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Research Article

**CONCORDANCE BETWEEN ENDOSCOPIC &
HISTOLOGICAL DIAGNOSIS OF GASTRITIS IN THE
DYSPEPTIC PATIENTS**¹Dr Dost Ali, ¹Dr Ghulam Raza.¹DHQ Teaching Hospital Dera Ghazi Khan.

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Abstract:

Objective: The aim of this research work is to determine the agreement between endoscopic diagnosis & histological identification of the gastritis in the patients suffering from dyspepsia.

Methodology: All the patients suffering from dyspepsia who faced UGIE (Upper Gastrointestinal Endoscopy) for the detection of gastritis with the help of endoscopy and existing biopsy report from 2016 to 2018 in the DHQ Teaching Hospital Dera Ghazi Khan and various other hospitals of Dera Ghazi Khan, were the part of this research work. The skilled professional of endoscopy molded a global impact on the availability or otherwise of gastritis in accordance with the System of Sydney. Patients suffering from ulcer, its development and any other identification with the help of endoscopy distant from gastritis were not the part of this research work. We took at least 2 gastric biopsies from the mucosa with inflammation for the proof of gastritis through histology with the utilization of the biopsy forceps.

Results: There were total one hundred and twelve patients in which forty-four were males and sixty-eight were females, as part of this research work with an average age of 41.950 years. The very frequent symptom faced by the most of the patients was epigastric discomfort present in 92.0% (n: 103) patients. In all the patients, the diagnosis with endoscopy was gastritis. The reports of biopsy displayed chronic gastritis in 97.30% (n: 109) patients.

Conclusion: The results of this research work conclude that there is excellent concordance of outcome of gastritis through endoscopy with every patient of gastritis.

Key Words: Endoscopy, Concordance, Biopsy, Gastritis, Utilization, Diagnosis, Professional, Histology, Inflammation.

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INTRODUCTION:

Dyspepsia is very frequent issue of health and from 19.0% to 41.0% normal public has reported this issue [1]. Approximately one out of 4 people suffering from dyspepsia visit his consults practitioner & these are responsible for 1% to 4% of all consultations in the primary health care [2, 3]. Dyspepsia is the upper GI symptom complex categorized by epigastric pain or uneasiness & it may contain heartburn, bloating of abdomen cavity, very slow digestion, and vomiting, acid regurgitation & excessive burping/belching [4]. It is the requirement for management to administer initial interrogation by barium X-ray or endoscopy before starting of treatment to check and exterminate the infection of *H. pylori* (*Helicobacter pylori*) or to start experiential symptomatic treatment. In practical, empirical anti-secretory therapy is frequently the 1st step unless the patient has new start of symptoms & is ancient or has alarming factors as nausea, GI bleeding, mass of the abdomen cavity, dysphagia, unexplained loss of weight & anemia, regardless of concerns that this method may leave medically important upper GI tract abrasions [4, 5].

Majority of occasions, professionals of endoscopy make their judgements on the availability or non-availability of the gastritis based on the appearance of gastric mucosa through endoscopy [6]. The idea about endoscopic gastritis got further acceptance by the credit of its existence by working party that formed the SS (Sydney System) for the categorization of the gastritis [7]. The original part of the gastric biopsy in the administration of this complication is a controversial issue. Overall, examination through endoscopy is two dimensional & carried out in-situ while examination of histology are pin-point & carried out in in-vitro samples, which is main reason behind the shortages in the identification [8]. Various research works have displayed that there is less concordance between the techniques of endoscopy & histology with respect to the identification of the gastritis [9, 10] whereas some other research works have concluded that there is very good concordance between them [11, 12].

In our country, Pakistan like most of the countries which are under development in the world, the facility of endoscopy is not frequently available for every patient and in every health care center. In those patients where endoscopy carried out & diagnosis of gastritis carried out, performing regular biopsy is an expensive method for majority of our patients of poor economic conditions. There are also probabilities of infecting the patients with the complication of hepatitis with this invasive method, which is the main

reason of breach in mucosa in comparison to the method of visual endoscopy. This research work aimed to determine the concordance between the identification of gastritis with the help of endoscopy & histology.

METHODOLOGY:

All the patients of dyspepsia who faced UGIE with the identification of gastritis with endoscopy and available report of biopsy were the part of this research work. This research work started in June 2016 and finished in 2018 in DHQ Teaching Hospital Dera Ghazi Khan and other hospitals of Dera Ghazi Khan. This research work was a retroactive study. Conventional method was in use for the performance of endoscopy after 6 hours of fasting before the application of method under anesthesia of throat with 4.0% spray of xylocaine. The use of intravenous sedation in addition with midazolam carried out selectively. The skilled professional of endoscopy produced a global impression on the availability or non-availability of the gastritis in accordance to the SS in antrum & stomach's body [7].

