

Clinical profile and Upper Gastrointestinal endoscopy findings in evaluation of dyspepsia

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Abstract

Introduction: Incidence of dyspepsia very high in Indian people .Dyspepsia is a common symptom in surgical practice. The prevalence of dyspepsia is high, consuming considerable medical and economic resources. Upper G.I. endoscopy is gold standard for diagnosis of structural disease in a patient with dyspepsia & is the investigation of choice for dyspepsia particularly where radiology has been negative.. Upper G.I. endoscopy is done in patients presenting with dyspepsia has very significant diagnostic impact and therapeutic modality. This study is intended to study the profile of upper GI endoscopy findings in patients

presenting with dyspepsia and association of other alarm symptoms which helps in better early treatment, thereby reducing the morbidity and mortality rate.

Method: Upper GI endoscopy was performed as a diagnostic investigation in any patient presenting with symptoms of spectrum of dyspepsia (1) .All the patients included in the study were evaluated by detailed history, general examination, clinical examination and basic investigations was done on OPD basis.

Conclusion: With this study we conclude that, Dyspepsia more common in male patients as compared to female. It is more common in age group of 25-50 years of age. Abnormal Endoscopic findings were found

in majority (72%) of patients with dyspepsia and the common abnormal endoscopic findings included gastritis, Oesophagitis and duodenitis.

Keyword: Dyspepsia, UGI Scopy, Dyspepsia.

Introduction

Dyspepsia is a common symptom in surgical practice. The prevalence of dyspepsia is high, consuming considerable medical and economic resources. The Rome III criteria defined dyspepsia as one or more of the symptoms such as - Postprandial fullness, Early satiety, Epigastric pain or discomfort lasting for at least four weeks, burning sensation.(2) The evaluation and management of dyspepsia constitutes a significant clinical and economic burden.(3) It is combination of symptoms, often related to food and that includes nausea, bloating sensation, epigastric burning sensation, epigastric pain or discomfort, indigestion, heartburn. Dyspepsia subtypes were classified as reflux-like, ulcer-like, dysmotility-like. Dyspepsia associated with alarming features, also called alert signs, red flags, or warning signs, these are specific features thought to be associated with serious gastrointestinal disease such as underlying malignancy or significant pathology like stricture or ulcer. Alarming features for patient with dyspepsia includes age > 50 years, with new onset of symptoms, family H/O malignancy, unintended weight loss, GI bleeding or iron deficiency anaemia, dysphagia, persistent vomiting, palpable mass in epigastrium and jaundice.(4) Upper G.I. endoscopy is gold standard for diagnosis of structural disease in a patient with dyspepsia & is the investigation of choice for dyspepsia particularly where radiology has been negative. Advantage of negative endoscopy reduces patient anxiety & increases patient satisfaction. (4) Upper G.I. endoscopy is done in patients presenting with dyspepsia

has very significant diagnostic impact and therapeutic modality. Initial endoscopy showed significant improvement in symptoms score, quality of life, reduction in use of PPI's (5) . Endoscopy helps in early detection of carcinoma in case of dyspepsia. Patient with alarm symptoms add significant increase in both GI cancer and mortality. Endoscopy helps in detection for carcinoma of upper GI tract in dyspepsia and outcome of various other alarming symptoms. (2) So by early detection and treatment at initial stage has better outcome of patient. This study is intended to study the profile of upper GI endoscopy findings in patients presenting with dyspepsia and association of other alarm symptoms which helps in better early treatment, thereby reducing the morbidity and mortality rate.

Aims & Objectives

Primary Aim

- Spectrum of clinical profile in patients presenting with dyspepsia.
- Endoscopy findings in Oesophagus, stomach, duodenum in evaluation of dyspepsia.

Secondary Aim

- Demographic data in patient presenting with dyspepsia.
- Impact of alcohol consumption, smoking and NSAID in study population.
- To look for presence of Co-morbidities in various spectrums of diseases of Oesophagus, stomach and duodenum in study population.
- To look for association of alarm symptoms with cancer in study population.
- To look for prevalence of H. pylori in study population.

