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Original Research Article

Upper gastrointestinal endoscopy in patients with dysphagia: our experience

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ABSTRACT

Background: One of the common indications for upper gastrointestinal (GI) endoscopy is dysphagia. Dysphagia is usually associated with serious underlying disorder that requires immediate attention. The current study aimed to determine the frequency of common endoscopic findings in patients presenting with dysphagia.
Methods: This retrospective study was conducted at the S.S Institute of Medical Science and Research center Davangere from January 2015 to June 2019. Patients admitted with complaints of dysphagia, OPD patients and references with complaints of dysphagia underwent upper GI endoscope by different endoscopist were included in the study. Register in endoscopic room was referred for different endoscopic findings in dysphagia patients.
Results: A total of 158 patients presenting with dysphagia were studied, 83 (52.53%) were males and 74 (47.46%) were females. The mean age was 55years. Normal study present in 63 (39.87). Malignant oesophageal stricture was the next common finding noted in 47 (29.74%) patients. Among these patients 25 (53.19%) males and 22 (46.80%) females patients. It was followed by reflux esophagitis in 31 (19.62%) patients. Benign oesophageal strictures in 9 (5.69%) patients while achalasia was noted in 1 (0.63%) patients, 7 (4.46%) patients had findings other than the ones mentioned above. Malignant lesions commonly present in elderly patients with age. Benign lesions present commonly in younger age group.
Conclusions: Malignancies, reflux esophagitis, benign oesophageal strictures are a more common cause of dysphagia in our population. Early diagnosis of can result in proper treatment of many of these cases.

Keywords: Causes of dysphagia, Dysphagia, Upper GI endoscopy

INTRODUCTION

Dysphagia is difficulty in swallowing. The causes of dysphagia are many but the epidemiology has not been established. Likewise, the prevalence of dysphagia is yet to be studied in the various age groups and regions. Dysphagia had a significant impact on the quality of life. Many patient complain of panic and anxiety about eating and depression.[1] Upper gastrointestinal (GI) endoscope is an effective and appropriate tool for the initial evaluation of the patients with dysphagia.[2] Early upper GI endoscopy should be considered for the patients with dysphagia especially male patients with more than 40 years.[3]

The purpose of this study was to determine the prevalence of the endoscopic findings associated with dysphagia in S.S Institute of Medical Science and Research center, Davangere.

METHODS

This retrospective study was conducted at the S.S Institute of Medical Science and Research Centre, Davangere. Patients admitted with complaints of

dysphagia, OPD patients, and referred from others with complaints of dysphagia from January 2015 to June 2019 underwent upper GI endoscope by different trained endoscopic doctors were included in the study. Register in endoscopic room was referred for different endoscopic findings in dysphagia patients.

During study period, period 158 cases of dysphagia were evaluated. A detailed clinical history and a thorough physical examination was done. The cases were subjected to upper gastrointestinal endoscopy (UGIE) with/or without biopsy under local anaesthesia as an OPD/IPD procedure, findings were noted. The final diagnosis were made after reviewing the histopathological examination reports.

RESULTS

The study group comprised of 158 patients. The minimum age was 18 and the maximum age was 87 years. The mean age of the patients was 55. Majority of the patients, 96 (60.76%) were in the age group above 50 years, followed by 41 (25.94%) in the age group 31-50 years and 21 (13.29%) in the age group 18-30 years (Table 1). There were 83 (52.53%) males and 75 (47.46%) females. In the age group 18-30 years, 9 (42.86%) were male and 12 (57.14%) were female. In the age group 31-50 years, 17 (41.46%) were male and 24 (58.54%) females. In the age group above 50 years, 52 (68.4%) were male and 24 (31.6%) were females (Table 1).

Table 1: Demographic age distribution.

Age group (in years)	Distribution	Male	Female	Total
18-30	Number	9	12	21
	Percentage	42.86	57.14	13.29
31-50	Number	17	24	41
	Percentage	41.46	25.94	25.94
>50	Number	52	44	96
	Percentage	68.4	31.6	60.78

Table 2: Common endoscopic findings.

