

ORIGINAL ARTICLE

Esophagogastroduodenoscopy findings in patients with dyspepsia

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Summary

Introduction/Aim: Dyspepsia is a set of symptoms of the gastrointestinal tract that includes epigastric pain or burning, postprandial fullness or early satiety. These symptoms may or may not be associated with pathological changes in the mucosa. Esophagogastroduodenoscopy (EGD) is an invasive diagnostic tool for detecting pathological changes in the mucosa of the upper digestive tract. The aim of this study was to detect how many patients with dyspepsia older than 55 years who had undergone esophagogastroduodenoscopy had a pathological finding and determine the validity of invasive diagnostics in patients with dyspepsia.

Material and methods: This cross-sectional study included 148 patients who underwent EGD in the period from June to December 2021 due to various indications (dyspepsia, vomiting, anemia, positive fecal occult blood test (FOBT), suspected portal hypertension, body weight loss, reflux disorders and melena) of which we considered only dyspepsia in patients older than 55 years.

Results: In the group of patients over 55 years with dyspepsia (n = 61), 8 patients (13.1%) had a normal finding of EGD, defined as the absence of endoscopic and pathohistological changes in the mucosa. One patient (1.6%) had a normal EGD finding, with the presence of *Helicobacter pylori*. As for pathological endoscopic findings, 24 (39.3%) patients had chronic gastritis and 13 (21.3%) had chronic gastritis in the presence of *H. pylori*, 19 (31.1%) had signs of gastroesophageal reflux disease (GERD), and 3 (4.9%) had gastric ulcer. The presence of alarming symptoms was detected in 22.9% of patients, however, the findings of upper endoscopy ruled out the existence of gastric cancer.

Conclusion: Based on our results, we can conclude that in patients with dyspepsia older than 55 years, pathological findings in EGD are very frequent, which proves the benefit of using this diagnostic method is great, but the possibility of a successful empirical therapy should be also taken into account.

Key words: esophagogastroduodenoscopy, dyspepsia, functional dyspepsia

INTRODUCTION

Dyspepsia is a set of symptoms of the gastrointestinal tract that includes epigastric pain or burning, postprandial fullness or early satiety. It is a disorder with a high prevalence of approximately 20% in the general population (1). Dyspepsia can occur without an underlying organic disease that can cause the symptoms, in which case it can be labelled as functional dyspepsia (FD) (2). The pathophysiology of FD is not completely clear, but it could be related to changes in gut motility, immune changes of the mucosa, visceral hypersensitivity, alterations in gastrointestinal microbiota and altered central nervous system processing (3,4). According to Rome IV criteria functional disorders of the digestive system are now called disorders of the gut-brain interaction (DGBI) (5, 10). Rome IV criteria also divide functional dyspepsia into two subgroups: epigastric pain syndrome and postprandial distress syndrome in which symptoms are triggered by a meal (2). The two subgroups can overlap, but following the criteria, in order to diagnose functional dyspepsia, an organic disease must be excluded by upper gastrointestinal endoscopy (1). Organic dyspepsia is most commonly caused by peptic ulcer, gastritis or esophageal and gastric malignancy (3, 10). Gastric cancer is the fourth most common incident cancer and the second most common cause of cancer-related death, with Serbia being a country with a high prevalence of gastric cancer (6, 7). Esophagogastroduodenoscopy (EGDS) is a basic diagnostic procedure for detecting pathological changes in the mucosa of the upper part of the digestive tract. EGDS is an invasive diagnostic procedure, which in a certain, small percentage, carries the risk of perforation or death. In order to ensure greater patient comfort during EGDS, in patients who cannot tolerate the examination, short-term intravenous analgo-sedation is applied, which carries its own risks for the patient (8). Esophagogastroduodenoscopy (EGDS) is a diagnostic procedure that is indicated in the presence of dyspeptic complaints in patients older than 55 years, patients refractory to previously introduced antacid and proton pump inhibitor therapy, as well as in the presence of alarming symptoms such as weight loss, vomiting, signs of gastrointestinal bleeding and iron deficiency anemia (9-11). Dyspeptic symptoms are among the most common indications for EGDS.

In our cross-sectional study patients underwent EGDS for various indications (dyspeptic symptoms, vomiting, anemia, positive fecal occult blood test (FOBT), suspected portal hypertension, weight loss, reflux complaints and melena) and the aim was to determine how many patients over 55 years of age with dyspeptic symptoms had a pathological finding in EGDS, as well as to determine validity of subjecting patients with dyspepsia to invasive diagnostics.