Inclusion Criteria

- Patients having completed 18 years of age.

- Patients with symptoms of
 1. Epigastric burning, sensation, pain, discomfort
 2. Bloating sensation
 3. Heartburn
 4. Dyspepsia
 5. Dysphagia
 6. Regurgitation of acidic content
- Patients with alarm symptom who are stable.

Exclusion Criteria

- Negative consent for endoscopy.
- Medically unstable patients.
- Patients diagnosed having bleeding disorders.
- Patients with abnormal coagulation profile.
- Patient requiring an urgent operative intervention.
- Seropositive patients
- Corrosive poisoning

Study Type: Case bound prospective Cross-sectional study

Study Setting: General Surgery Department of SSG Hospital, Vadodara

Study Duration: From acceptance of SRC (May 2021) to December 2022

Sample Size: It is case bound study.

A total sample size of 246 patients was needed in this study to achieve 95% confidence interval with 5% risk calculated using Cochran formula.

Cochran formula $n_0 = Z^2 pq / e^2$ Where n_0 is the sample size, z_2 is the abscissa of the normal curve that cuts off an area $\alpha/2$ at the tails $(1 - \alpha)$ equals the desired confidence level (here it is at 95%). e is the desired level of precision p is the estimated proportion of an attribute that is present in the population and q is $1 - p$.

Patients & Method

The value for z is found in statistical tables which contain the area under the normal curve. Here $z = 1.96$ for

95% level of confidence. To achieve this target, 250 patients were included in the study.

Statistical Analysis

Association of endoscopic findings in Oesophagus, Stomach and Duodenum with Alcohol, Smoking and NSAID done by T-test. Association of malignancy with Alarm symptoms will be done by Chi-square test.

Method

Upper GI endoscopy was performed as a diagnostic investigation in any patient presenting with symptoms of spectrum of dyspepsia (1).

All the patients included in the study were evaluated by detailed history, general examination, clinical examination and basic investigations was done on OPD basis.

Those patients having with alarm symptoms were admitted for further management.

Specific investigations: Ultrasonography of abdomen and pelvis, chest x-ray, electrocardiogram was done, as and when required to further evaluate the patient.

Patients & Method

The patient fitting into the criteria of study population were explained the procedure thoroughly, written informed consent was taken

Upper gastrointestinal endoscopy was performed under local anaesthesia by consultants using Olympus endoscope video system in all study subjects left lateral position in as a diagnostic investigation and interpretation of the findings were noted.

The biopsy of upper GI tract was performed as and when indicated by standard technique using endoscope under local anesthesia with strict aseptic precautions after obtaining consent from patients.

Rapid Urease test was slide test for *H. pylori* was performed in all patients from antrum irrespective of

their endoscopy results if scope was negotiated into stomach.

Results

In our study of 250 patient who presented with dyspepsia for whom upper GI endoscopy was done as an

initial diagnostic evaluator tool. All patients were from SSG HOSPITAL, Vadodara. Following were the results obtained.

Table1: Distribution of study subjects according to Age and gender.

Age Group	Number	Percentage	Male	Percentage	Female	Percentage
<20	9	3.60	5	3.01	4	4.76
21-30	42	16.80	28	16.87	14	16.67
31-40	39	15.60	24	14.46	15	17.86
41-50	41	16.40	29	17.47	12	14.29
51-60	70	28.00	48	28.92	22	26.19
61-70	35	14.00	22	13.25	13	15.48
>70	14	5.60	10	6.02	4	4.76
Total	250	100.00	166	100.00	84	100.00
Mean-47.02SD-15.70						
Median-49.50						

In our study there are 250 study subjects of them 166 are males and 84 are females. Maximum of these were in age groups between 51 to 60 years. There are less number of subject in age groups.