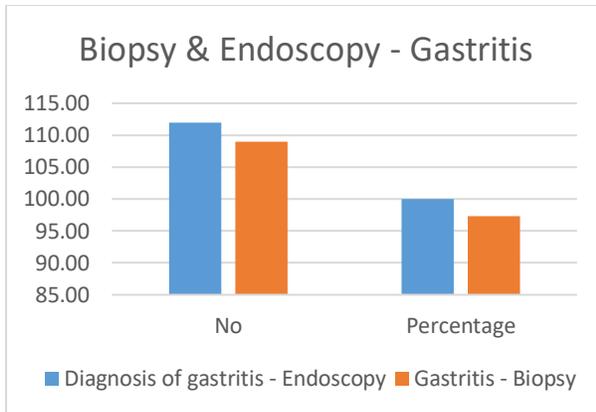
Patients suffering from ulcer, growth & some other diagnosis through endoscopy except gastritis were not the part of this research work. With the utilization of the biopsy forceps, we took minimum 2 gastric biopsies from inflamed mucosa of antrum for evidence through histology.

RESULTS:

There were total one hundred and twelve patients in which forty-four were males and sixty-eight were females, were the part of this research work. The average age of the patients was 41.950 years with a range from 15 to 68 years. The average duration of the symptoms was 2.10 years. Very frequent symptom faced was epigastric discomfort present in 92.0% (n: 103) patients. In every patient, chronic gastritis was the main diagnosis through endoscopy. The reports of biopsy displayed the chronic gastritis in 97.30% (n: 107) patients as described in Table-1.

Table-I: Findings of endoscopy and biopsy report

Findings	No	Percentage
Diagnosis of gastritis - Endoscopy	112.00	100.00
Gastritis - Biopsy	109.00	97.30



DISCUSSION

Upper GI complication is one of the important reason behind mortality & morbidity in the whole world. Among identification modalities, there is an important role of endoscopy. It empowers visualization, ultrasonography, photography and the biopsies of suspicious abrasions & also enables the performance of therapeutic methods like sclera-therapy, polypectomy & gastrostomy [12, 13]. Other findings of the research work displayed that there is better concordance between the diagnoses of gastritis with the help endoscopy in comparison with the histological confirmation of gastritis. This finding provides us with the knowledge that there is no requirement of biopsy for confirmation for each and every patient. This is due to high economic burden on poor patients and it can cause of the spread of the disease of hepatitis.

Various research works have displayed that instruments of endoscopy can are main source for the spread of the infection of HCV [14]. A research work to identify hepatitis C virus genome on the endoscopes & the utilization of the biopsy forceps in the patients with the confirm diagnosis of the infection of hepatitis C virus displayed that the detection of hepatitis C virus carried out in 27.0% patients in the channel of biopsy-suction after the application of the endoscopic method conducted on the chronic hepatitis C virus infected persons. Biopsy-forceps are available as PCR positive in 6.0% patients of this research work [15]. There is a great role of the infected gastric juice in the endoscope's contamination.

One other research work stated hundred percent rate of occurrence of endoscope's contamination by the HCV in nineteen patients with chronic replicative infection of HCV [14]. The whole disinfection method appears very effectual to mitigate the infection of HCV but it is unable to give the guarantee of complete disinfection every time particularly in this current

setup with overall adverse control of quality. The reprocessing of endoscope is multi-stepped procedure that purifies a contaminated endoscope secure for re-usage. The steps of this procedure contain scrupulous cleaning, whole immersion in LCS (Liquid Chemical Sterilant) or disinfectant to obtain the disinfection of high quality, rinsing of water & appropriate handling & proper storage [16]. We encounter a high amount of the unscreened patients of hepatitis in our practice & we can decrease the possibilities of infecting normal patient with this dangerous disease with a selective utilization of the biopsy.

There are some limitations of this research work as only patient suffering from endoscopic gastritis were the part of his research work. To determine the sensitivity as well as specificity of endoscopic gastritis, there is requirement for the biopsy or the patients with normal macroscopic alterations. But in the medical practice, we did not obtain the biopsies of the normal apparent mucosa.

CONCLUSION

The findings of this research work concludes that there is good agreement of findings of endoscopy for gastritis with the evidence of gastritis with the utilization of histology. There is no requirement of the biopsy for each patient of gastritis. There is need of further work about the findings of biopsy in patients suffering from dyspepsia with normal apparent mucosa to consolidate the findings of this research work.

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