

## **Can We Use ASGE Guidelines for Sri Lankan Patients Presenting with Dyspeptic Symptoms?**

**J.H.M.M. Ranaweera<sup>1</sup>, K.B. Galketiya<sup>1</sup> and S.Tennakoon<sup>2</sup>**

<sup>1</sup>*Department of Surgery, Faculty of Medicine, University of Peradeniya*

<sup>2</sup>*Department of Community Medicine, Faculty of Medicine, University of Peradeniya*

Upper gastro intestinal endoscopy (UGIE) is a widely used diagnostic tool which is used to detect structural lesions in the upper gastro intestinal system. The American Society of Gastrointestinal Endoscopy (ASGE) prepares guidelines for their population based on their statistics, as such guidelines are not available for Sri Lankan population it is worth verifying whether ASGE guidelines are appropriate for our population, at least for common referral indications.

This was a retrospective observational study carried out at the Endoscopy unit, Teaching Hospital Peradeniya from January 2010 to May 2011, in 305 patients with recently diagnosed dyspepsia without alarming symptoms who were referred for UGIE. Data were analysed using SPSS 16.0 in relation to the cut off age limits and gender of the patients.

The sample consisted of 50.16 % males (153) and 49.84% (152) females with a male to female ratio of 1:1. In the age group < 50 years, 45.5% (71) patients had positive findings, while in the age group > 50 years, 59.7% (89) had positive endoscopic findings with these differences being statistically significant ( $\chi^2 = 6.178$ ;  $p = 0.013$ ). In female patients 46.7% (71) had positive findings while in male patients 58.2% (89) had positive findings with statistical significance ( $\chi^2 = 4.015$ ;  $p = 0.045$ ). In the < 50 year group, 62.16% (23) males and 50% (17) females had antral gastritis whereas in the > 50 year group, 55.77% (29) males and 56.76% (21) females had antral gastritis. Therefore, all age groups had antral gastritis as the commonest structural lesion.

Therefore, ASGE guidelines with a cut-off age of 50 years for recently diagnosed dyspeptic symptoms without any alarming signs are applicable for Sri Lankan population. In addition, there was a significant association between males and presence of structural lesions in UGIE. It is advisable to reconsider the implication of endoscopic findings in relation to gender and management of < 50 year old patients with dyspeptic symptoms. On the other hand, it is worthwhile to study the causative factors for high prevalence of antral gastritis in our population and to use appropriate treatment on them and refer only the treatment failures for UGIE. Older patients presented with dyspepsia even without alarming symptoms can be offered early UGIE compared to younger patients.