UPPER GASTROINTESTINAL ENDOSCOPY – IS IT USED APPROPRIATELY FOR PATIENTS WITH DYSPEPSIA

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Introduction

Upper gastro intestinal endoscopy (UGIE) is a widely used diagnostic tool to detect structural lesions in the upper gastro intestinal system. It is very important to maintain the effectiveness and the quality of the UGIE service, though it is extensively exploited currently. In this regard the referrals for UGIE have to be appropriate in adherent with relevant guidelines. Further this is important in avoiding the overload at UGIE centres, in providing a competent service. There have to be separate guidelines for UGIE in different populations as there is a known variation in prevalence and risk factors (e.g., genetic, dietary and physical factors) of benign and malignant lesions of upper gastro intestinal system in different geographical areas (Russell, 2004). Guidelines made by the American Society of Gastrointestinal Endoscopy (ASGE), based on the western population is one such recognised guideline for UGIE (Steven, 2007). Further there are no specific guidelines prepared for the Sri Lankan population and therefore it is worth to verify whether the ASGE guidelines are compatible for our population at least for common referral indications. The indicated cut off age is 50 years.

Dyspepsia is one common indication for UGIE in Sri Lanka and hence this study was aimed to assess the appropriateness of using the cut off age as 50 years, for UGIE for our patients with dyspepsia. This stipulation is recommended in ASGE guidelines for the western population. This age limit was considered in patients who are recently diagnosed to have dyspepsia with no associated alarming symptoms as recommended.

Materials and Methods

This was a retrospective observational study carried out at Teaching Hospital Peradeniya from January 2007 to May 2009, in patients with recently diagnosed dyspepsia who were referred for UGIE. All the considered patients were interviewed by medical personnel with respect to the dyspeptic symptoms and for alarming symptoms defined in the ASGE guidelines. Data were recorded in a structured data sheet. The patients with alarming symptoms were excluded from the study sample to make the study sample compatible for the objective. The findings of the UGIE in every patient were recorded at the time of the procedure. Data were analyzed using SPSS 16.0 in relation to the cut off age limits.

Results

A total of 815 endoscopic examinations were done in patients with dyspepsia during the study period of 2½ years. The sample consisted of 427 (52.4%) males and 388 (47.6%) females with male to female ratio of 1.1:1.0. Mean age of the sample was

50.1 ± 16 years and from the total sample 403 (49.4%) patients were below 50 years of age and 412 (50.6%) patients were above 50 years of age.

In the group of patients with age less than 50 years, 225 (55.9%) patients had normal endoscopic findings while the rest 178 (44.1%) had positive findings. On the other hand in patients above 50 years of age, 171 (41.5%) patients had normal endoscopic findings and 241 (58.5%) had positive endoscopic findings. The prevalence of detecting positive endoscopic findings in the two groups was statistically significant ($\chi 2 = 16.739$, $p < 0.01$, $\alpha = 0.05$).

None of the patients below 50 years of age had upper gastro-intestinal malignancies, while 6 (2.5%) patients above 50 years of age had malignant lesions. This was statistically significant ($p = 0.041$, $\alpha = 0.05$).

Discussion and Conclusion

In this population the detection of malignancies in patients who presented with dyspeptic symptoms were significantly higher in the category of age above 50 years in comparison to the age below 50 years group. Further the age below 50 years category, showed normal UGIE findings, which were significantly higher than the age above 50 years category. Therefore before referrals are made, it is better to reconsider the value of endoscopic findings in the management of young patients with dyspepsia, as there is no significant risk of having a malignancy detected in these patients if they present only with dyspeptic symptoms. Further the detection of about 50% of patients with normal endoscopic findings indicates that the dyspepsia seen in this age group is mainly due to functional causes. Therefore considering the cost effectiveness as well, it is worth to treat these patients according to the recommended medications while eliminating the identified predisposing factors and UGIE can be offered only for the patients with poor response. On the other hand elderly (age above 50 years) patients presenting with dyspepsia even without alarming symptoms should be investigated thoroughly offering early UGIE to exclude the malignant conditions as the presenting symptoms of malignancy can be masked by the treatments given for the dyspepsia.

These facts are imperative in making out, that the cut off age given in ASGE guidelines are compatible for the considered population. As the majority of the study population is from upcountry this is not a good representative sample for whole Sri Lanka. Therefore data from all the endoscopic units in Sri Lanka has to be considered in making an optimal cut off age limit for UGIE referral for newly diagnosed patients with dyspepsia for the Sri Lankan population.

References

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