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ACUTE BENIGN ESOPHAGOGASTRIC DISEASES AND RECENT PRACTICE

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ABSTRACT

Background: Upper GI disorders are commonly encountered in the surgical outpatient department. And the house surgeons and residents are the first contact they should evaluate them properly. The resident should know indication for proper referral to surgery or gastroenterology department for Gastroesophagogastroduodenal scopy. The study gives an insight to the findings of 335 patients presented acutely with upper GI complains and also enumerates the basic understating for the fresh graduate for the management and indication of the Gastroesophagogastroduodenal scopy in an acute presentation. Methods: a prospective descriptive study of the all patients admitted with acute upper gastrointestinal symptoms all underwent a early endoscopy and the findings noted and analyzed. Results: In our study the correlation between the clinical symptoms and Gastroesophagogastroduodenal scopy finding are females are more affected than males. And the reproductive age group has the highest incidence of acute presentations. Esophagitis is the commonest acute presentation in our study. Conclusions: a very large data of multiple modality and methods of treatment an over diagnosis component is existing and the availability of resource and affordability has to be considered for managing acute upper GI symptoms and an early Gastroesophagogastroduodenal scopy for acute GI symptoms should kept reserved and not a routine practice.

INTRODUCTION

The common surgical problem in a surgical outpatient department is involving the upper gastrointestinal tract and mostly pertaining to gastric related complains. And at times difficult to diagnose accurately as multiple organs are adjacent in a small area of epigatrium. Hence a sound clinical knowledge and directed investigation can be beneficial and time saving to the patient and appropriate management strategy can be applied1. And proton pump inhibitors2 are the main stay now but its effective use is very essential to avoid mismanagement. And gastroesophageal reflux and Barrett esophagus are similar and needs to be differentiated[3].

The intent of the study is to analyze the acute upper gastrointestinal related non bleed and non malignant disorders presenting to a tertiary teaching hospital and the application in the rural practice.

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Materials and Methods:

We have conducted a prospective descriptive study of the all patients admitted with acute upper gastrointestinal symptoms. And an early endoscopy done and the finding were charted and the data generated by history taking examination and through the admission

records. Data was analyzed using Microsoft excel and charts generated.

A total of 335 Patients matched the criteria and our inclusion criteria was all the admitted and those willing to participate in the study. And patients who have not undergone an Oesophagogastroduodenal scopy, who have lost follow and patients with abnormal ECG were excluded from the study group.

RESULTS:

With the above inclusion and exclusion criteria, a total of 335 inpatient and follow up case sheets analyzed. Using Microsoft excel data analyzed and charts generated.

And the results are as follows:

1. Sex distribution:

There was female predominance 54.2% of the study population and the remaining was males.

2. Age distribution :

Most of the patient belong to the 46-59 age group and the age group 60-75 years are also prone for similar symptoms.

3. Clinical presentation:

The initial diagnosis for all the patients was acid peptic disease, gastritis, GERD, Alcohol gastritis, Epigastric hernia, Drug induced gastritis. The majority of the patient had nausea and regurgitation as their predominant symptoms.

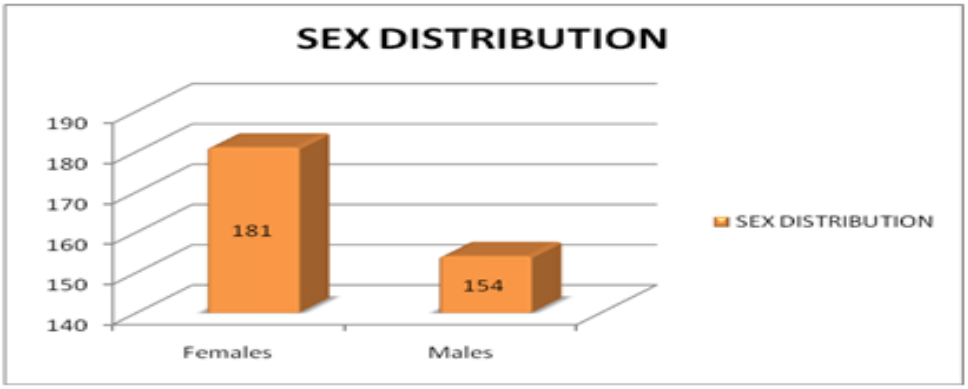
4. Department wise distribution.

Though primarily a surgical problem patients present to other departments as well. 20 % of patients presented to the medicine department and 12 % presented to the causality and surgery 65% of the cases.

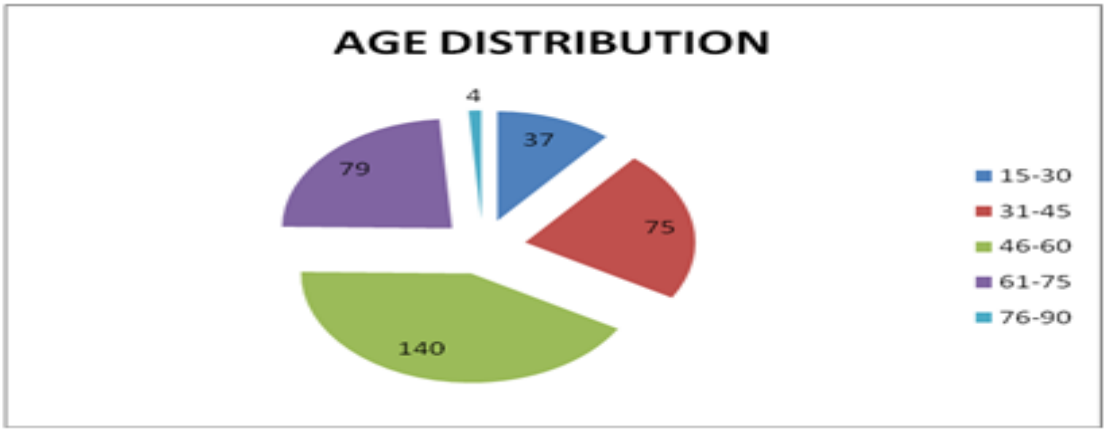
5. Oesophagogastroduodenal scopy findings:

A Gastroesophagogastroduodenal scopy predominantly failed to establish a cause and the rest of the findings were esophagitis 9.82% and pangastritis 4.44%.

