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RESEARCH ARTICLE

A PROSPECTIVE STUDY ON UPPER GASTROINTESTINAL DISORDERS

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ABSTRACT

Upper gastrointestinal tract disorders are one of the most common problem in clinical practice. Upper gastrointestinal (UGI) endoscopy is an important diagnostic modality in evaluation of patients with GI disorders. The endoscopic examination of upper GI is not only for diagnosing common upper GI disorders, helpful in identifications of premalignant lesion like Barret's Oesophagus and malignant lesion. This is a prospective study conducted in 3475 patients. Who had GI symptoms in Department of General Surgery. Out of 3475 patients, 1040 cases had normal finding. Out of 2435 cases, 1425 cases had oesophageal pathology, 705 cases had gastric pathology, and 305 had duodenal pathology. Endoscopic evaluation & Biopsy plays a vital role for planning proper treatment for upper GI disorders.

Objectives: Endoscopy - upper as disorders.

Aim of the study:

- To evaluate the monthly normal cases found during UGI scopy.
- To evaluate the gender distribution of abnormal cases.
- To evaluate the age distribution among the abnormal cases
- To find the distribution of oesophageal, gastric and duodenal disorders
- To evaluate the various GI disorders found during UGI scopy.

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INTRODUCTION

Gastrointestinal diseases are a common health problem in all age group and in both the gender worldwide. During the last few decades, a change has been observed in the incidence of many gastrointestinal diseases such as Gastric cancer, Acid peptic diseases including peptic ulcer, GERD. In our study, GERD, Gastritis, moniliasis, Gastric Cancer, Oesophageal Varices has increased in prevalence. It is well known that with increasing age, the incidence of gastrointestinal disease also increases, Endoscopy of the Upper GI tract is safe and easily carried out procedure of high diagnostic value and also therapeutic value in some cases, old age patients are at increased risk of peptic ulcer 28 cancers. Oesophageal and gastric cancer are higher in aged patients than in young patients.

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This is a prospective study conducted in outpatient basis to evaluate the age, gender 2 various gastro intestinal disorders and their distributions.

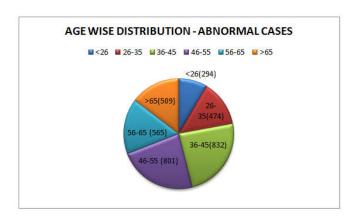
Inclusion & exclusion criteria

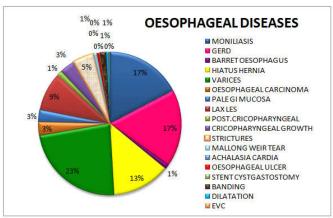
Patient examined throughout patient basis were included

- Both normal and abnormal cases of GI mucosa were included.
- Age / Gender distribution of normal and abnormal cases was included
- Distribution of Oesophageal, gastric and duodenal diseases were included.
- Follow up and treatment of the abnormal cases were excluded.

Age distribution among abnormal cases

Age group	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
<26	23	26	21	30	22	27	20	29	10	22	31	12	21	294
26-35	31	28	38	41	49	38	36	38	20	43	40	31	41	474
36-45	64	74	51	61	61	59	69	52	73	49	83	70	66	832
46-55	83	49	62	64	65	74	80	57	50	64	60	46	47	801
56-65	57	40	40	50	32	57	48	47	40	39	40	28	47	565
>65	24	19	33	24	49	20	44	36	20	41	90	57	52	509
Total	282	236	245	270	278	275	297	259	213	258	344	244	274	3475





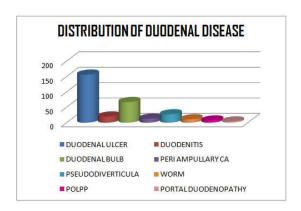
STOMACH	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun- 15	Jul- 15	Aug- 15	Sep- 15	Oct- 15	Nov- 15	Dec- 15	TOTAL
Gastritis	19	10	12	13	22	13	16	14	15	11	8	8	13	174
Gastric ulcer	7	6	5	7	5	7	14	15	11	9	12	7	9	114
Goo	8	8	6	7	5	10	8	4	6	5	5	1	2	75
Gastric carcinoma	3	1	2	1	2	-	2	2	-	2	2	2	2	21
Portal gastropathy	29	16	14	16	14	17	21	16	14	19	25	26	24	251
Fundal varicose	9	6	9	1	4	1	4	1	4	2	11	2	5	59
Polyp	-	-	1	-	1	1	-	_	-	-	1	2	-	6
Gave	-	-	-	2	-	-	-	1	-	2	-	-	-	5
Total	75	47	49	47	53	49	65	53	50	50	64	48	55	705

Duodenal diseases	Dec- 14	Jan- 15	Feb- 15	Mar- 15	Apr- 15	May- 15	Jun- 15	Jul- 15	Aug- 15	Sep- 15	Oct- 15	Nov- 15	Dec- 15	Total
Duodenal ulcer	9	6	7	16	10	15	16	12	8	2	16	21	18	156
Duodenitis	2	1	-	3	2	3	3	1	1	1	-	2	1	20
Duodenal bulb	2	4	8	4	4	9	6	7	3	3	8	5	4	67
Peri ampullary ca	-	-	1	-	-	2	1	-	1	2	4	1	1	13
Pseudodiverticula	8	2	1	1	5	_	2	-	2	2	4	-	-	27
Worm	-	-	-	2	3	-	3	-	-	2	-	1	-	11
Polpp	-	4	-	-	-	_	-	-	2	-	-	1	-	7
Portal duodenopathy	-	-	-	-	-	-	-	-	-	2	1	1	-	4

METHODS

The study was carried out in Patients who had gastro intestinal symptoms attending outpatient department from December 2014 to December 2015. A total of 3475 patients were examined using upper GI endoscope.