Endoscopic findings	Distribution	
Malignant oesophageal stricture	count	47
	Percentage	29.74
Reflux esophagitis	count	31
	Percentage	19.62
Benign oesophageal stricture	count	9
	Percentage	5.69
Achalasia	count	1
	percentage	0.63
Others	count	7
	Percentage	4.43
Normal upper GI endoscopy	count	63
	Percentage	39.87

Carcinoma esophagus was the commonest cause of dysphagia in our study accounting for 47 (29.4%). No abnormality was detected in 63 (39.87%) patients. Other various causes of dysphagia are enumerated in the Table 2.

DISCUSSION

Dysphagia needs early evaluation in order to establish an early diagnosis, in the course management and to evaluate malignancy. Dysphagia has been shown to significantly impact the quality of life in affected individuals, with patients reporting panic and anxiety about eating as well as developing depression. A detailed medical history and clinical examination is the key to rule out various causes of dysphagia. Nowadays, there are many investigations available to evaluate dysphagia such as upper GI endoscopy, imaging methods.

Most patients with dysphagia have esophageal causes, so upper GI endoscopy should be the first line of examination in these cases.[4]

Recently, in a population-based study focused on dysphagia, it was found that among an adult population, prevalence of dysphagia was up to 17%, with a peak in the 40-49 years age group for both males and females. It was even more prevalent in the elderly and in the institutionalized patients.

Krishnamurthy et al, performed UGIE as the initial test to evaluate dysphagia in 30377 patients with dysphagia.[5] Abnormal findings at UGIE were found in 67.9% of the patients. Cancer was found in 0.9% of the patients and was predicted by male gender, age and weight loss. The esophagus was normal in 32.1% of patients. They concluded that the UGIE is an effective and appropriate tool for the initial evaluation of patients presenting with dysphagia.

Khan et al, reported oesophagus was abnormal in (79.1%). Malignant oesophageal stricture was the most common finding noted in 38 (27.3%) patients with 28 (73.7%) males and 23 (60.5%) patients among them were above the age of 50 years.[6] It was followed by normal upper GI endoscopy in 29 (20.9%) patients and reflux esophagitis in 25 (18.0%) patients. Schatzki's ring was present in 14 (10.1%) patients; benign oesophageal strictures in 12 (8.6%) patients while achalasia was noted in 7 (5.0%) patients, 14 (10.1%) patients had findings other than the ones mentioned above.

Tongper et al, conducted study in north eastern part of india in patients with dysphagia. He found carcinoma of esophagus was the most common cause for dysphagia.[7]

A total of 158 patients presenting with dysphagia were studied, 83 (52.53%) were males and 74 (47.46%) were females. The mean age was 55. Normal study present in 63 (39.87%). Abnormal pathology was seen in

95(60.51%). Malignant esophageal stricture was the common finding noted in 47 (29.74%) patients. Among these patients 25 (53.19%) males and 22 (46.80%) females' patients. It was followed by reflux esophagitis in 31 (19.62%) patients. benign esophageal strictures in 9 (5.69%) patients while achalasia was noted in 1 (0.63%) patients, 7 (4.46%) patients had findings other than the ones mentioned above.

Others findings include 3 esophageal candidiasis, 2 hiatus hernia, 1 linitis plastic, 1 oesophageal motility disorder. Malignant lesions commonly present in elderly patients with age (more than 50 years). Benign lesions present commonly in younger age group (less than 50 years).

CONCLUSION

Malignancies, reflux esophagitis, benign oesophageal strictures are a more common cause of dysphagia in our population. Malignant lesions commonly present in elderly patients with age (more than 50 years). Benign lesions present commonly in younger age group (less than 50 years). Early diagnosis of can result in proper treatment of many of these cases. Although other less common causes are also seen and should be kept in due consideration while evaluating a dysphagia patient.

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