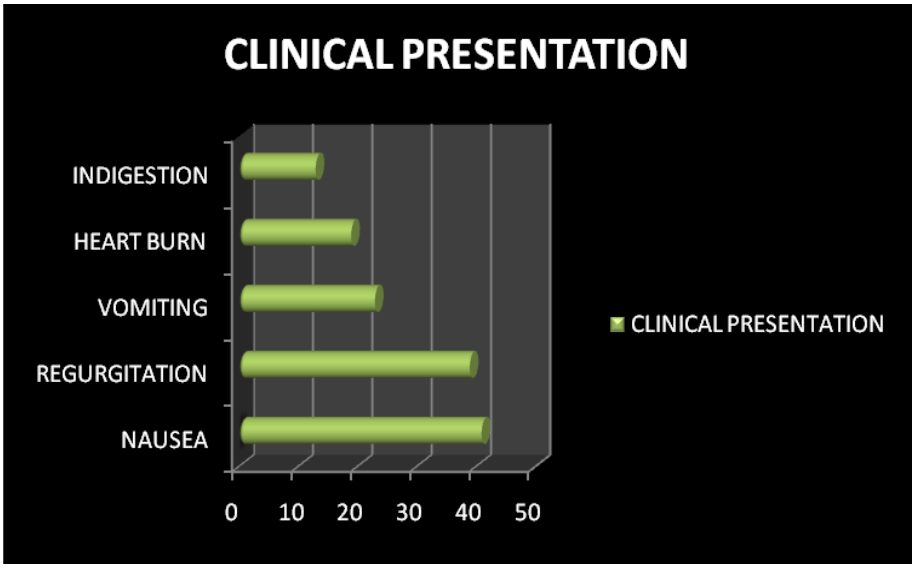
Sex Distribution:



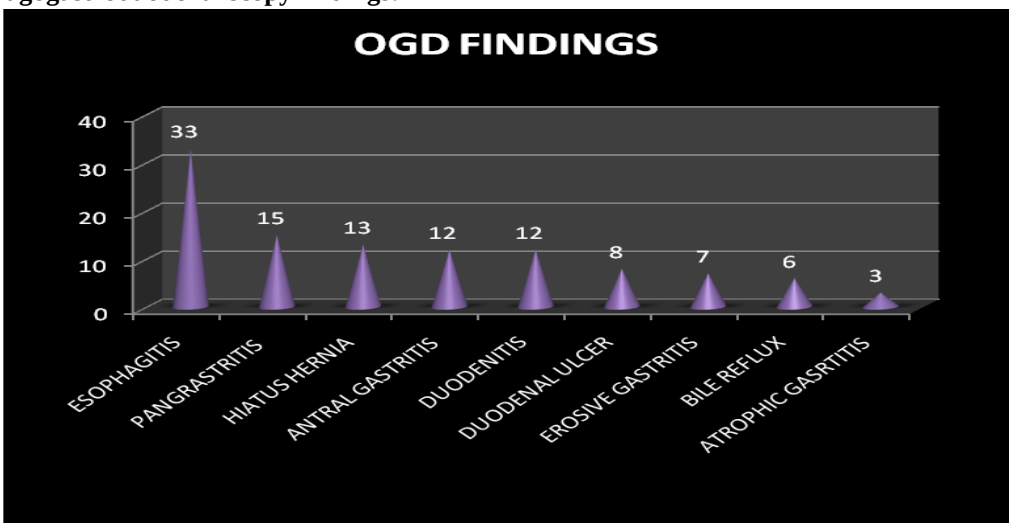
Age distribution :



Clinical presentation:



Oesophagogastroduodenal scopy findings:



Observations and Conclusion:

In our study patients admitted with upper GI symptoms other than bleed[4] were predominately females. An age group between 40-60 years was mostly affected. About 35% of the population of the patient presents or is referred from medicine and causality departments. Helicobacter pylorus is one of the known causes of upper GI symptoms[5] and has to be considered for a chronic upper GI presentation. Most common clinical presentation is dyspeptic symptoms[6] like nausea and regurgitation followed by vomiting. A significant cause is by analgesics[7] and has to be look for and stop analgesics immediately.

And after initial management as per the existing guidelines a Gastroesophagogastroduodenal scopy [8] has a definite role for persistent symptoms and our Gastroesophagogastroduodenal scopy showed normal in 80% of the study population and the rest esophagitis in 9.8% and 4.4% pangastritis[9, 10]. And a biopsy[11] has to be taken in a suspicious lesion. And studies are available who recommend stool sample[12] for H.pylori also but in routine practice we don't follow in our institution.

In our study population all responded to proton pump inhibitors well. And a dietary modification with regular follow up no need for further intervention or complications was needed and rarely needed an extensive diagnostic and therapeutic intervention for acute upper GI symptoms.

In spite of a very large data of multiple modality and methods of treatment an over diagnosis component is existing and the availability of resource and affordability has to be considered for managing acute upper GI symptoms and an early Gastroesophagogastroduodenal

scopy for acute GI symptoms should kept reserved and not a routine practice.

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