Table 2: Distribution of patients according to- Age wise comorbidities distribution

Age Group	Hypertension	Percentage	DM	Percentage	Both	Percentage
<20	0	0.00	0	0.00	0	0.00
21-30	0	0.00	2	6.67	0	0.00
31-40	3	7.32	6	20.00	0	0.00
41-50	8	19.51	6	20.00	1	25.00
51-60	14	34.15	9	30.00	1	25.00
61-70	11	26.83	6	20.00	2	50.00
>70	5	12.20	1	3.33	0	0.00
Total	41	100.00	30	100.00	4	100.00

In our study there were total 41 patients having hypertension and 30 patients having DM. Maximum number of patient with comorbidities from 51-60 age group.

Table 3: Gender Distribution of patients according to Symptoms

Symptoms	Male	Percentage	Female	Percentage
Epigastric pain	61	24.40	33	13.20

Heartburn	55	22.00	28	11.20
Dysphagia	38	15.20	22	8.80
Bloating	35	14.00	19	7.60
Vomiting	33	13.20	13	5.20
Haematemesis	13	5.20	4	1.60
Malena	5	2.00	1	0.40
Weight loss	7	2.80	9	3.60

In our study there are 250 study subjects of them most common symptom is epigastric pain present in 61 male and 33 female patients, followed by heart burn, dysphagia and bloating. Least common symptom is Malena in both genders.

Table 4: Distribution of patients according to organs involved on endoscopy

Endoscopic Findings	Number	Percentage	Male	Percentage	Female	Percentage
Oesophagus	156	62.40	104	41.60	52	20.80
Stomach	96	38.40	60	24.00	36	14.40
Duodenum	31	12.40	21	8.40	10	4.00
Oesophagus+Stomach	47	18.80	33	13.20	14	5.60
Oesophagus + Duodenum	14	5.60	9	3.60	5	2.00
Stomach + Duodenum	18	7.20	11	4.40	7	2.80
Oesophagus+ Stomach + Duodenum	11	4.40	8	3.20	3	1.20
Normal endoscopy	36	14.40	27	10.80	9	3.60

In our study most common organ involvement in endoscopic finding is oesophagus (156 patients) followed by stomach (96 patients) and all 3 organs involvement seen in only 11 patients.

Table 5: Gender wise distribution of patients according to endoscopic findings in Oesophagus

\Oesophagus	Male	Percentage	Female	Percentage
Barrett's oesophagus	2	0.80	2	0.80
Erosions	5	2.00	1	0.40
Erythema	2	0.80	3	1.20
Ulcers	16	6.40	8	3.20
Growth	26	10.40	18	7.20
Hiatus hernia	26	10.40	14	5.60
OGjunction (Lax)	9	3.60	4	1.60
Achalasia Cardia	1	0.40	1	0.40
Varices	26	10.40	5	2.00
Stricture	7	2.80	2	0.80

In our study most common endoscopic oesophagus finding in male patients is oesophageal growth in 26 patients and hiatus hernia in 26 patients. In female patients most common oesophageal endoscopic finding is oesophageal growth in 18 patients.

Table 6: Distribution of patients according to endoscopic findings in Stomach

Stomach	Number	Percentage	Fundus	Body	Antrum	Pylorus
Gastritis	52	20.80	11	21	40	0
Portal gastropathy	16	6.40	2	15	2	8
Varices	6	2.40	6	0	0	1
Trichobezor	2	0.80	2	2	2	0
Foreign body present	1	0.40	0	1	0	2
Erythema	10	4.00	0	6	3	0
Bile Reflux	1	0.40	0	1	0	2
Ulcer	9	3.60	0	1	6	0
Stenosis	10	4.00	0	0	0	5
Not seen	55	22.00	55	55	55	55

In our study most common endoscopic findings in stomach is gastritis -52 patients. Antrum was the most common part of stomach involved.

Table 7: Distribution of patients according to endoscopic findings in Duodenum

Duodenum	D1		D2	
	Number	Percentage	Number	Percentage
Duodenitis	17	6.80	5	2.00
Foreign body seen	1	0.40	0	0.00
Erythema	5	2.00	1	0.40
Ulcer	6	2.40	0	0.00
Growth	0	0.00	1	0.40
Normal	144	57.60	158	63.20
Not seen	78	31.20	85	34.00

In our study most common endoscopic finding is duodenitis-17 patients in D1 and 5 patients in D2.

