

## CO-RELATION OF DYSPEPSIA WITH UPPER GASTROINTESTINAL PATHOLOGY IN THE NORTHERN AREAS OF PAKISTAN

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### ABSTRACT:

This is a trial done over a period of two years, in which 400 patients, with persistent dyspepsia were endoscoped. The majority of the patients had gastritis. Other disorders found in order of frequency were oesophagitis duodenal ulcer and gastric ulcer. Duodenal ulcer was found to be three times more common than gastric ulcer. Carcinoma of oesophagus was found almost twice as common as carcinoma of the stomach. About one fifth of the patients has no Pathology. Compared with other studies we found that peptic ulcers, carcinoma and gastritis were more common in our study.

### INTRODUCTION:

Dyspepsia is an extremely common symptom seen amongst patients in the outpatient clinics throughout the world but more so in Asia. In Scotland and England 41% of people have dyspepsia<sup>1</sup>. In Europe dyspepsia accounts for almost a third of all gastroenterological referrals<sup>2</sup> and upto 25% of all general practice consultations.<sup>3</sup> Dyspepsia being such a common problem and as such a study had never been done in this area this study was undertaken to find out the pathologies associated with dyspepsia and to lay down criteria for investigations.

Dyspepsia may occur as a result of disease of the Gastrointestinal tract or in association with pathological states in other organ systems. The usual causes of dyspepsia are diseases of the oesophagus, stomach and duodenum, diseases of the biliary a pancreatic system, constitutional disorders such as heart failure, uremia and hepatic failure, certain foods and drugs that irritate the gastric muiosa (Alcohol, salilycates, Non-steroidal anti-inflammatory drug, steroids etc.) and psychogenic nervous dyspepsia associated with anxiety. Depression and tension states.

### PATIENTS AND METHOD:

All the patients coming to the outdoor of DHQ Hospital Abbottabad for dyspepsia during a period of two years i.e. were included in the study. Under the term of dyspepsia we considered those symptoms related to the upper gastrointestinal tract i.e. upper abdominal and retrosternal pain or discomfort, heartburn, nausea, vomiting, or other symptoms considered to be preferable to the upper alimentary tract, as defined by the working party.<sup>4</sup> Patients with dyspepsia due to causes other than gastrointestinal tract were first assessed in the out-patient clinic and those with dyspeptic symptoms for more than 4 weeks and not responding to the usual antacids were referred for endoscopy.

Endoscopies were performed at the District Headquarters Teaching Hospital Abbottabad. Histology of tissues was performed at the Pathology Department of Ayub Medical College. The instrument used for

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endoscopy was an Olympus XQ-20 gastroscopy. A consent was obtained from all the patients.

## RESULTS:

A total of 400 patients were endoscoped, of which 264 were males and 136 females. The average age was 41.5 ranging between 18-75 years. Of the 400 patient's gastritis was present in 189 cases (47.25%), gastritis with erosions in 52 patients (13%), Oesophagitis in 100 cases (25%), Duodenal ulcer in 59 cases (14.75%), gastric ulcer in 20 cases (5%) oesophageal carcinoma in 12 cases (3%) and gastric carcinoma in 7 cases 1.75%). In 78 patients no abnormality 19.5% (Table-I) was detected.

Table I: **INCIDENCE OF UPPER GASTROINTESTINAL PATHOLOGY IN 400 PATIENTS WITH DYSPEPSIA.**

Pathology	No of Patients	Percentage
Duodenal Ulcer	59	14.75
Gastric Ulcer	20	5.00
Gastric Carcinoma	7	1.75
Oesophageal Ca	12	3.00
Oesophagitis	100	25.00
Gastritis	189	47.25
Gastritis with Erosions	52	13.00
Normal	78	19.5

## DISCUSSION:

The commonest pathology seen in our study was gastritis. Duodenal Ulcer was three times as common Gastric Ulcer. Carcinoma of the oesophagus was twice as common as carcinoma of the stomach. About 20% of the patients had non-ulcer dyspepsia as defined by the working party.<sup>6</sup>

The above finding suggest the patients with persistent dyspepsia for more than four weeks and not responding to the usual antacids tend to have some sort of upper gastrointestinal pathology. The commonest type of pathology seen in our study was gastritis oesophagitis and peptic ulcer disease, similar findings have also been found in Karachi.<sup>5</sup> Non-ulcer dyspepsia was found in 20% cases, similar findings were noticed by Kreunig J. et al<sup>7</sup> and Akdamar K. et al.<sup>8</sup> Comparing this study with other similar studies from home and abroad (Table-II). We found that peptic ulcer, carcinoma and gastritis were much more common in our study.

Table-II

**COMPARISON OF VARIOUS STUDIES (PERCENTAGE)**

Author	Ref:	No. of Cases	Peptic Ulcer	Oesophagitis	Carcinoma	Gastritis	Duodenal	Normal
Saunders	9	559	22	24	0.2	9	6	31
Jones	10	354	16	23	2.0	17	6	24
Shaik et al.	11	770	3	8.31	2.0	17.4	7	59
Present	—	400	20	25	4.75	47.5	14.75	19.5

As the management of all the above cases varies it is important that patients with persistent dyspepsia should be properly investigated by barium studies and endoscopy and managed accordingly. Endoscopy will normally be the investigation of choice because of its ability to detect mucosal lesion more accurately than radiological contrast studies.<sup>4</sup> Secondly, biopsy of suspicious areas can also be taken. A trial of therapy without investigation is suggested where the features in a young patient do not suggest an organic disease. However, no trial of therapy should be prolonged, if it fails investigation is required.<sup>4</sup>

Non-Ulcer Dyspepsia is also a useful finding which can avoid giving un-necessary and expensive medications and economic strain in the form of cost of drugs and work leave from job.

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