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Research Article

**STUDY TO KNOW THE VARIOUS ENDOSCOPIC FINDINGS
IN UPPER GI ENDOSCOPY**¹Dr. Rimsha Sadia Bukhari, ²Dr. Maira Pervaz, ³Dr. Saima Mushtaq^{1,2,3}Fatima Jinnah Medical University, Lahore**Article Received:** February 2019**Accepted:** March 2019**Published:** April 2019**Abstract:**

Objective: To determine the different endoscopic findings in patients done with upper GI endoscopy in our endoscopy unit.

Study Design: An Observational Study.

Place and Duration: In the Gastroenterology department of Services Hospital, Lahore for two-year duration from December 2016 to December 2018.

Methods: The data of 500 patients who were done with upper GI endoscopy at the Endoscopy Unit were examined, demographic features, reference samples and endoscopic diagnoses.

Results: In 57 patients, 57% had upper GI bleeding, 9% had dysphagia, 8% had continuous vomiting and 7% had dyspeptic symptoms. The esophageal varices (44%) was the most common finding after endoscopy, reflux esophagitis in 9% of cases, gastritis (4%) and gastric ulcer (4%).

Conclusion: The most common complaint in subjects was upper GI bleeding and esophageal varices were the most common finding of endoscopy.

Key words: Esophageal varices, upper GI endoscopy, dysphagia.

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INTRODUCTION:

The complaints of the upper digestive system (UGI) are very common in practice, both internally and externally. Sometimes they create a very good diagnostic challenge¹⁻³. In many centers, UGI endoscopy has become the first and generally unique diagnostic approach for undiagnosed Upper Gastrointestinal tract symptoms. UGI Bleeding is a global problem and a common medical emergency¹. The causes of bleeding vary from one country to another⁴⁻⁶. The most common causes are esophageal variations, peptic ulcers, gastric erosions and mucous tears. UGI endoscopy is the preferred diagnostic method for UGI bleeding and also has therapeutic potential⁷. In addition to bleeding, occlusive lesions such as esophageal and gastric carcinoma, esophageal strictures, hiatus hernias and gastropathies are common endoscopic findings. The aim of this analysis was to know common causes of UGI endoscopy in this institution's endoscopy unit.

MATERIALS AND METHODS:

The data of the first 500 patients who were done with UGI endoscopy were examined. Informed written consent was obtained from each patient before the procedure. The Olympus GIP type E3 gastroscope

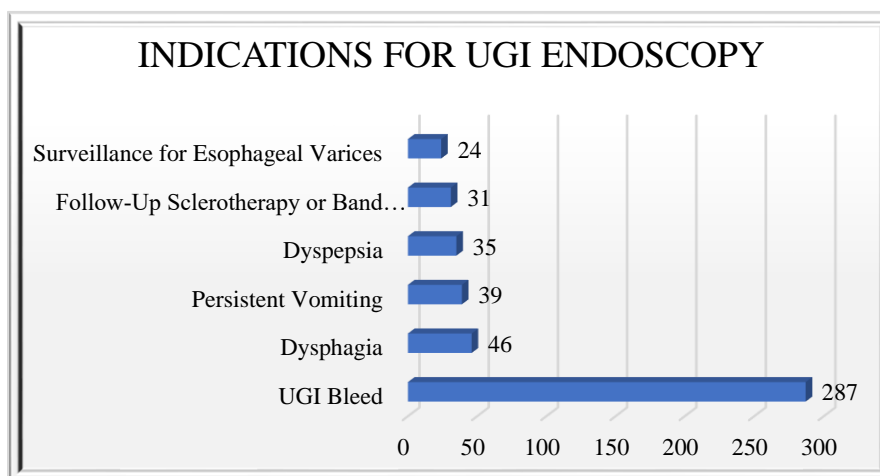
was used and all procedures were performed by a single operator (I.A.). Before the procedure, local anesthesia with a 4% xylocain solution was used for gargle. Midazolam IV was administered to non-syphilitic patients. To eliminate esophagus varieties, 70% alcohol was used as sclerosing agent and band ligation was performed with multi-band ligator Saeed Six Shooter. The recorded parameters were gender and age of the subjects, endoscopic diagnosis, endoscopic indications and therapeutic intervention types. Into SPSS 17 software, data were entered quantitative data were recorded as mean, standard deviation, and qualitative data were recorded as percentage.

RESULTS:

Of the 500 patients undergoing upper GI endoscopy, male were 316 (63%) and female were 184 (37%). 42.45 ± 16.52 was the mean age of the patients. The patients were mainly between 30 and 50 years. Two hundred and sixty-five patients were referred to the inpatient departments, 196 were in outpatients, and 39 were referred from accident and emergency departments. Common indications for endoscopy are shown in Table I.