Table 8: Distribution of patients according to Biopsy taken.

Biopsy	Number	%
Biopsy taken	67	26.80
Biopsy not taken	183	73.20
Total	250	100.00

In our study out of 250 patient biopsy was carried out in 67 patients.

Table 9: Distribution of patients according to Biopsy findings in Oesophagus

Biopsy Findings in Oesophagus	Number	%	Male	Percentage	Female	Percentage
Adeno CA	10	4.00	10	4.00	0	0.00
SCC	28	11.20	13	5.20	15	6.00
Benign	6	2.40	5	2.00	1	0.40
Not Significant	7	2.80	6	2.40	1	0.40

In our study out of 67 patients from whom biopsy was taken most common biopsy finding is SCC (28 patients) followed by Adeno carcinoma (10 patients).

Table 10: Distribution of patients according to Biopsy findings in stomach

Stomach	Total	Adeno CA	GIST	Beningn	Not Significant
Fundus	1	0	0	1	0
Body	2	1	1	0	0
Antrum	0	0	0	0	0
Pylorus	11	3	1	5	2

In our study most common biopsy finding in stomach is benign condition in pylorus of stomach (5 patients) followed by Adeno carcinoma in pylorus of stomach (3 patients).

Table 11: Distribution of patients according to Biopsy findings in duodenum

Duodenum	Total	Beningn	Periampullary CA
D1	1	1	0
D2	1	0	1
Not Significant	0	0	0

In our study biopsy finding in duodenum one patient having benign finding in D1 part and one patient having periampullary carcinoma finding in D2 part.

Table 12: Distribution of patients according to Alarm Symptoms

Alarm Symptoms	Present		Absent	
	Nos.	Percentage	Nos.	Percentage
Dysphagia	60	24	190	76
Vomiting	46	18.4	204	81.6
Haemetemesis	17	6.8	233	93.2
Malena	6	2.4	244	97.6
Weight loss	16	6.4	234	93.6

In our study most common alarming finding is dysphagia (60 patients) followed by vomiting (46 patients). Least common alarm symptom is Malena (6 patients).

Table 13: Distribution of patients according to Alarm Symptoms with Cancer.

	Normal	Benign	Malignant	Total
Dyspepsia with alarm Symptoms	50	9	46	105
Dyspepsia without alarm symptoms	140	3	2	145
Total	190	12	48	250
Chi-square	81.655, P<0.0001			

In our study out of 250 patients most common 46 patients having malignant etiology present with complain of dyspepsia with alarm symptoms. Most common 140 patients present with complain of dyspepsia without alarm symptoms.

Table 14: Distribution of patients according to results of Rapid Urease Test

Rapid Urea's Test	Number	Percentage
Positive	53	21.20
Negative	3	1.20
Not done	194	77.60
Total	250	100.00

In our study out of 250 patients 56 patients tested for rapid urea's test out of that 53 patients tested positive.

Table 15: Association of endoscopic findings in Oesophagus with Smokers.

Oesophagus	Male Smokers	Percentage	Female Smokers	Percentage
Barrett's oesophagus	1	0.40	0	0.00
Erosions	2	0.80	0	0.00
Erythema	1	0.40	0	0.00
Ulcers	6	2.40	0	0.00
Growth	9	3.60	1	0.40
Hiatus hernia	10	4.00	1	0.40
OG junction (Lax)	1	0.40	0	0.00
OG junction (Tight)	1	0.40	1	0.40
Varices	4	1.60	0	0.00
Stricture	2	0.80	0	0.00
t=-3.356, P=0.0084				

In our study maximum number of patients with smoking were male. Out of them hiatus hernia is more common endoscopic finding in oesophagus, followed by oesophageal growth.

