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Research Article

**A RESEARCH STUDY TO ASSESS THE DIAGNOSIS AND
OUTCOMES OF UPPER GASTROINTESTINAL ENDOSCOPY**¹Dr Zahid Imran, ²Sidra Rahman, ³Dr Asma Bhatti¹Doctors Hospital, Gujrat, ²Punjab Medical College Faisalabad, ³CMH Lahore Medical College**Article Received:** January 2019**Accepted:** February 2019**Published:** March 2019**Abstract:**

Background: In both indoor and outdoor patients' departments, common medical issues are related to Upper Gastrointestinal (UGI). The important technique used for the identification of these issues is Upper GI endoscopy.

Objective: To determine different signs associated with UGI with reference to UGI endoscopy and its results in patients was the objective of this study.

Methods: This research was organized at Mayo Hospital, Lahore (October 2017 to August 2018). All those patients were selected for this study who were mentioned with endoscopy. Endoscopic identification, demographic aspects and reasons of referral were noticed for all the patients.

Results: Total one thousand patients were selected for this study. Upper GI bleeding, dysphagia, persistent vomiting and dyspeptic indications were the reasons for mentioning in 59%, 7%, 7% and 4.6% patients respectively. Gastric Ulcer (3%), esophagitis (9%), esophageal varices (43%) and gastritis (5%) were common endoscopic indications.

Conclusion: Esophageal varices were the common result of endoscopy and Upper GI bleeding was commonly observed problem.

Keywords: Upper Gastrointestinal (UGI), Varices, Bleeding, Endoscopy and Esophagus.

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INTRODUCTION:

In both indoor and outdoor patients, common medical issues are related to UGI. Occasionally, the indication of these issues becomes difficult. In undetermined indications of UGI, the starting and commonly employed technique used for identification in many centres is UGI endoscopy. All around the globe, the frequently faced medical emergency is UGI bleeding [1]. In different countries, there exists variability in reasons for bleeding. However, gastric erosions, oesophageal varices, mucosal tears and peptic ulcer are frequently found cases of bleeding [2, 3]. For the sensible indication of UGI bleeding the UGI technique is commonly used [4]. The results of endoscopy also included stricture of the esophagus, gastropathies, hiatal hernias and obstructive abrasions such as carcinoma, oesophagus and stomach. The purpose of the current study was to determine different signs associated with UGI with reference to UGI endoscopy and examine its outcomes in patients.

PATIENTS AND METHODS:

This research was organized at Mayo Hospital, Lahore (October 2017 to August 2018). All those patients were selected for this study who were mentioned with endoscopy. Endoscopic identification, demographic aspects and reasons of referral were noticed for all the patients. These patients may be presented from indoor, outdoor, accident or emergency departments. Before carrying out the technique a written agreement was signed by all the patients. Olympus GIP type E3 gastroscope was used for carrying out the technique. For the rinsing of patient's mouth, local anaesthetic, 4% oxycline solution was used, along with, Saeed Six Shooter multiple band legators, band ligation was carried out. Seventy percent alcohol was employed as a sclerosing agent for the obliteration of oesophageal varices. Anxious, non-cirrhotic patients were provided with Midazolam – IV. Those patients were excluded from the research who did not sign the written agreement. Age, gender, kinds of therapeutic

involvement, endoscopic identifications and signs for endoscopy were the factors that were measured. The percentage was used for the illustration of qualitative information. Whereas, the mean and standard deviation was used for quantitative information. SPSS was used for data entry and assessment.

RESULTS:

