

Dyspepsia: Prevalence, Clinical Presentation and Endoscopic Findings in a Cross-Sectional Study

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Introduction

Dyspepsia, also commonly known as indigestion, is a highly prevalent gastrointestinal disorder that affects a significant portion of the population worldwide. It is characterized by various symptoms related to the upper gastrointestinal tract, such as pain or discomfort in the upper abdomen, bloating, early satiety, and nausea. Dyspepsia can significantly impact an individual's quality of life and result in increased healthcare utilization and costs. Understanding the prevalence, clinical presentation, and endoscopic findings associated with dyspepsia is essential for effective management and treatment of the condition. This cross-sectional study aims to investigate these aspects and provide valuable insights into the characteristics and underlying factors contributing to dyspepsia [1].

Description

The Endoscopy unit of St. Francis Hospital Nsambya was established in 1996 by Italian Doctor Luigi Girardin. It began operating in 1997 under initially had 2 upper GI scopes, performing 100-150 endoscopies per year. Over the years, the unit has expanded and currently has 4 upper GI scopes and 2 lower GI scopes, performing over 1700 endoscopies annually, with 1726 procedures conducted in 2018. The unit also performs minimally invasive endoluminal procedures for suitable candidates. It primarily handles both elective and emergency cases. The unit operates on weekdays from 7 am to 4 pm, by appointment only, and remains closed on public holidays and Sundays. Patients are evaluated upon arrival and given future appointments for the procedures. The Endoscopy unit is primarily staffed by Endoscopy Surgeons and Endoscopy nurses. St. Francis Hospital Nsambya Laboratory is an accredited laboratory that offers a wide range of procedures. The Histopathology section is managed by a senior Pathologist, with two Cyto-technologists, a histo-technician, and data entry members under supervision. The histopathology laboratory analyses an average of 2800 specimens per year. All tissue samples are archived in a repository room.

A study conducted at the Endoscopy unit between January 2020 and March 2020 included all patients with dyspeptic symptoms referred to the unit during that period. Patients with a previous diagnosis of gastrointestinal malignancy or a history of gastric procedures were excluded from the study. The study used consecutive sampling of patients with dyspeptic symptoms at St. Francis Hospital Nsambya Endoscopy unit. Variables measured included age, sex, endoscopy findings, and histopathological findings. The most common endoscopic finding was gastritis, similar to studies conducted in northern Tanzania, South India, and by Emara MH et al. Peptic ulcer disease was the second most common finding. Inflammation involving multiple sites was observed in over half of the patients, more frequently in males. No normal findings were reported in this study, unlike other studies that reported normal findings in a percentage of patients. Upper GI malignancy was found in 9.57% of patients, with a higher occurrence in males. These differences may be attributed to the nature of the institution and the referral

patterns. Variations in findings can also be influenced by geographical location, habits, and healthcare-seeking behaviour

Endoscopy findings were generally consistent with histopathology results, except in two cases where patients diagnosed with peptic ulcer disease during endoscopy were found to have intestinal metaplasia and . Peptic ulcer disease, respectively, upon histopathological examination. The concordance rate between endoscopic and histopathological findings was 76.9%. A study conducted in Nigeria by Ajayi AO et al. found an 88.4% concordance rate between endoscopic and histopathologic diagnoses of gastritis, supporting the importance of biopsy during endoscopy. Malignancy was more prevalent in males (14.5%) compared to females (7.5%) and was more frequently observed in individuals above the age of 53 years (16.1%). These findings align with a similar study conducted by Dinesh HN et al., which attributed the higher incidence of malignancy in males to a larger proportion of male participants and delayed medical care-seeking. The endoscopy findings significantly influenced the histopathology results, with p-values of 0.024 and <0.001, respectively [2-5].

Conclusion

By understanding the epidemiology of dyspepsia, healthcare professionals can better assess the burden of the condition on the population and allocate appropriate resources for its management. The wide range of clinical presentations observed in this study highlights the importance of considering individual variations when diagnosing and managing dyspepsia. The documentation of endoscopic findings in dyspepsia contributes to a better understanding of the underlying pathophysiology and helps guide further investigations and interventions. Identifying specific endoscopic abnormalities can aid in determining the cause of dyspepsia and directing appropriate treatment.

References

1. Lahner, Edith, Marilia Carabotti, Gianluca Esposito and Cesare Hassan, et al. "Occurrence and predictors of metaplastic atrophic gastritis in a nationwide consecutive endoscopic population presenting with upper gastrointestinal symptoms." *Eur J Gastroenterol Hepatol* 30 (2018): 1291-1296.
2. Lahner, Edith, Gloria Galli, Gianluca Esposito and Emanuela Pillozzi, et al. "Updated features associated with type 1 gastric carcinoids patients: a single-center study." *Scand J Gastroenterol* 49 (2014): 1447-1455.
3. Ford, Alexander C., Sanjiv Mahadeva, M. Florencia Carbone and Brian E. Lacy, et al. "Functional dyspepsia." *The Lancet* 396 (2020): 1689-1702.
4. Yuan, Lin, Jun-Bo Zhao, Ying-Lei Zhou and Ya-Bin Qi, et al. "Type I and type II *Helicobacter pylori* infection status and their impact on gastrin and pepsinogen level in a gastric cancer prevalent area." *World J Gastroenterol* 26 (2020): 3673.
5. Rwabufigiri, Bernard N., Judith Mukamurigo, Dana R. Thomson and Bethany L. Hedt-Gautier, et al. "Factors associated with postnatal care utilisation in Rwanda: A secondary analysis of 2010 Demographic and Health Survey data." *BMC Pregnancy Childbirth* 16 (2016): 1-8.

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