MATERIAL AND METHODS

Subjects and methods

This is a cross-sectional study, which was conducted using the information from the database of the Clinic for Gastroenterohepatology of the University Clinical Center of Serbia. The study included 148 patients who, in the period from June to December 2021, underwent esophagogastroduodenoscopy with a routine biopsy of the gastric mucosa taken for pathohistological analysis. Demographic data (age and gender), indications (dyspeptic symptoms, vomiting, anemia, positive stool occult blood test (FOBT), suspected portal hypertension, weight loss, reflux complaints and melena) and endoscopic findings were collected on the basis of these patients' medical records. Endoscopic findings were labelled as normal, normal finding with the presence of *Helicobacter pylori*, *H. pylori* gastritis, chronic gastritis without *H. pylori* infection, esophageal varices, gastroesophageal reflux disease (GERD), ulcer disease, and cancer. Normal finding was defined as mucosa with no endoscopic and pathohistological changes in terms of gastritis, ulcers or cancer. The existence of *H. Pylori* infection and the definitive confirmation of cancer were obtained on the basis of pathohistological findings. When considering the frequency of certain endoscopic findings in patients who had dyspeptic symptoms as an indication, only patients older than 55 years were considered, because most clinical practice guidelines find their subjection to EGDS justified, given that they belong to the greater risk group for gastric cancer, which is a life-threatening condition.

Statistical analysis

The data were entered into the database and processed using the IBM SPSS 25 program. The methods of descriptive and analytical statistics were used. From the methods of descriptive statistics, the following were used: measures of central tendency, measures of variability, and relative numbers, and from the methods of analytical statistics, the methods for assessing the significance of the difference were used: Chi-square test for categorical data and Student's t-test for numerical data. $p < 0.05$ was considered statistically significant.

RESULTS

The study included 148 patients, predominantly female (62.2%). The average age was 58.9 ± 15.5 years, where 44 (29.7%) were in the category of patients under 55 years of age, and 104 (70.3%) in the category of patients over 55 years of age (**Figure 1**).

Figure 1. Demographic characteristics of patients

Variable	n (%)
Gender	
Male	56 (37,8)
Female	92 (62,2)
Age, mean±sd	58,9±15,5
<55 years	44 (29,7)
≥55 years	104 (70,3)

In the group of patients over 55 years of age, 61 (58.7%) patients had dyspeptic symptoms. A statistically significant difference between gender and dyspeptic symptoms was observed, whereby women had dyspeptic complaints significantly more often than men, which could be expected, given that most respondents were female ($p=0.008$). Statistically significant difference in age was not found between patients with and without dyspeptic symptoms ($p>0.05$) (Figure 2).

Figure 2. Dyspeptic symptoms and demographic characteristics of patients

Variable	Dyspeptic symptoms		P
	No (n=43)	Yes (n=61)	
Gender, n%			
Male	23 (53,5)	17 (27,9)	
Female	20 (46,5)	44 (72,1)	0,008
Age, mean±sd	68,6±6,7	66,7±6,6	0,149

In the group of patients over 55 years of age with dyspeptic symptoms as an indication for EGDS ($n=61$), 8 patients (13.1%) had a normal EGDS finding, and 1 patient (1.6%) had a normal finding with the presence of *H. pylori* detected during the pathohistological examination of the biopsy sample of the gastric mucosa. From other pathological endoscopic findings, chronic gastritis was detected in 24 (39.3%) patients, and chronic gastritis with the presence of *H. pylori* was found in 13 (21.3%) patients. Changes corresponding to gastroesophageal reflux disease (GERD) were found in 19 (31.1%) patients, and gastric or duodenal ulcer in 3 (4.9%). None of the patients who had dyspeptic symptoms as an indication had esophageal varices or gastric cancer on EGDS. In patients without dyspeptic complaints, who underwent EGDS, esophageal varices and chronic gastritis were diagnosed more often than in patients with dyspeptic complaints, which was statistically significant ($p=0.004$ for esophageal varices, $p=0.019$ for chronic gastritis) (Figure 3).

Figure 3. Frequency of endoscopic findings in patients with dyspepsia

Variable	Dyspeptic symptoms		P
	No (n=43)	Yes (n=61)	
Normal, n%	1 (2,3)	8 (13,1)	0,077
Normal with <i>H. pylori</i> , n%	1 (2,3)	1 (1,6)	1,000
Esophageal varices, n%	6 (14,0)	0 (0,0)	0,004
Chronic gastritis, n%	27 (62,8)	24 (39,3)	0,019
<i>H. pylori</i> gastritis, n%	8 (18,6)	13 (21,3)	0,735
GERD, n%	13 (30,2)	19 (31,1)	0,921
Gastric or duodenal ulcer, n%	2 (4,7)	3 (4,9)	1,000
Gastric cancer, n%	2 (4,7)	0 (0,0)	0,169

We also examined the presence of alarming symptoms and signs that could indicate gastric cancer, which were listed as a simultaneously present indication with dyspeptic symptoms in patients over 55 years old. Vomiting was present in 2 (3.3%) patients, weight loss in 3 (4.9%), iron deficiency anemia in 6 (9.8%) patients, and signs of gastrointestinal bleeding in the form of melena in 2 patients (3.3%) and in the form of a positive FOBT in 1 (1.6%) patient. However, despite the presence of alarming symptoms, none of the patients had gastric cancer (Figures 3 and 4).

