The value of diagnostic OGD in surgical patients

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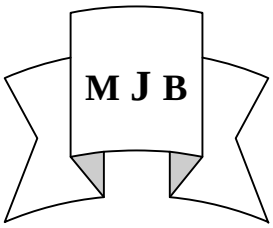

Abstract

This study includes the analysis of three thousand diagnostic OGDs done by surgeons at Al-Hilla teaching Hospital for the diagnosis of diseases causing complaints related to upper GIT and for pre-operative checking and preparation of patients prior to surgical interference. This study has shown a great change in the behavior of peptic ulcer disease as compared with its behavior in the period prior to this study where a significant increase in the number of patients with duodenal ulceration. Mean while, a striking increase in the number of females having complicated peptic ulceration. The study has also shown the rarity of multiple duodenal ulceration (kissing ulcers) in females as well as the rarity of gastric and oesophageal cancers. Posterior D.Us are uncommon as compared with anterior ones a fact, which arouses the thinking of some protective mechanism. The concomitant occurrence of gallbladder disease with D.Us is also noticed. GERD and its complications is also strikingly uncommon in this study. The number of negative examinations (normal patients) is high in this collection despite the selection of patients we adopted for OGD examination, a fact that made us think of a better selection scale (predicting scale).

الخلاصة

هذه الدراسة تحتوي على تحليل لـــ ثلاثة الالف فحص ناظور المعدة اجريه في مستشفى الحلة الجراحي لإجراء تشخيص حالات لهـــا علاقة بأمراض الجهاز الهضمي الأعلى . وللفحص بعد أجراء العمليات ولتحضير المرضى قبل العمليات في هذه الدراسة توضح تغير في تفاعل حالات قرحة الاثني عشري عن الفترة السابقة . وخلال هذه الفترة شوهد زيادة عالية في نسبة اصابة النساء بقرحـــة الاثنـــي عشري

في هذه الدراسة تم تسجيل حالات قليله (12 حاله) بحالات قرحة متقابلة ، وحالات قليله لقرحة المعدة . حالات القرحـــة الاثنـــي عشري الخلفية غير مألوفه بالمقارن مع حالات القرحة الامامية

. حالات الإصابة بأمراض المرارة المرافقة لها تم تسجيله

. حالات الفحص السالب (لا يوجد) كان نسبة عالية في هذه المجموعة

Introduction

Diagnostic ODG for upper G.I.T using flexible fibreoptic endoscopes has taken an increasingly dominant role in the diagnosis of lesions in the Oeseophagus.Stomach or Duodenum. [1].OGD is to be considered whenever there is any possibility of a lesion lying within its scope. OGD often provides authoritative diagnoses because of the facility to take guided biopsy specimens or cytology brushings. It is no longer ethical practice to operate on patients for suspected upper GIT disease without carrying out OGD when this is available,

even when the diagnosis seems certain. [2]

The aim of this study is to determine whether there is any good comparison between the previous and the new behavior of the peptic ulcer disease during the four years of embargo imposed on our country, from 1993-1997, and hence the effect of great stresses of anxiety and malnutrition on that behavior.

Patients and Methods

Three thousand (3000) patients were studied by OGD for one or more of the following symptoms (indications for OGD):

1-Persistent dyspepsia (especially aged over 45 years treated medically for more than a month.).

2-Intractable epigastric and night pain despite prolonged medical treatment.

3-Bleeding from upper G.I.T.

4-Dysphagia.

The study also included preoperative OGD for patients who failed to respond to medical treatment and those who were prepared to undergo cholecystectomy. [3]

This study was done at Hilla surgical teaching hospital, The endoscopy unit performed by surgeons experienced in OGD (who have done >1000 OGDs before), using the Olympus G.I. fibreoptic endoscope type (Q20) connected to Olympus (CLE-10) (OES-halogen light source).

The patient is required to take nothing by mouth for [4-6] hrs.prior to the procedure. Most patients were apprehensive and needed reassurance and an adequate explanation. Routine premedication was not required except in the most nervous patients . [4]. For intubation, the patient lies on the left side with the neck carefully flexed. The lubricated instrument is protected from teeth by a mouth guard.

