

# Dyspepsia Unveiled: Insights into Prevalence and Clinical Characteristics Revealed by Endoscopy and Histopathology Findings in the Region

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## Introduction

Dyspepsia, also known as indigestion, is a common condition characterized by recurrent or persistent pain or discomfort in the upper abdomen. It is often associated with symptoms such as bloating, early satiety, nausea, and belching. Endoscopy and histopathology are diagnostic tools used to investigate the underlying causes of dyspepsia. The prevalence of dyspepsia varies across populations and studies, but it is estimated that approximately 20-40% of the general population experiences dyspepsia symptoms at some point in their lives. Dyspepsia can occur in both men and women and at any age, although it tends to be more common in middle-aged individuals [1].

## Description

In light of the discomfort and pain associated with traditional gastroscopy and colonoscopy, the use of painless endoscopy techniques, involving the administration of sedatives and anaesthetics, has become increasingly common in many countries. Painless endoscopy aims to provide a more comfortable and less distressing experience for patients, improving examination results and facilitating early diagnosis. Clinical studies have demonstrated the feasibility and safety of painless endoscopic diagnosis and treatment under intravenous anaesthesia. By utilizing sedatives and anaesthetics, patient anxiety and discomfort can be alleviated, and the memory of painful events can be reduced. These measures not only improve the overall experience for patients but also enhance the operating conditions for surgeons, leading to more accurate diagnoses and improved treatment outcomes. It is important to note that painless endoscopy should not be confused with therapeutic endoscopy, which often involves more complex procedures and may require anaesthesia. Therapeutic endoscopy, similar to laparoscopic surgery, necessitates the use of anaesthesia to manage pain and ensure patient comfort during the procedure. Although capsule endoscopy provides a more comfortable inspection experience; it currently has limitations, such as the inability to perform tissue biopsy and relatively lower diagnostic specificity. Therefore, capsule endoscopy cannot entirely replace traditional gastrointestinal endoscopy at present. The exclusion of painless endoscopic surgery performed by the endoscopic centre in the mentioned study data may have been due to its focus on non-surgical diagnostic procedures. Painless endoscopic surgery refers to therapeutic procedures that are accompanied by pain and require anaesthesia, such as polyp removal or tumor resection. The decision to exclude such cases might have been made to specifically analyse the impact and feasibility of painless endoscopic diagnosis. The information provided highlights the potential relationship between second hand smoke exposure and the preference for painless endoscopy. Patients with a history of second hand smoke exposure may choose painless endoscopy more frequently compared to ordinary endoscopy, indicating that second-hand smoke exposure history can be a propensity factor for opting for painless procedures

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[2-4].

Smoking is known to be a cause of non-infectious pharyngitis, and while smokers inhale a portion of cigarette smoke, a significant amount (75%) is released into the environment, exposing non-smokers to second hand smoke. Additionally, a history of second hand smoke exposure is considered an independent risk factor for chronic pharyngitis. Both active smokers and those with a history of second hand smoke exposure can potentially develop chronic pharyngitis. Previous studies have shown that individuals with a history of second hand smoke exposure may have higher levels of immunoglobulin E compared to non-smokers or smokers. This finding suggests that those with second hand smoke exposure may have increased sensitivity in their throat. It is possible that certain physiological systems become more sensitive to low-dose compounds in second hand smoke, or that smokers adapt to the toxins in cigarette smoke over time, leading to heightened throat sensitivity in individuals exposed to second hand smoke. As a result, individuals with a history of second hand smoke exposure may overestimate the pain associated with endoscopic procedures and opt for painless endoscopy. These findings emphasize the importance of healthy living habits not only for individuals themselves but also for the well-being of those around them.

Avoiding exposure to second hand smoke is crucial not only to prevent the development of chronic pharyngitis but also to potentially reduce the perceived discomfort during endoscopic procedures. It is worth noting that additional research and studies may be necessary to further explore the relationship between second hand smoke exposure, throat sensitivity, and the preference for painless endoscopy. The symptom of epigastric bloating is indeed a common issue in gastroenterology. Functional epigastric distension, often characterized by bloating without any structural abnormalities, is frequently associated with anxiety. Anxiety itself can be considered a risk factor for functional epigastric distension. As a result, the preference for undergoing endoscopic procedures under anaesthesia due to "upper abdominal distension" may align with the tendency influenced by a "low literacy level" or anxiety. However, other common symptoms of functional gastrointestinal disorders, such as acid regurgitation, heartburn, and epigastric pain, may not have a similar impact on the preference for endoscopic anaesthesia. It is important to note that each symptom may have different underlying mechanisms and associations. Acid regurgitation and heartburn, for instance, are primarily associated with Gastro Esophageal Reflux Disease (GERD), while epigastric pain can have various causes, including peptic ulcers or gastritis [5].

## Conclusion

The findings of your study indicate that there has been a yearly increase in the demand for endoscopy for gastrointestinal cancer detection in Suichang County. To address this growing demand, the development of endoscopy centres in county hospitals has been able to meet the needs to a significant extent. This suggests a positive trend in the availability of endoscopic services in the county. Moreover, the study highlights that advanced concepts such as comfortable medical care and regular follow-up are gradually gaining popularity in the county. This indicates a positive shift towards a more patient-centered approach and emphasizes the importance of comprehensive care beyond diagnosis, including follow-up and management of gastrointestinal diseases.

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## Conflict of Interest

The Author declares there is no conflict of interest associated with this manuscript.

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## References

1. Aita, Kaoruko, Miyako Takahashi, Hiroaki Miyata and Ichiro Kai, et al. "Physicians' attitudes about artificial feeding in older patients with severe cognitive impairment in Japan: A qualitative study." *BMC Geriatrics* 7 (2007): 1-9.
2. Folwarski, Marcin, Stanislaw Klek, Michał Brzeziński and Agnieszka Szlagatys-Sidorkiewicz, et al. "Prevalence and trends in percutaneous endoscopic gastrostomy placement: Results From a 10-Year, nationwide analysis." *Front Nutr* 9 (2022).
3. Bawazir, Osama A. "Percutaneous endoscopic gastrostomy in children less than 10 kilograms: A comparative study." *Saudi J Gastroenterol* 26 (2020): 105.
4. Gauderer, Michael WL, Jeffrey L. Ponsky and Robert J. Izant Jr. "Gastrostomy without laparotomy: A percutaneous endoscopic technique." *J Pediatr Surg* 15 (1980): 872-875.
5. Löser, Chr, G. Aschl, X. Hébuterne and E. M. Mathus-Vliegen, et al. "ESPEN guidelines on artificial enteral nutrition—Percutaneous Endoscopic Gastrostomy (PEG)." *Clin Nutr* 24 (2005): 848-61.

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