Table 16: Association of endoscopic findings in stomach with

Stomach	Male Smokers	Percentage	Female Smokers	Percentage
Gastritis	9	3.60	0	0.00
Portal gastropathy	1	0.40	0	0.00

Varices	0	0.00	0	0.00
Trichobezor	0	0.00	0	0.00
Foreign body present	1	0.40	0	0.00
Erythema	1	0.40	0	0.00
Bile present	0	0.00	0	0.00
Ulcer	0	0.00	0	0.00
Stenosis	1	0.40	0	0.00
Not seen	9	3.60	1	0.40
t=-1.945,P=0.0836				

In our study maximum number of patients with smoking was male. Out of them gastritis is more common endoscopic finding in stomach. In our study in female group no significant findings noted.

Table 17: Association of endoscopic findings in duodenum with Male Smokers.

Duodenum	D1		D2	
	Male Smokers	Percentage	Male Smokers	Percentage
Duodenitis	3	1.20	0	0.00
Foreign body seen	0	0.00	0	0.00
Erythema	2	0.80	1	0.40
Ulcer	2	0.80	0	0.00
Growth	0	0.00	0	0.00
Normal	27	10.80	28	11.20
Not seen	14	5.60	19	7.60
Chi-square 6.065 P=0.1943				

Table 18: Association of endoscopic findings in duodenum with Female Smokers.

Duodenum	D1		D2	
	Female Smokers	Percentage	Female Smokers	Percentage
Duodenitis	0	0.00	0	0.00
Foreign body seen	0	0.00	0	0.00
Erythema	0	0.00	0	0.00
Ulcer	0	0.00	0	0.00
Growth	0	0.00	0	0.00
Normal	4	1.60	4	1.60
Not seen	1	0.40	1	0.40
Chi-square 6.065 P=0.1943				

In our study maximum numbers of patients with smoking were male. Out of them duodenitis is more common endoscopic finding in duodenum in male. Majority of patient with smoking history had no abnormality seen in duodenum. No any evident endoscopic abnormality seen in female smoker patient.

Table 19: Association of endoscopic findings in Oesophagus with alcohol.

Oesophagus	Male Alcoholic	Percentage	Female Alcoholic	Percentage
Barrett's oesphagus	0	0.00	0	0.00
Erosions	1	0.40	0	0.00
Erythema	0	0.00	0	0.00
Ulcers	2	0.80	0	0.00
Growth	5	2.00	3	1.20
Hiatushernia	3	1.20	0	0.00
OG junction(Lax)	2	0.80	0	0.00
OG junction(Tight)	0	0.00	1	0.40
Varices	10	4.00	0	0.00
Stricture	1	0.40	8	3.20
t=3.377,P=0.0082				

In our study maximum number of patients having alcohol drinking history were male. Out of them varices were more common endoscopic finding in male. In female patient stricture formation is more common in endoscopic finding in oesophagus.

Table 20: Association of endoscopic findings in Stomach with Alcohol.

Stomach	Male Alcoholic	Percentage	Female Alcoholic	Percentage
Gastritis	6	2.40	0	0.00
Portal gastropathy	6	2.40	0	0.00
Varices	2	0.80	0	0.00
Trichobezor	0	0.00	0	0.00
Foreign body present	0	0.00	0	0.00
Erythema	1	0.40	0	0.00
Bile present	0	0.00	0	0.00
Ulcer	0	0.00	0	0.00
Stenosis	2	0.80	0	0.00
Not seen	4	1.60	0	0.00
t= -2.739, P= 0.0229				

In our study maximum number of patients having alcohol drinking history were male. Out of them gastritis was more common endoscopic finding in male. In female patient no any abnormality is seen in endoscopic finding in stomach.

Table 21: Association of endoscopic findings in Duodenum with Alcohol in male patients.