Total patients selected for this research were 1000. The patients belonged to inpatient, outpatient, accident and emergency departments respectively 530, 392 and 78 patients. The number of males and females were 610 (61%) and 390 (39%) respectively. The age bracket of these patients was from 6 years to 95 years. The mean age of patients was 43.27 ± 16.58 years. These patients were mentioned with UGI endoscopy. UGI bleeding (595), surveillance of oesophageal varices (7%), dysphagia (7%) and persistent vomiting (7%) were the most frequent indications of referral for endoscopy. On the other hand, gastric ulcer (3%), gastroesophageal reflux disorder (95), oesophageal varices (435), gastritis (55) and normal results (18%) were the ordinary identifications of endoscopy. Total patients found with UGI bleeding were 589. Among these, esophageal varices, gastroesophageal reflux disorder, gastric ulcer, NSAIDS induced gastric erosions, Mallory-Weiss and duodenal ulcer were found in 337 (51.2%), 46 (7.8%), 30 (5%), 22 (3.7%), 19 (3.2%) and 19 (3.25) patients respectively. The normal results of endoscopy were observed in 71 (185) patients. For identification, the endoscopic method was carried out in 629 (62.8%) patients and in 372 (37.25) patients, therapeutic involvement was used. In the therapeutic method, sclerotherapy and endoscopic variceal band ligation were included in 220 (22%) and 146 (14.6%) patients respectively. Carcinoma of the esophagus, benign oesophageal stricture and achalasia were the reasons of dysphagia noticed in 27%, 275, 16% and 8% patients respectively. The patients of dysphagia with normal results of endoscopy were 9 (12%).

Table – I: Stratification of Indications

Indications	Number	Percentage
Upper Gastrointestinal Bleeding	589	58.9
Dysphagia	74	7.4
Persistent Vomiting	72	7.2
Surveillance for Esophageal Varices	72	7.2
Follow-up Sclerotherapy or Band Ligation	55	5.5
Dyspepsia	46	4.6

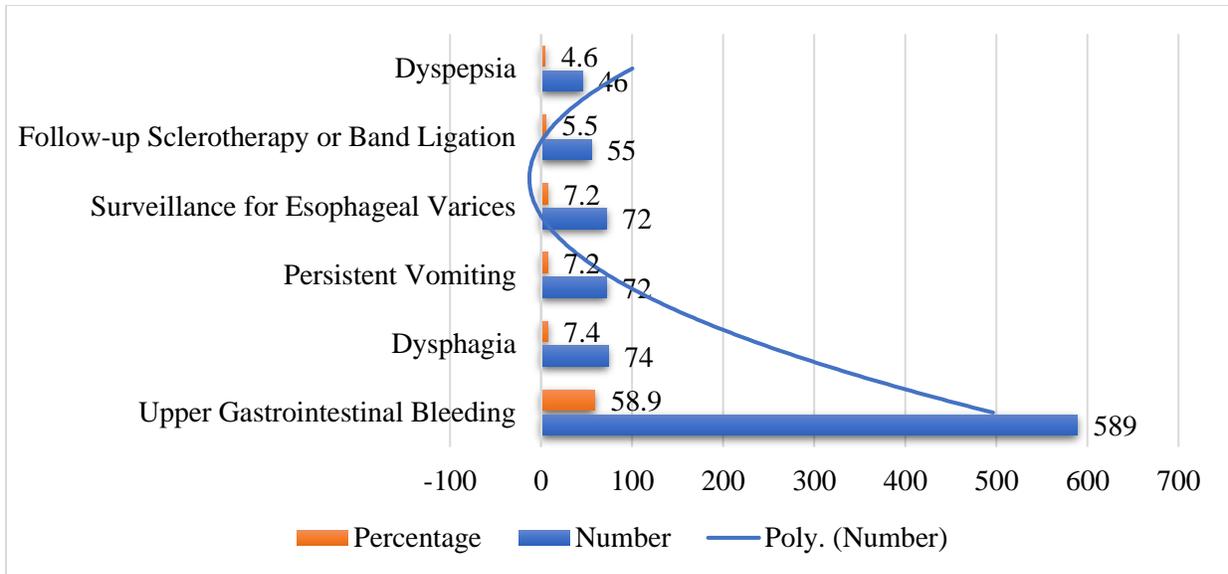
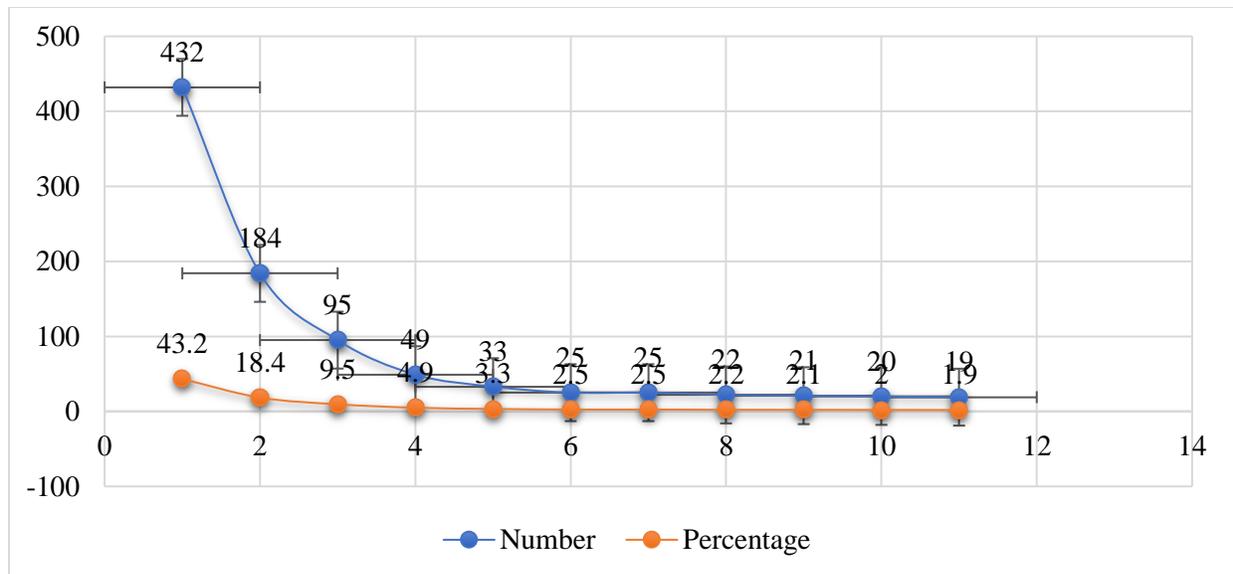