Results

One thousand, seven hundred and fifty six (1756) OGDs.i.e. (58.6%) conducted were proved to be negative (normal) and most of them were females (59%). The remaining (1244) positive OGDs (41.4%), have shown a variety of common pathological lesions of upper G.I.T. as shown in (table 1.). This study has shown that chronic duodenal ulceration is by far the commonest lesion of upper GIT with about 2:1 male/female ratio in case of anterior D.U. while 15:1 in case of kissing or multiple ulcers, (table 2.). A striking result of this study is the rarity of gastric ulcers as well as gastric tumors (three lymphomas and seven adenocarcinoma as proved by histopathology). GERD and its complications also proved to be uncommon; only two lower oesophageal peptic ulcers (ulcers due to silk used in pyloroplasty) were treated by retrieving the silk knots by the endoscope. Only two cases of achalasia, which were proved by barium, swallow as well.

Table 1

Lesion	Description	No.	%
D.U.		976	78.5
	Anterior	709	72.6
	Posterior	251	25.7
	Kissing	16	1.6
G.U.		14	1.1
Silk-Ulcer		9	0.7
Stomal Ulcer		6	0.5
GERD Ulcer.		23	1.8
Inflammation	**Gastric & Dudenitis**	221	17.8
Hiatus hernia		33	2.6
Achalasia		2	0.2
Tumors		12	1
	Oeseophagus	2	0.2
	Stomach	10	0.8
Total		**1244**	**100%**

Table 2

D.U.	Male	%	Female	%
Anterior	489	50.1	220	22.5
Posterior	201	20.6	50	5.1
Kissing	15	1.5	1	0.1
Total	**796**			

Discussion

Despite common belief, no conclusive evidence exists to implicate alcohol or stress in the pathogenesis of duodenal ulcer, and there is no evidence that any foods (in particular, spicy or acidic foods.) cause peptic ulcers [5]. In this study there is a clear increase in duodenal ulcers in 5-year period of embargo where stress and malnutrition can clearly be implicated where they can be behind a supposed predisposition to H.pylori infection. This study has clearly shown a continuous increase in performing OGD in the 4-year period from 1993-1997. This is partly due to actual increase in cases of peptic ulceration and partly to the unavailability of radiology in our hospital because of embargo imposed on our country. Although endoscopy appears to be an example of expensive Western high tech medicine, the technique is cost-effective and has become popular in developing countries-where X-ray facilities are more expensive and radiologists are rare. [6]. However, this increase in the number of OGDs performed is well – compared with similar increment all over the world. The rate of "positive" OGDs is still lower than excepted (41.4)%, a reason which made us think of adopting a new "predicting scale" to improve the positivity of results. This predicting scale may include the following criteria:

1-persistant dyspepsia (despite medical treatment for more than a month).

2-Epigastric pains.

3-Night pain.
4-Male>30.
5-Smokers.
6-History of Vomiting.

The striking facts shown in this study are:

1- A great increase in the number of duodenal ulcers during four years as compared with preceding years.
2- Females are increasingly suffering from peptic ulceration (P.U.).
3- Complications of P.U. are more frequently seen than before particularly stenosis of pylorus.
4- Most of patients who have these complications have already had medical treatment of P.Us.
5- Posterior D.Us are much less than anterior ones and in a ratio of 1:3, a fact that may indicate the presence of some protective mechanisms in the posterior duodenal wall. It is very striking that kissing ulcers are almost never occurring in female patients, another fact which supports the theory of posterior wall resistance.
6- Reflux oeseophagitis is common (9.5)% but peptic oesoph01ageal ulcer is quite rare, (0.2)% [7].
7- Gastric ulcers are again rare (1.1) %,a fact which indicates that G.U. pathogenesis is not related to stress as D.Us are.

Conclusion

During the period of the study (4 years) , the illegal embargo imposed on our country has lead to an increasing number of upper G.I.T. problems ,particularly duodenal ulceration., hence increasing number .of OGDs performed .Most of the examinations done have proved negative results i.e. a high " Negative" rate , a fact which made us think of a selective scale aiming at increasing the "positive" rate of upper GIT examinations. This study has shown a great increase in peptic ulceration, its severity, complications and resistance to medical treatment. Female patients are getting increasingly involved by the disease and its complications. At last, the stomach is more resistant to stress factors and gastric ulcer is rare, a fact which clearly supports some different (protective) mechanism.

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