Figure 4. Frequency of other indications of importance with dyspeptic symptoms

Variable	Dyspeptic symptoms (n=61)
Vomiting, n%	2 (3,3)
Iron deficiency anemia, n%	6 (9,8)
FOBT, n%	1 (1,6)
Weight loss, n%	3 (4,9)
Melena, n%	2 (3,3)
Total	14 (22,9)

DISCUSSION

In our study organic dyspepsia in the group of patients over 55 showed a high prevalence of 96.7% including: chronic gastritis (39.3%), *H. pylori* gastritis (21.3%), signs of GERD (31.1%), and ulcer disease (4.9%) (Figure 3). EGDS is an important diagnostic tool for detection of organic diseases that can cause dyspeptic symptoms, among which is gastric cancer that represents a life-threatening condition (6, 9). That is the reason why many guidelines suggest that subjecting patients over 55 years of age to EGDS is appropriate since that is a group in risk of developing gastric cancer (9, 19). Our study included 104 patients over 55 years of age and 61 of them had dyspeptic symptoms but none of them had cancer, which corresponds to a low prevalence of upper gastrointestinal malignancy in dyspeptic patients found in other studies (10). Besides years of age, the presence of so-called alarm symptoms such as weight loss, vomiting, signs of gastrointestinal bleeding or iron deficiency anemia in patients with dyspepsia may indicate an underlying gastric cancer, so these patients should undergo EGDS according to guidelines such as ASGE (American Society for Gastroenterology) or NICE (The National Institute for Health and Care Excellence) guidelines (8, 9, 14). In our study, 22.4% of patients in addition to dyspeptic symptoms as an indication for EGDS had one of the alarm symptoms, but cancer was not diagnosed in any of these patients (Figures 3 and 4). The revised contemporary guidelines suggest that the need for endoscopy should be determined for each patient depending on the patient's physical findings, history (family, disease, tests), and other relevant factors which could eliminate unnecessary EGDS (10, 12). Gastric cancer can often be asymptomatic in the early stages

of the disease, so alarming symptoms as well as dyspeptic complaints appear only in advanced disease (13). In the results of our study, the only case of gastric cancer was detected in the group of patients older than 55 years without dyspeptic complaints (Figure 3). The evidence of the effectiveness and cost-effectiveness of mass endoscopic screening remains controversial in the countries with the population at average risk of gastric cancer, but we should have in mind that around 60% of patients, due to the late presentation of non-specific symptoms and comorbidities, have an extremely poor prognosis (14, 15). However, research shows that globally there is a decline in the incidence and mortality of stomach cancer, and this can also be seen in the data for Central Serbia in the period from 2000 to 2015 (7, 16). This trend could be related to an effective approach in the eradication of *H. pylori* infection (test and treat strategy), which is an important risk factor for the development of gastric cancer (17, 20). There is a significant decline in the prevalence of this infection globally, especially in the period from 2011 to 2022 (18). The results of our studies correlate with these data because the prevalence of *H. pylori* infection in patients with dyspepsia was 22.9%, of which 21.3% patients had chronic gastritis with *H. pylori* infection and 1.6% had normal EGDS findings with *H. pylori* infection, while the prevalence of *H. pylori* negative chronic gastritis was 39.3%. However, the presentation of *H. pylori* negative chronic gastritis was higher (62.8%) in the group of patients without dyspepsia complaints compared to the one with dyspepsia (Figure 3). Considering that around 65% patients with dyspepsia had functional dyspepsia, that could be an explanation for such results of our studies (3, 19). The results of EGDS were normal in 9 (14.7%) patients with dyspepsia, and in one patient *H. pylori* infection was detected from a routine biopsy sample of the mucosa taken during EGDS (Figure 3). According to this, functional dyspepsia was found in 14.7% of patients. The etiology of FD is not fully understood, but some of the risk factors are known to be acute gastroenteritis, the use of non-steroidal anti-inflammatory drugs, psychological comorbidities such as anxiety; smoking, female gender, and *H. pylori* infection (1). In our research, the total number of female respondents was higher, and consequently, dyspeptic complaints occurred statistically significantly more often in women than in men ($p=0.008$). However, if we consider the results of other studies, in which the female gender is one of the risk factors for FD, as well as the fact that the male gender is two times more susceptible to the development of gastric cancer, it could be taken into consideration to perform endoscopy in men older than 55 years more often than in women (1, 6). Of course, this assumption would have to be tested on a larger number of patients.