Table – II: Stratification of Diagnosis

Diagnosis	Number	Percentage
Esophageal Varices	432	43.2
Normal	184	18.4
Gastroesophageal Reflux Disease	95	9.5
Gastritis	49	4.9
Gastric Ulcer	33	3.3
Duodenal Ulcer	25	2.5
NSAID induced Gastropathy	25	2.5
Oesophageal Ulcer	22	2.2
Oesophageal Carcinoma	21	2.1
Benign Esophageal Stricture	20	2
Mallory Weiss Tear	19	1.9



DISCUSSION:

Adult and older children received endoscopic facility. The indoor pattern of admission and outdoor discussion is demonstrated in the age and gender of our patients. These were comparable to the studies conducted in different regions of Pakistan [5]. The previous record of reasons for bleeding has changed due to recent endoscopy in patients of UGI bleeding. However, the results of these causes have not changed. Juthaba R conducted a study in which 1000 reasons for UGI bleeding were discussed. He observed peptic ulcer and oesophageal varices as the most common reasons in 55% and 14% patients respectively [6]. According to the results of another study, peptic ulcer and oesophageal varices were associated with 21% and 12% episodes of UGI bleeding respectively [7]. According to the results of our study, oesophageal varices, peptic ulcer disorder, reflux esophagitis and NSAIDs induced gastric erosions were the common reasons for bleeding. These results are similar to other studies organized in our country [8 – 13]. The elevated rate of chronic infection with hepatitis C and hepatitis B causing end-stage liver disorder is responsible for the high prevalence of oesophageal varices. As compare to duodenal ulcers, the gastric ulcers were more frequent. The results of western studies are similar to these results [6, 7]. Whereas, different results are shown by local case studies [9]. A common use of acid-suppressing drugs could be responsible for less prevalence of peptic ulcer associated with bleeding. In this population, alcohol intake is also associated more or less with UGI bleeding. Similar to local studies, the incidence of tumours UGI tract is less [9]. In patients of UGI bleeding, the incidence of normal endoscopy was 18% in our research and it was

in the bracket of 9% to 21% in various other studies [14].

CONCLUSION:

The results concluded that for the identification of exact causes of UGI problems, the only suitable technique is UGI endoscopy. The patients are presented to the endoscopic unit mainly due to UGI bleeding and oesophageal varices. These illustrated a high incidence of chronic liver disorder and are common results of endoscopy.

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