Duodenum	D1		D2	
	Male Alcoholic	Percentage	Male Alcoholic	Percentage
Duodenitis	5	2.00	2	0.80
Foreign body seen	0	0.00	0	0.00
Erythema	0	0.00	0	0.00
Ulcer	0	0.00	0	0.00
Growth	0	0.00	0	0.00
Normal	18	7.20	20	8.00
Not seen	6	2.40	7	2.80
t=0.000,P=1.0000				

Table 22: Association of endoscopic findings in Duodenum with Alcohol in female patients

Duodenum	D1		D2	
	Female Alcoholic	Percentage	Female Alcoholic	Percentage
Duodenitis	0	0.00	0	0.00
Foreign body seen	0	0.00	0	0.00
Erythema	0	0.00	0	0.00
Ulcer	0	0.00	0	0.00
Growth	0	0.00	0	0.00
Normal	5	2.00	5	2.00
Not seen	1	0.40	1	0.40

In our study maximum number of patients having alcohol drinking history were male. In both the groups the more common findings was duodenitis in both male as well as female patients.

Table 23: Endoscopic findings in Oesophagus with NSAID consumption.

Oesophagus	NSAID consumption	Percentage	Non-NSAID consumption	Percentage
Barrett's oesophagus	1	0.40	3	1.20
Erosions	1	0.40	5	2.00
Erythema	5	2.00	0	0.00
Ulcers	6	2.40	18	7.20
Growth	0	0.00	44	17.60
Hiatushernia	4	1.60	36	14.40

OGjunction(Lax)	4	1.60	9	3.60
OGjunction(Tight)	0	0.00	2	0.80
Varices	3	1.20	28	11.20
Stricture	0	0.00	9	3.60
t=2.633,P=0.0272				

In our study patient with NSAID consumption most common finding was ulcer in oesophagus followed by erythema of oesophagus. Least common findings were erosions and Barrett’s oesophagus.

Table 24: Endoscopic findings in Stomach with NSAID consumption.

Stomach	NSAID consumption	Percentage	Non-NSAID consumption	Percentage
Gastritis	9	3.60	7	2.80
Portal gastropathy	1	0.40	2	0.80
Varices	0	0.00	6	2.40
Trichobezor	0	0.00	2	0.80
Foreign body present	0	0.00	0	0.00
Erythema	1	0.40	0	0.00
Bile Reflux	0	0.00	0	0.00
Ulcer	2	0.80	0	0.00
Stenosis	0	0.00	0	0.00
Not seen	10	4.00	43	17.20
t=0.229,P=0.8242				

In our study patient with NSAID consumption most common finding gastritis in stomach was more common followed by ulcer in stomach. Least common finding were erythema and portal gastropathy.

Table 25: Endoscopic findings in Duodenum with NSAID consumption.

Duodenum	D1		D2	
	NSAID consumption	Percentage	NSAID consumption	Percentage
Duodenitis	3	1.20	1	0.40
Foreign body seen	1	0.40	0	0.00
Erythema	0	0.00	0	0.00
Ulcer	0	0.00	0	0.00
Growth	0	0.00	1	0.40
Normal	7	2.80	8	3.20
Not seen	1	0.40	2	0.80
Chi-square 6.065 P=0.1943				

In our study patient with NSAID consumption most common finding was duodenitis in duodenum. More number of patients had normal endoscopy in duodenum.

Discussion

A study entitled– Clinical profile and upper gastrointestinal endoscopy findings in evaluation of dyspepsia—was undertaken in SSG Hospital attached to Government medical college, Vadodara to study the endoscopic findings of dyspepsia and co–relation of alarm symptoms with endoscopic findings.

Age Distribution

Table 26: Comparison of age distribution

Sn.	Name of study	Mean age in years
1.	Thomson AB R et al(40)	45.9
2.	Ziauddin (39)	42.2+-15.7
3.	Choomsrip et al (37)	44
4.	Present study	47.02+-15.7

The above studies also had similar observation sin term me an age in patients with dyspepsia.

Gender distribution

In this study 66% were male patients, 34% were female patients.

Comparison of frequency of various symptoms of dyspepsia with Kumar et al

In our study there are 250 study subjects of them most common symptom is epigastric pain present in 61male and 33female patients.