Distribution of duodenum diseases



Gender wise distribution of abnormal cases

Month / Year	Male	Female
December - 2014	186	96
January – 2015	152	84
February – 2015	145	100
March – 2015	163	107
April -2015	161	117
May – 2015	172	103
June – 2015	202	95
July - 2015	185	74
August – 2015	126	87
September – 2015	157	101
October – 2015	222	122
November - 2015	143	101
December - 2015	169	105
TOTAL	2,183	1,292

TOTAL CASES - 3,475

YEARLY CENSUS	
2014-2015	NORMAL CASES
Dec-14	78
Jan-15	71
Feb-15	85
Mar-15	90
Apr-15	83
May-15	89
Jun-15	87
Jul-15	97
Aug-15	51
Sep-15	79
Oct-15	97
Nov-15	51
Dec-15	82
TOTAL	1040
PERCENTAGE	29.93%

RESULTS

There were total of 3475 patients, out of which, 1040 cases had normal finding and 2435 cases had abnormal finding. Among 2435 cases, 1425 cases had oesophageal Pathology 705 cases had gastric Pathology and 305 cases had Duodenal Pathology. 509 patients were affected above the age group of 65 years.

The percentage of Oesophageal disorders was 58.25% Among the Oesophageal varices, which is most common. Among Stomach disorders Portal Gastropathy is common, which has 251 patients. Among the Duodenal disorders, duodenal ulcer was found to be common. In total the percentage of Oesophageal disorders was 58.52%, Stomach disorders was 28.95% and duodenal disorders was 12.53%.

Conclusion

Regardless the severity of the Lesion of Upper GI Endoscopy, It is advisable to screen all the patient with GI symptoms which alone will find the prevalence of GI disorders and individualized management of the patients.

REFERENCES

- Beppu, K., Inokuchi, K., Koyanagi, N., Nakayama, S., Sakata, H., Kitano, S. and Kobayashi, M. 1981. Prediction of variceal hemorrhage by esophageal endoscopy. *Gastrointest Endosc.*, 27:213-8.
- Chojkier, M., Laine, L., Conn, H.O. and Lerner, E. 1986. Predictors of outcome in massive upper gastrointestinal hemorrhage. *J ClinGastroenterol*, 8:16-22.
- Cook, D.J., Guyatt, G.H., Salena, B.J. and Laine, L.A. 1992. Endoscopic therapy for acute nonvariceal upper gastrointestinal hemorrhage: a meta-analysis. *Gastroenterology*, 102:139-48.
- Cooper, G.S., Chak, A., Harper, D.L., Pine, M., Rosenthal, G.E. 1996. Care of patients with upper gastrointestinal hemorrhage in academic medical centers: a community-based comparison. *Gastroenterology*, 111:385-90.
- Dagradi, A.E., Ruiz, R.A. and Weingarten, Z.G. 1979. Influence of emergency endoscopy on the management and outcome of patients with upper gastrointestinal hemorrhage. *Am. J Gastroenterol*, 72:403-15.
- Forrest, J.A.H., Finlayson, N.D.C. and Shearman, D.J. 1974. Endoscopy in gastrointestinal bleeding. Lancet, 2:394-7.
- Foster, D.N., Miloszewski, K.J. and Losowski, M.S. 1978. Stigmata of recent haemorrhage in diagnosis and prognosis of upper gastrointestinal bleeding. *Br Med J.*,1:1173-7.
- Gilbert, D.A. 1990. Epidemiology of upper gastrointestinal bleeding. *Gastrointest Endosc*, 36:S8-13.
- Gilbert, D.A., Silverstein, F.E. and Tedesco, F.J. 1981. The national ASGE survey on upper gastrointestinal bleeding. III. Endoscopy in upper gastrointestinal bleeding. *Gastrointest Endosc*, 27:94-102.
- Gostout, C.J., Wang, K.K., Ahlquist, D.A., Clain, J.E., Hughes, R.W., Larson, M.V., Petersen, B.T., Schroeder, K.W., Tremaine, W.J. and Viggiano, T.R. 1992. Acute gastrointestinal bleeding. Experience of a specialized management team. *J ClinGastroenterol*, 14:260-7.
- Johnston, J.H. 1990. Endoscopic risk factors for bleeding peptic ulcer. Gastrointest Endosc., 36 Suppl:S16-S20.
- Katschinski, B., Logan, R., Davies, J., Faulkner, G., Pearson, J. and Langman, M. 1994. Prognostic factors in upper gastrointestinal bleeding. *Dig Dis Sci.*, 39:706-12.
- Lau, J.Y., Sung, J.J., Lam, Y.H., Chan, A.C., Ng, E.K., Lee, D.W., Chan, F.K., Suen, R.C. and Chung, S.C. 1999. Endoscopic retreatment compared with surgery in patients with recurrent bleeding after initial endoscopic control of bleeding ulcers. *N Engl J Med.*, 340:751-6.