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Short Communication

Clinical and endoscopic evaluation of patients with dyspepsia



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ABSTRACT

Background: Chronic recurrence and persistence of crippling dyspeptic symptoms disrupt the lives of many people. The present study aimed to study the clinical and investigative profile of patients with dyspepsia, with special emphasis on etiological profile and endoscopic findings.

Methods: 150 adult patients (>18 years age) suffering from dyspepsia were studied, including endoscopy.

Results: Spicy and hot food were the aggravating factors for dyspepsia in 50.7% and 47.3% of patients respectively, while intake of antacids (49.3%) and cold milk (44.7%) were the main relieving factors. The commonest symptom was upper abdominal discomfort (112 patients, 74.6%). Endoscopy was abnormal in all but 19 patients (functional dyspepsia). Based on endoscopy, dyspepsia cases were classified as gastroesophageal reflux disease (GERD) with esophagitis (69 cases), GERD with hiatus hernia (30 cases), erosive gastritis (42 cases), gastric ulcer (4 cases), duodenitis (3 cases), and duodenal ulcer (1 patient). Rapid urease test was performed for 50 cases and 43 (86%) cases were positive. Relation of stress to dyspepsia was found in 60 cases (40%). There were 54 smokers (36%) and 21 alcoholics (14%), while 26 patients (17.3%) had history of NSAID intake.

Conclusion: Etiology of dyspepsia is varied, and GERD was the commonest.

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1. Introduction

Dyspepsia is defined as chronic or recurrent pain centered in the upper abdomen. Dyspeptic symptoms have a high

prevalence in the population and experienced by people all over the world and represent a common reason for a patient to visit a primary care physician. A majority of patients are suffering from significant levels of abdominal pain that interrupt daily activities and treatment remains

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unsatisfactory in this chronic condition; therefore, it is important to know the causes of dyspepsia to establish the therapeutic approach.¹ Dyspepsia is a frequent syndrome in India, where there are restrictions to endoscopy and high prevalence of *Helicobacter pylori* (*H. pylori*) infection. Although there is lack of data from population-based studies in India, the current understanding of this condition has been updated using data from tertiary care hospital in Delhi. The present study was planned as a clinico-investigational study of patients with dyspepsia, and also to outline the etiological profile and correlation with endoscopic findings.

2. Methods

A convenient sample of 150 adult patients (>18 years age) suffering from dyspepsia was included for the purpose of the study over a 2-year period, after obtaining a written informed consent. Any patient with upper abdominal discomfort for at least 4 weeks with or without additional symptoms of nausea, vomiting, abdominal fullness, bloating, regurgitation, or heartburn was included. A detailed history and physical examination was performed for each subject and anthropometric variables recorded. Particular emphasis was paid on aggravating factors and relieving factors, personal history, and stress. A complete hematological and serum biochemistry was performed as a routine for each subject. Abdominal ultrasonography and upper gastrointestinal endoscopy using a flexible endoscope were performed for each subject. Endoscopic findings were recorded on a structured proforma. Rapid urease test on endoscopic biopsy tissue for *H. pylori* was done in a selected group of 50 cases, only in those comprising ulcers, duodenitis, and erosive gastritis. Histology of endoscopic biopsy tissue was done in total of only

19 cases, comprising of ulcers, duodenitis, and erosive gastritis having deep mucosal layer involvement.

Data analysis was done by distributing our patients based on several variables such as age, sex, socioeconomic status, and body mass index. An analysis was done to find the nature of various symptoms and aggravating and relieving factors in these cases of dyspepsia. Etiological categorization of dyspepsia was based on upper gastrointestinal endoscopic findings. Finally, a risk factor analysis was carried out in the total number of cases.

3. Results

Out of the 150 patients suffering from dyspepsia, 85 (56.7%) were males and 65 (43.3%) females, with mean age of 41.7 years for the total number of cases. Majority of subjects ($n = 139$, 92.7%) had BMI in the normal range (18.5–24.9), while 10 subjects (6.7%) had BMI > 25 and only one subject (0.6%) was underweight (BMI < 18.5). Socioeconomically, 97 cases (64.6%) belonged to category of high socioeconomic status and 45 cases (30%) belonged to middle socioeconomic status, while only 8 patients (5.3%) were from low socioeconomic status. Spicy and hot food were the main aggravating factors for dyspepsia in 50.7% and 47.3% of patients respectively, while intake of antacids (49.3%) and cold milk (44.7%) were the main relieving factors. The commonest symptom in dyspeptic patient was found to be upper abdominal discomfort (112 patients, 74.6%) followed by nausea or vomiting (82 patients, 54.6%), heartburn (54 patients, 36%), anxiety (46 patients, 30.6%), and bloating (39 patients, 26%) (Fig. 1). It may be mentioned that more than one symptom was commonly reported from the same patient. Except 19 patients where endoscopy was normal, all patients revealed some abnormal finding on endoscopy.

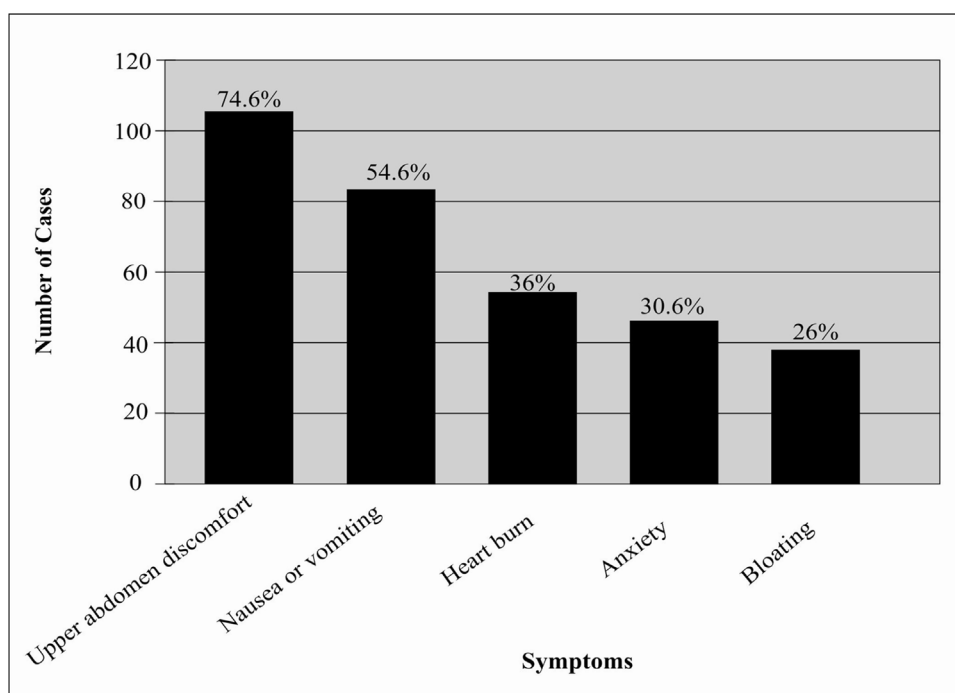


Fig. 1 – Symptom frequency in the study subjects.

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