Table 27: Comparison of frequency of various symptoms of dyspepsia with Kumar et al

Sn.	Symptoms	Kumar et al ³⁸	Present study
1.	Epigastric pain	76.7%	37.60%
2.	Heartburn	61.3%	33.20%
3.	Vomiting	40%	18.40%
4.	Bloating	33.3%	21.60%
5.	Wt. Loss	26.7%	6.4%

Most common GI endoscopic findings in various studies

In our study most common gastrointestinal findings are gastritis accounting for 21.00%, followed by Oesophageal grow this 18%, Hiatushernia 16%. In our study multiple organ combination lesion were seen in 11 cases. Most common carcinoma was carcinoma of esophagus.

Table 28: Comparison of common endoscopic findings in various studies

SR no.	Name of study	Gastritis
1.	Sarwar et al ⁽⁴²⁾	13%
2.	Ziauddin ⁽³⁹⁾	18%
3.	Present study	21%

In our study incidence of gastritis is more, may be because of increase in the intake of alcohol, tobacco.

Incidence of gastric malignancy:

Table 29: Comparison of incidence of gastric malignancies

In this study there were 6 patients with carcinoma of stomach accounting for 2.4%, 38 patients with carcinoma of esophagus accounting for 15.20%, 1 patients with periampullary carcinoma accounting for 0.4%. Incidences of Gastric malignancies observed by various authors are as follows:

Sn.	Name of study	Percentage of gastric malignancy
1.	Choomsripetal ³⁷	1%
2.	Khan N et al ³⁴	3%
3.	Ziauddin ³⁹	4%
4.	Present study	2.4%

Table 30: comparison of endoscopic findings Nowshad khan et al study

Sn.	Endoscopic findings	Nowshad Khan et al ³⁴	Present study
1.	Normal	25%	14.4%
2.	Oesophagitis	12%	9.6%
3.	Gastritis	8%	20.80%
4.	Gastric Ulcer	10%	3.6%
5.	Duodenal Ulcer	8%	2.4%
6.	Duodenitis	4%	8.8%
7.	Combinations of lesions	2%	4.4%

In our study multiple organ combination lesions were seen in 11 cases. Most common finding in our study is gastritis accounting for 20.80%, followed by grade 1 esophagitis 9.6%, duodenitis 8.8%. Most common carcinoma is carcinoma of oesophagus in 38 patients. Normal endoscopy was found in 14.4% of patients. In similar study conducted by Nowshad khan et al, in Khyber teaching hospital Peshawar from 1st June to 31st December 2006. The endoscopic findings were normal in 25 (50%) patients. The abnormal findings included esophagitis in 6 (12%) patients, gastric ulcer in 5 (10%) patients, duodenal ulcer

in 4 (8%) patients, gastritis in 4 (8%) patients, and duodenitis in 2 (4%) patients, combination of lesions found in 1 (2%) patient, carcinoma of stomach was present in 1 (2%) patients. Incidence of normal endoscopy in dyspeptic patients was 25% in Nowshad khan study.

Conclusion

With this study we conclude that, Dyspepsia more common in male patients as compared to female. It is more common in age group of 25-50 years of age. Abnormal Endoscopic findings were found in majority (72%) of patients with dyspepsia and the common abnormal endoscopic findings included gastritis,

Oesophagitis and duodenitis. Dyspepsia with alarm symptoms had increased risk of malignancy on endoscopy. Whereas in dyspepsia without alarm symptoms there are less findings of malignancy on endoscopy. Therefore subjects with alarm symptoms must be subjected to endoscopy early. Alcohol and smoking are major risk factor for dyspepsia. Most patients presented with a complex of three or more dyspeptic symptoms and the symptom profile was not predictive of the endoscopic findings. Upper GI endoscopy is a useful diagnostic modality in elucidation of the causes of dyspepsia. H. Pylori and NSIADS are major risk factors causing dyspepsia, early endoscopic evaluation can help in prompt treatment of dyspepsia. Early upper gastro-intestinal endoscopy if feasible should done on priority basis that further helps in early and accurate diagnosis as well as treatment of dyspepsia.

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