The Kyoto consensus suggests that dyspepsia with *H. pylori* infection should be taken as a separate entity distinct from functional dyspepsia (20). That is of great importance because in these patients using “test and

treat” strategy has proven to be most effective (20, 21). This strategy includes therapy with proton pump inhibitors, prokinetic agents and eradication therapy for *H. pylori*, whereby infection with this bacterium can also be detected by one of the non-invasive methods such as the ¹³C-urea breath test or the detection of bacterial antigens in feces (2, 20). In our study there was a total of 23 patients with *H. pylori* infection, and 14 of them had dyspepsia (60,8%) (Figure 3). Every patient with dyspeptic symptoms should be tested for *H. pylori* (non-invasively or by gastroscopy) because *H. pylori* causes approximately 90% of all gastric cancer cases worldwide, excluding those located at the gastroesophageal junction, and the eradication therapy can be very effective (10, 21).

CONCLUSIONS

In this study, we showed the frequency of different findings in EGDS in patients who had dyspepsia complaints as an indication for undergoing this invasive diagnostic procedure. Based on our results, we can conclude that in patients with dyspepsia older than 55 years, pathological findings in EGDS occur with a high frequency (96.7%). Arguably, this proves that the benefit of subjecting patients to this diagnostic procedure is great. However, the possibility of successful empirical therapy within the “test and treat” strategy should also be taken into account, since it has been proven to control symptoms in most patients with dyspepsia.

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EZOFLAGASTRODUODENOSKOPSKI NALAZ KOD PACIJENATA SA DISPEPSIJOM

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Sažetak

Uvod/cilj: Dispepsija predstavlja skup simptoma gastrointestinalnog trakta koji obuhvata bol ili osećaj žarenja u epigastrijumu, postprandijalnu nadutost i osećaj ranog zasićenja prilikom obroka. Ovi simptomi mogu i ne moraju biti povezani sa patološkim promenama na sluznici. Ezofagogastroduodenoskopija (EGDS) je invazivna dijagnostička metoda za otkrivanje patoloških promena sluznice gornjih partija digestivnog trakta. Cilj rada je da se kroz studiju preseka koja uključuje ispitanike sa dispeptičnim tegobama starije od 55 godina podvrgnute ezofagogastroduodenoskopiji detektuje učestalost patološkog nalaza i utvrdi opravdanost podvrgavanja ovih pacijenata invazivnoj dijagnostici.

Materijal i metode: Ovom studijom preseka obuhvaćeno je 148 pacijenata koji su u periodu od juna do decembra 2021. godine bili podvrgnuti EGDS zbog različitih indikacija (dispeptične tegobe, povraćanje, anemija, pozitivan test na okultno krvarenje u stolici (FOBT), suspektna portna hipertenzija, gubitak telesne mase, refluksne tegobe i melena), a od kojih smo u razmatranje uzeli samo dispeptične tegobe kod pacijenata starijih od 55 godina i sagledali njihove endoskopske nalaze.

Ključne reči: ezofagogastroduodenoskopija, dispeptične tegobe, funkcionalna dispepsija

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Rezultati: U grupi pacijenata preko 55 godina sa dispeptičnim tegobama kao indikacijom (n=61), 8 pacijenata (13,1%) je imalo normalan nalaz na EGDS, koji je definisan kao odsustvo endoskopskih i patohistoloških promena na sluznici. Jedan pacijent (1,6%) je imao normalan nalaz na EGDS, uz prisustvo *Helicobacter pylori* tokom patohistološkog pregleda. Od patoloških endoskopskih nalaza kod 24 (39,3%) pacijenta otkriven je hronični gastritis, kod 13 (21,3%) hronični gastritis uz prisustvo *H. pylori*, kod 19 (31,1%) znaci gastroezofagealne refluksne bolesti (GERB) i kod 3 (4,9%) ulkus želuca. Kod 22,9% pacijenata detektovano je prisustvo alarmnih simptoma, međutim nalaz gornje endoskopije isključio je postojanje karcinoma želuca, što je i histopatološki potvrđeno.

Zaključak: Na osnovu naših rezultata možemo zaključiti da se kod pacijenta sa dispepsijom starijih od 55 godina patološki nalazi na EGDS javljaju sa velikom učestalošću, što dokazuje da je korist od podvrgavanja pacijenata ovoj dijagnostičkoj proceduri velika, ali u obzir treba uzeti i mogućnost uspešnosti empirijske terapije.