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Original article

A study of clinico-endoscopic profile of patient presenting with dyspepsia

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ABSTRACT

Introduction: Dyspepsia is a common clinical symptom with prevalence of 5–20% of Outpatient (OPD) consultation at tertiary care hospital. The cause is not detectable in more than half of the patients. The common organic causes include peptic ulcer, esophagitis, and malignancy.
Aim: To study the clinical profile of patient presenting with dyspepsia in a tertiary care hospital of Assam, and correlate with endoscopic findings.
Materials: This is a hospital based observational study conducted over an year. Adult patient with dyspepsia was included after informed consent. Clinical data and endoscopic findings of patients with dyspepsia were collected with the help of a structured questionnaire.
Results: 158 patients with dyspepsia were assessed by Upper gastrointestinal (UGI) Endoscopy. Mean age of patient was 40.04 ± 14.3. 70.8% patients were males. 15.19% had history of smoking, 50.06% had history of tobacco consumption, 38.61% were alcoholic and history of NSAID consumption was seen in 9.49%. Alarm symptoms such as weight losss, anemia, UGI bleed were observed in 18.35% patients. Endoscopy revealed normal findings in 43.67% patients. Significant endoscopic findings were diagnosed in 56.32% patients. These included Peptic Ulcer in 25.95%, esophagitis in 4.43%, and UGI malignancy in 3.16%. Other significant lesions constituted less than 2%. Incidence of UGI malignancy was higher in patients more than 50 years. On comparing the endoscopic findings in patients of dyspepsia with alarm symptoms to those of dyspepsia without alarm symptoms, a statistical significance was observed with a p value of 0.013.
Conclusion: In patients with dyspepsia presence of alarm symptoms is more significantly associated with organic lesion on endoscopy. Though the incidence of malignancy was low, endoscopy in patients more than 50 years may help in early diagnosis and reduced morbidity of these patients.
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1. Introduction

Dyspepsia is chronic or recurrent pain or discomfort centred in the upper abdomen.1 Dyspepsia is derived from the Greek words ‘dys’ and ‘pepse’ and literally means “difficult digestion.”The Rome III criteria defined symptoms of dyspepsia as one or more of the following symptoms – Postprandial fullness, early satiety, epigastric pain or burning and no evidence of structural disease that is likely to explain the symptoms [Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis].2,3

Dyspepsia accounts for 4–5% of general practitioner consultation and 20–40% of gastroenterological consultation.4 In studies of Asia, dyspepsia is more common in younger age group. A study from urban Mumbai, India found that dyspepsia was more prevalent in adults >40 years.5 The data regarding clinical profile of dyspepsia in North east India where there is a significant consumption of tobacco and smoking is lacking.

Patients with ‘alarm' symptoms,6 younger patients unresponsive to empirical treatment6 and those over 55 years old with new onset dyspepsia,6 require prompt investigation to exclude serious gastrointestinal disease. Alarm features include weight loss, anaemia, vomiting, haematemesis, malena and dysphasia. Endoscopy can help in early diagnosis and treatment of dyspepsia as well as early detection of malignancy in patients with dyspepsia and thus reducing the morbidity and a better outcome.

This study was intended with the following aim and objective:

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- To study the clinical profile of patient presenting with dyspepsia in a tertiary care hospital of Assam, and correlate with endoscopic findings.
- To determine whether alarm features are adequate to predict the need for endoscopy.

2. Methodology

The study was undertaken in Department of Medicine, Assam Medical College and Hospital, Dibrugarh during the period from July 2014 to June 2015. It is a Hospital based observational study. Patients of dyspepsia with or without alarm symptoms were screened. Out of the 426 patients, 158 were found eligible and gave consent to be included in the study. Upper Gastrointestinal (UGI) endoscopy was done in the 158 patients. Endoscopic biopsy and histopathological examination were performed in 8 patients with suspicion of malignancy.

2.1. Inclusion criteria

Patients age >18 years presenting with dyspeptic symptoms (for more than 3months with symptom onset more than 6 months before diagnosis) and with valid consent.

2.2. Exclusion criteria

Individuals who had known causes for dyspepsia and those patients who are unfit for endoscopy (shock, acute perforation, acute myocardial infarction, etc) were excluded.

2.3. Statistical analysis

Results were analysed using Graphpad software ©. Chi-square test, Fisher's exact test were used wherever applicable. Data were described in percentages, means, and standard deviations. A p value of less than 0.05 was considered significant.