Table No 01: Common Indications for UGI Endoscopy

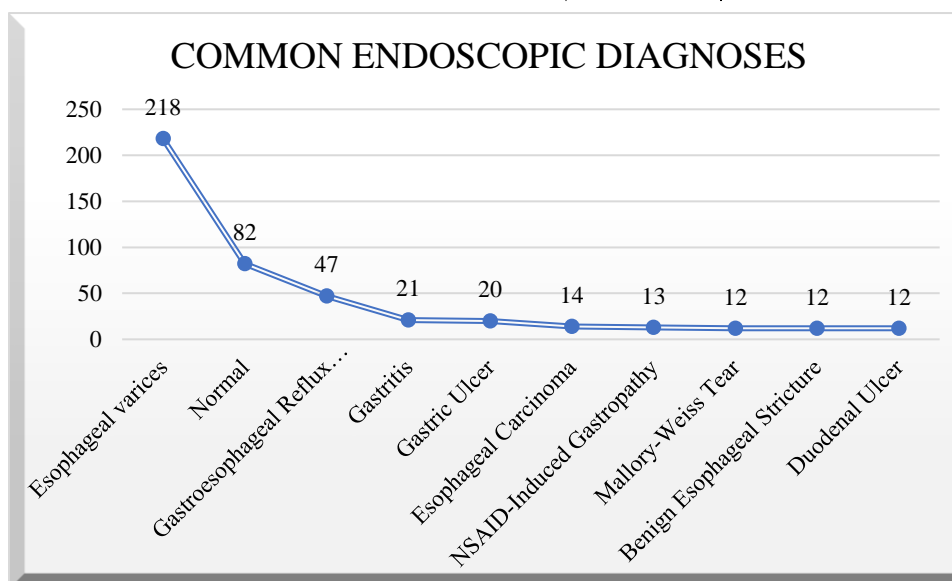
Indications	Quantity	Percentage
UGI Bleed	287	57.40%
Dysphagia	46	9.20%
Persistent Vomiting	39	7.80%
Dyspepsia	35	7.00%
Follow-Up Sclerotherapy or Band Ligation	31	6.20%
Surveillance for Esophageal Varices	24	4.80%



Other indications are iron deficiency anemia in (2.6%)13 patients, chronic diarrhea in 6 patients (1.2%) and epigastric pain in 9 patients (1.8%), Weight loss at 5 (1.0%). Odynophagy in 2 (0.4%), hematochezia in 1 (0.2%), anorexia in 1 (0.2%) and atypical chest pain in 1 (0.2%). Common endoscopic diagnoses are shown in Table II. Other diagnoses were esophageal ulcer in 10 patients (2.0%), gastric carcinoma in 7 patients (1.4%), hypertensive portal gastropathy in 6 patients (1.2%), duodenal carcinoma in 5 patients (1.0%), pyloric stenosis 3 (0.6%)3 (0.6%) celiac disease, 2 in varicose veins (0), 4% Esophageal candidiasis in 2 patients (0.4%), hemorrhagic diathesis in 1 (0.2%) and carcinoma pharyngoma in 1 (0.2%) patient. Endoscopic procedure was diagnostic in 316 patients (63.2%) and therapeutic intervention in 184 patients (36.8%). Therapeutic procedures included sclerotherapy in 97 patients (19.4%) and endoscopic ligation in 87 patients (17.4%).

Table No 02: Common Endoscopic Diagnoses

<i>Diagnoses</i>	<i>Quantity</i>	<i>Percentage</i>
<i>Esophageal varices</i>	218	43.60%
<i>Normal</i>	82	16.40%
<i>Gastroesophageal Reflux disease</i>	47	9.40%
<i>Gastritis</i>	21	4.20%
<i>Gastric Ulcer</i>	20	4.00%
<i>Esophageal Carcinoma</i>	14	2.80%
<i>NSAID-Induced Gastropathy</i>	13	2.60%
<i>Mallory-Weiss Tear</i>	12	2.40%
<i>Benign Esophageal Stricture</i>	12	2.40%
<i>Duodenal Ulcer</i>	12	2.40%



DISCUSSION

Our hospital is a budding medical university hospital that provides medical facilities to large areas of southern Punjab, Upper Sindh and neighboring Balochistan, so our results reflect the attitudes towards the use of invasive diagnostic possibilities, recommendations and prevalence of

recommendations⁹⁻¹⁰. There are various diseases in which UGI endoscopy is needed for diagnosis and treatment in this part of our country. Because we do not have pediatric endoscopes, we offer endoscopic services to adult patients and older children¹¹. We do not currently provide endoscopic emergency services for 24hours. The gender and age ratio of our subjects

was a reflection of internal admission and external consultation habits according to these results and was same to the studies in other regions of country¹². Early endoscopy in UGI hemorrhage cases has significantly changed the previous concept of hemorrhage causes, but the results have remained the same. Our results are comparable to those in Pakistan. The esophageal varices incidence is due to the increase ratio of chronic infection with hepatitis B and hepatitis C causing liver disease at the terminal stage¹³. Gastric ulcers were more common than duodenal ulcers, and this finding was similar to that observed in studies conducted in Western countries, but a number of local cases gave the opposite result¹⁴. The incidence of peptic ulcer as a cause of bleeding may be due to the use of acid-suppressing drugs by physicians in patients with dyspepsia. Alcohol consumption seems to play a small role as a cause of UGI bleeding in this population, probably because of the prohibition of religious prohibition in society¹⁵. The frequency of normal endoscopy in patients with UGI bleeding ranged from 9% to 21% among the different studies and it was 11% in our study. Tumors in the upper GI tract are less common in our study, but local studies show similar data.

CONCLUSION:

Upper GI endoscopy is the only reliable tool to accurately determine the causes of upper GI complaints and also has therapeutic potential. Upper GI bleeding is the usual cause of referral to the endoscopic department, and esophageal varices constitute most of the endoscopic findings reflecting the high prevalence of chronic liver disease.

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