

# Dyspepsia In General Hospital Of N'djili : Endoscopic Study

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## Abstract

### Background

Dyspepsia is a frequent syndrome in our country, where there are restrictions to endoscopy. It is important to know the causes of this syndrome to establish the therapeutic approach.

Aim : to assess the endoscopic findings of the dyspepsia.

### Methods

We underwent esophagogastroduodenoscopy to those patients more than 45 years old and to those less than 45 years old but with alarm symptoms.

### Results

Forty three patients were included. The mean age was  $46,32 \pm 15,6$  years and women comprised 56% of sample. Epigastric pain was the main symptom (100%). GERD was found in 32,4% patients, gastric ulcer, duodenal ulcer, gastric cancer were identified in 6,9 % of sample. Duodenal erosions were present in 16,2%.

### Conclusion

Endoscopy is essential to identify the causes of dyspepsia and to establish the most therapeutic approach.

Key words : dyspepsia, endoscopy

## Introduction

Dyspepsia is one of the complex symptoms with heterogeneous diagnosis and pathophysiology. It is defined as chronic or recurrent pain or discomfort with at least one or more of the following symptoms: post prandial bloating, early satiety, epigastric pain or epigastric burn (1, 2, 3)

It is a major public health problem. Numerous descriptive cross-sectional studies have reported a prevalence of dyspepsia in the community varying between 7 and 54%. And it is globally estimated at 25% in the general population (4, 5, 6, 7, 8). In addition, dyspepsia is the source of high expenses in terms of direct costs (consultations, explorations, therapy) and indirect (quality of life, absenteeism, physical activities, social life and mental health (9)

Dyspepsia is a frequent syndrome in our current practice, but there are restrictions for endoscopy because very few centers do it and it is very expensive when considering the average Congolese's purse. The corollary of this aspect is that dyspepsia is treated without

being explored for the most part thus obscuring serious organic dyspepsias such as peptic ulcer disease and gastric cancer. Endoscopy is essential for the classification of patients with organic and functional dyspepsia

The aim of this study was to determine endoscopic findings in patients with dyspepsia in our healthcare setting.

### Patients and methods

This was a cross-sectional and descriptive study that concerned dyspeptic subjects who were able to perform an upper gastrointestinal endoscopy.

Upper gastrointestinal endoscopy was performed in all patients with an Olympus device (GIF - X Q20). It was indicated for all cases of dyspepsia in people aged 45 years and over and in people below 45 years aged but showing warning signs. She was considered normal in front of a pink mucous membrane.

Statistical analyzes

The data thus collected were entered on an ASUS brand computer using Excel software and were analyzed using the XLSAT Excel logiciel. Quantitative data was presented as the mean plus the standard deviation; the qualitative data were presented in the form of the proportions

Ethical considerations

The study was conducted after approval by the ethics committee of the General Reference Hospital in N'djili. Authorization to conduct the study was obtained from the hospital administration. Written consent was obtained from each study participant and the results were kept confidential. Patients in whom the results required management were referred to a gastroenterologist for adequate management.

### Results

Socio-demographic characteristics

A total of 43 patients were recorded, including 19 men (44%) and 24 women (56%), for a sex ratio of 0.6. The mean age was  $46.32 \pm 15.6$  years. Participants under 45 years old were 21 and those aged  $\geq 45$  years old were 22.

Clinical aspects

They brought together the symptoms, behavioral patterns and elements of the physical examination. They are listed in table 1

Table 1 clinical data of the study population

Signs	n= 43	%
Epigastric pain	43	100
Abdominal pain	17	39,5
Nausea	14	32,5
Melena	14	32,5
Heartburn	12	27,9
Regurgitation	11	25,5
Vomiting	11	25,5

Haematois	8	18,6
Eructation	6	13,9
Abdominal bloating	5	11,6

Epigastralgia was the main symptom

Table 2 Endoscopic data

Endoscopic findings	n = 43	%
<b>Esophagus</b>		
Normal mucosa	36	83,7
Hiatus gap	11	25,5
Congestive lower esophagus	3	6,9
Varicose cord	1	2,3
Whitish plaster	1	2,3
<b>Stomach</b>		
Normal mucosa	9	20,9
Erythematous appearance	17	39,5
Ulcer	3	6,9
Cancer	3	6,9
Polyp	1	2,3
<b>Duodenum</b>		
Normal mucosa	33	76,7
Erosions	7	16,2
ulcer	3	6,9

Endoscopic findings have shown that in addition to appearances suggestive of gastritis, there are more severe lesions such as ulcers and gastric cancers

## Discussion

Dyspepsia was observed in 56% of women compared to 44% of men. The literature reports a slight predominance of women. Our observations corroborate those of the literature (10, 11, 12). There were as many patients under 45 as there were 45 and over. This may explain the high number of cases of organic dyspepsia (GERD, peptic ulcer, gastric cancer).

The predominant symptom of patients in this series was epigastrium pain (100%). The accompanying signs were abdominal pain 39.5%, nausea (32.5%), melena (32.5%), heartburn (27.5%), regurgitation and vomiting in 25.5% of patients. case. The Piessevaux (13) study observed as symptoms in the general population: post prandial bloating, flatulence, epigastric pain, early satiety, epigastric burn, vomiting, belching in respectively 68 - 86%, 68 - 84 %, 68 - 70%, 49 - 72%, 49- 72%, 35 - 57%, 23 - 31%, 50 - 60% of cases. The different clinical presentation between this study and those of Piessevaux (13) and Tack (14) may be due to the types of studies. Our study was performed in a hospital setting while the other two are studies in the general population.

Dyspepsia is one of the most common pathologies in primary medicine in 3 to 4% of patients worldwide (15, 16). Its prevalence varies between 7% and 54.6% and is globally estimated at 25% in the general population. In our daily practice, dyspepsia is a common syndrome. Endoscopy is essential for the classification of patients in organic and functional dyspepsia. In a study carried out in Nigeria by Michael Oling et al (17), severe digestive pathologies such as gastric ulcer, duodenal ulcer and gastric cancer were observed in 6% of the dyspepsias explored. Our study noted 6.9% gastric and duodenal ulcer, 6.9% reflux esophagitis, 6.9% gastric cancer, 25.5% hiatus ulcer, respectively. This demonstrates the value of digestive endoscopy in the management of dyspepsia. It will allow early detection of gastric cancers which are often diagnosed at the terminal stage for lack of endoscopy equipment and teams well trained in this field in our country. Almost all cases of dyspepsia are often treated as functional dyspepsia.

Functional dyspepsia is diagnosed in more than 60% of patients complaining of dyspeptic symptoms but this diagnosis remains an exclusion after ruling out any organicity (Talley 2015). Functional dyspepsia (normal appearance of the gastric mucosa and appearance of gastritis) was observed in 60% of the patients in the present study. This coincides with the data in the literature.

## Conclusion

Dyspepsia is a frequent syndrome in our environment. Endoscopy can distinguish organic dyspepsia from functional dyspepsia and thus provide adequate management.

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