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Clinical Profile and Upper Gastrointestinal Endoscopy Findings in Patients with Acid Peptic Disease at GSL Medical College and Hospital, Rajahmundry

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Abstract: *Acid peptic disease is a collective term used to include many conditions such as gastro esophageal reflux disease(GERD), gastritis, duodenitis , esophageal ulcer, gastric ulcer, duodenal ulcer, Zollinger-Ellison syndrome and other hypersecretory states. Normally gastric acid and pepsin secretion is required for digestion of food. Excessive secretion of this acid and pepsin or a weakened stomach mucosal defense is responsible for damage to the delicate mucosa and the lining of the esophagus, stomach and duodenum resulting in ulceration which is known as "Acid Peptic Disease". In this study, we are going to evaluate the clinical features and upper gastrointestinal endoscopy findings and in patients presenting in our centre in order to come to a precise diagnosis and identify various risk factors contributing to it.*

Keywords : *GERD- Gastro Esophageal Reflux Disease, APD- Acid Peptic Disease, GEJ- Gastro Esophageal Junction, PUD- Peptic Ulcer DISEASE, GU- Gastric Ulcer DU- Duodenal ULCER.*

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I. Introduction

Acid peptic disease is a collective term used to include many conditions such as Gastro esophageal reflux disease (GERD), gastritis, duodenitis, esophageal ulcer, gastric ulcer, duodenal ulcer, Zollinger-Ellison syndrome and other hypersecretory states. Normally gastric acid and pepsin secretion is required for digestion of food. Excessive secretion of this acid and pepsin or a weakened stomach mucosal defence is responsible for damage to the delicate mucosa and the lining of the, oesophagus, stomach and duodenum resulting in ulceration which is known as "Acid Peptic Disease"[1]. Acid Peptic Diseases (APD) is a common disorder. Population based survey revealed that 44% of the population reported monthly heartburn and 19.8% suffered from heartburn or acid regurgitation at least once a week. An approximate prevalence of 10– 20% was identified for GERD, in the Western world while in Asia this was lower, at less than 5%[2]. GERD is defined as chronic symptoms of retrosternal burning pain, acid regurgitation and dysphagia. Some patients present with less typical symptoms such as angina-like chest pain, pulmonary or laryngeal symptoms. A peptic ulcer is a discontinuity in the gastric or duodenal wall that extends through the muscularis mucosa into the deeper layers of the wall (sub mucosa or the muscularis propria). Signs and symptoms of Peptic Ulcer Disease include epigastric pain, dyspepsia, Upper GI bleeding, anaemia, and gastric outlet obstruction. PUD is found in 5%to 15% of dyspeptic patients. The lifetime prevalence of peptic ulcer disease is approximately 5% to 10%, Common sites for peptic ulcers are the first part of the duodenum and the lesser curvature of the stomach, but they also occur on the stoma following gastric surgery and the oesophagus. Peptic ulceration also occurs in the presence of very high acid levels, such as those found in patients with a gastrinoma (Zollinger–Ellison syndrome)[3]. Careful history taking allows accurate differential diagnosis of acid peptic disease in only about half of patients. In the remainder endoscopy can be a useful diagnostic tool, especially in those patients whose symptoms are not resolved by an empirical trial of symptomatic treatment. Most commonly in these patients, upper gi endoscopy reveals evidence of gastritis. Endoscopy done to evaluate the mucosa in patients with symptoms of GERD usually reveals erosions or ulcerations at the squamocolumnar junction, or Barrett's oesophagus which is diagnostic of GERD. Endoscopy is a sensitive diagnostic test for peptic ulcers. Endoscopy was more sensitive (92vs 54%) and more specific (100 vs.91%) than radiographic examination[4]. The main role of endoscopy in patients with uncomplicated Peptic Ulcer disease is to confirm the diagnosis, identify lesions too small to be detected by radiographic examination and to rule out malignancy by performing endoscopic biopsy[5]. In this study, we are going to study the clinical features and upper gi endoscopy findings in patients presenting in GSL Medical

college and hospital, Rajahmundry in order to come to a precise diagnosis and indentify various risk factors contributing to it.

