)
Stomach	Adenocarcinoma	66	91.66
Oesophagus	Squamous cell carcinoma	6	8.33

Table 6 Different Symptoms of Dyspepsia incidence

Symptom	Number of cases	Percentage (%)
Pain abdomen	48	92.30
Nausea and vomiting	28	53.84
Dysphagia	2	3.8
Abdominal mass	32	61.5
Heart burn	24	46.15
Anorexia	42	80.76
Weight loss	38	73.07
Weakness	38	73.07
Bleeding	36	69.23
Intestinal obstruction	1	1.92
Ascitis and Jaundice	3	5.76

Discussion

In the present study 564 cases of organic dyspepsia patients were there of which 72 cases (5.53%) were malignant. Among 72 cases adenocarcinoma of stomach is most common 66 cases (91.66%) followed by squamous cell carcinoma of oesophagus 6(8.33%). Previous authors reported as the occurrence of gastric cancer in a large series of patients undergoing endoscopy for benign dyspepsia. It has been recommended traditionally that all patients with gastric ulcer should have multiple biopsy specimens taken from the ulcer margin and repeated endoscopy with biopsy should be undertaken till healing occurs to rule out occult malignancy. However this practice has been questioned by many and it has been seen that patients develop cancer several years after the index ulcer and often at different site and older age group. However many patients either young or old with dyspepsia, underlying malignancy is a significant issue. Endoscopy provides reassurance to these patients and have a therapeutic benefit.

Conclusion

Dyspepsia is a very common problem among the population but organic dyspepsia is 46% out of which 5.53% turn out malignant. Therefore dyspepsia should be investigated carefully and in prolonged dyspepsia endoscopic biopsy is recommended.

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