2.4. Primary outcome

Organic lesions on endoscopy were found in 82.75% patients of dyspepsia with alarm symptoms in comparison to 50.38% in patients of dyspepsia without alarm symptoms.

2.5. Secondary outcome

A association of tobacco consumption with dyspepsia was observed with significant p value of 0.04.

3. Results

Of the 158 patients included in the study 112 (70.8%) were male and 46 (29.2%) were female. Male to female ratio was 2.43: 1 [Fig. 1].

The most common age group in the study was found to be between 30–39 years (30.38%) followed by 20–29 years (22.15%). The minimum age was 18 years and maximum age was 81 years. Mean age of patient in our study group was 40.04 ± 14.34 years.

Symptom of early satiety was observed in 67 patients (42.41%), epigastric pain in 114 patients (72.15%), and postprandial fullness in 82 patients (51.90%). The combination of early satiety, epigastric pain and postprandial fullness was seen in 20 patients (12.6%), early satiety with epigastric pain was seen in 40 patients (25.31%), epigastric pain with postprandial fullness in 44 (27.8%) patients and early satiety with postprandial fullness in 41 patients (25.94%). Only early satiety at presentation was seen in 6 patients (3.80%), only epigastric pain and postprandial fullness was seen in 50 (31.64%) and 17 (10.7%) patients respectively.

In the study smoking was seen in 24 patients (15.19%), tobacco consumption was seen in 80 patients (50.63%), alcohol consumption in 61 patients (38.61%), NSAID consumption in 15 patients (9.49%) and herbal medication in 5 patient (3.16%) [Table 1].

Out of 158 patients, Combination of alcohol, smoking and tobacco consumption was observed in 6 patients(3.79%), combination of alcohol and tobacco consumption was observed in 28 patients(17.7%), combination of smoking and tobacco consumption was observed in 4 patients(2.53%), combination of smoking and alcohol in 6 patients (3.79%).

Endoscopic finding was Normal in 69 patients (43.67%), followed by Peptic Ulcer in 41 patients (25.92%), Erosive gastroduodenitis in 37 patients (23.42%), Oesophagitis in 7 patients (4.43%), UGI Malignancy in 5 patients (3.16%), oesophageal candidiasis in 2 patients (1.27%). Other lesion included hiatus hernia, gastric polyp and Dieulafoy's lesion in 2 (1.27%), 1(0.63%) and 1 (0.63%) patient respectively.

In the two groups, of patient of dyspepsia without alarm symptom and with alarm symptoms, benign lesion were found in 62 and 22 patients respectively, malignant lesions in 3 and 2 patients respectively. This was statistically significant with p value of 0.014. On comparing the percentage distribution in patients of dyspepsia without alarm symptoms and dyspepsia with alarm symptoms: normal study (49.61%) was most common finding in patients of dyspepsia without alarm symptom followed by erosive gastroduodenitis (24.80%) followed by peptic ulcer (18.6%) respectively. In patients of alarm symptom most common finding was peptic ulcer (58.6%), followed by erosive and normal study (17.2%) [Table 2] [Fig. 2].

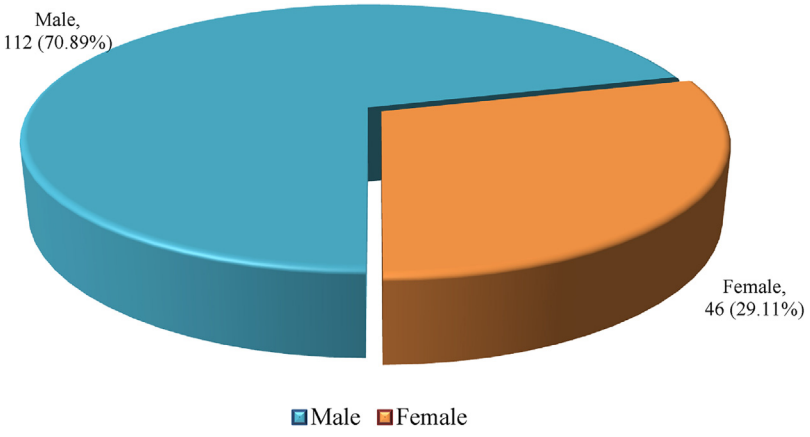

Fig. 1. Sex Distribution.

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