II. Aims And Objectives

1. To study the clinical profile of the patients having Acid peptic Disease.
2. To study some of the risk factors associated with Acid Peptic Disease.
3. To study the Upper gi endoscopy findings in patients of Acid Peptic Disease.

III. Materials And Methods

Source of data will be patients above the age of 20 years referred to the surgery department of GSL Medical College Hospital with symptoms of acid peptic disease. Inclusion criteria includes Patients above 20 years of age, male/female, having single or multiple symptoms mentioned below: 1. Heartburn, 2. Acid reflux, 3. Pain in upper abdomen, persisting for more than 2 weeks duration. 4. In any form of upper gastrointestinal bleed suspected clinically to be due to peptic ulcers. 5. In patients with recurrent symptoms of dysphagia. Exclusion criteria are 1.Acute abdominal conditions requiring immediate surgery. 2. Medically unstable patients. 3. Unwilling patients. 4. Patients with bleeding disorders. 5. Patients on anticoagulation therapy. Study design: Observational study. Study period: 5months from september 2018 to february 2019, Sample Size: 100.
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IV. Figures And Tables

TABLE 1- AGE DISTRIBUTION

Age Group	No of patients	percentage
21-30	17	17%
31-40	25	25%
41-50	33	33%
51-60	14	14%
61-70	11	11%
total	100	100%

TABLE 2- SEX DISTRIBUTION

SEX	No of patients	percentage
MALE	63	63%
FEMALE	37	37%

TABLE 3 – RISK FACTORS

RISK factors	No of patients	percentage
Alcohol consumption	27	27%
Smoking	18	18%
Tobacco chew	15	15%

TABLE 4 COMPARISION ON DURATION OF RISK FACTORS WITH SEVERITY OF DISEASE

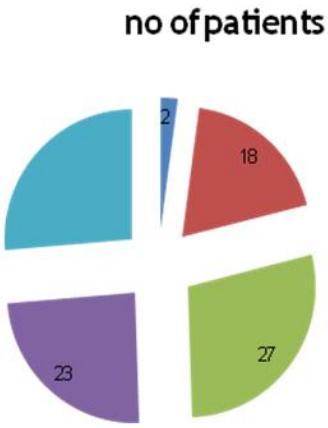
Severity	Duration of risk factor (less than 5 years)	Duration of risk factors (more than 5 years)
mild	2	3
moderate	3	10
severe	8	9

TABLE 5- SUMMARY OF ENDOSCOPY FINDINGS

Impression	**Frequency**	**Percentage**
Antral polyp	2	2.00%
Barrett's esophagus	5	5.00%
Malignancy	3	3.00%
Gastritis	13	13.00%
Esophago-gastritis	7	7.00%
Hiatus hernia	6	6.00%
Normal study	25	25.00%
GERD	27	27.00%
Peptic ulcers	6	6.00%
Gastro-duodenitis	1	1.00%
Esophago- gastro-duodenitis	1	1.00%
Duodenitis	3	3.00%

Varices	1	1.00%
Total	100	100.00%

Fig: 1 summary of endoscopy findings



V. Conclusion

The pattern of acid peptic disease among 100 patients attending to the general surgery OPD of GSL Medical College Hospital,rajahmundry was studied from september 2018 to february 2019, the following observations made. The present study showed epigastric pain as the commonest finding for the duration of 2 weeks to 3 months. Acid peptic disease more common in males with preponderance in the age group of 41-50 years. Alcohol consumption, smoking and tobacco chewing were risk factors seen in 27, 18 and 15 patients respectively and they had the above habits for more than 5 years duration and 25 cases less than 5 years. Study shows severity of disease with respect to duration of risk factors .where as 22 cases have duration more than 5 years with 9 of them with severe APD and 10 with moderate APD. Patients underwent upper gi endoscopy most common finding in endoscopy in esophagus was erosions in 15% (15) of cases which varied from mild, moderate to severe erosions Lax OG junction was found to be in 36% (36) of the patients. Out of the total 100 cases that were subjected to endoscopy 23% (23 cases) had severe form of disease with ulcers and circumferential erosions, 27% (27 cases) had moderate form of disease and 18% (18 cases) had mild variety of APD, erythema and mucosal edema. Around 25% (25 cases) had no findings in endoscopy.

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