



The effects of Upper Gastrointestinal Endoscopy on Patients with Gastrointestinal Symptoms

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Abstract

Gastrointestinal (GI) symptoms are the most common symptoms in the general population, and their associated diseases pose a significant risk of morbidity and mortality. Therefore, early diagnosis and proper management of the condition can prevent life-threatening complications. Upper endoscopy is a good diagnostic and treatment option for patients with gastrointestinal symptoms. and the effectiveness of medical devices. Endoscopy. Studies have found that most patients complain of gastritis, esophagitis and acid digestion. Other patients have malformations, reflux disease, hiatal hernia, perforation, foreign body, obstruction and esophageal varices. It will continue to be the test of choice for patients with gastrointestinal symptoms. It plays an important role in the inspection, diagnosis and repair of equipment.

Keywords: *Upper gastrointestinal endoscopy, Gastrointestinal symptoms, Initial diagnostic, Therapeutic tool.*

Introduction

Gastrointestinal (GI) symptoms are the most common complaint among patients seeking medical attention. Diseases associated with these symptoms are a significant cause of morbidity and mortality worldwide. The infection rate is 10-48%, and the reflux rate of both varies between 9-45% and 21-59%. weight loss, vomiting or unexplained vomiting, blood clots, or abdominal pain. Flexible camera for monitoring upper gastrointestinal surgery. Examination is performed to look for benign or malignant lesions, diffuse mucosal changes, luminal obstruction, motility, and external compression of adjacent structures. Background: Gastrointestinal (GI) symptoms are the most common symptoms in the general population, and their associated diseases pose a significant risk of morbidity and mortality. Therefore, early diagnosis and proper management of the condition can prevent life-threatening complications. Upper endoscopy is a good diagnostic and therapeutic option for patients with gastrointestinal symptoms. and the effectiveness of medical devices. Endoscopy. Studies have found that most patients complain of gastritis, esophagitis, and acid digestion. Other patients have malformations, reflux disease, hiatal hernia, perforation, foreign body, obstruction, and esophageal varices. . It will continue to be the preferred test for patients with gastrointestinal symptoms. It plays an important role in the examination, diagnosis, and repair of equipment.

Objective

The aim of this study is to establish its effectiveness as an initial diagnostic, diagnostic and treatment tool for the upper gastrointestinal tract in patients with gastric symptoms.

Methods

100 patients who presented with symptoms of gastrointestinal discomfort and were diagnosed between October 2018 and June 2019 were included in this study. After appropriate history and physical examination, the patient underwent fiberoptic upper endoscopy. Use 10% lidocaine for pharyngeal spray before surgery and ask to wait 10-15 minutes for local anesthesia. Endoscopy was performed by placing the patient in the left lateral decubitus position with a fiber optic flexible esophagogastroduodenoscopy (Olympus). Use a mask to protect your device. The lubricated pump passes behind the tongue and is delivered directly to the esophagus. The endoscope is then advanced and the lumen is clearly seen. Along the way, the esophagus, stomach and duodenum are examined and appropriately evaluated for abnormalities such as swelling, ulcers, enlargements, fibrosis, bile reflux, varicose veins and gastroesophageal reflux, and suspicious areas are swabbed and samples taken. biopsy. Air and stomach are aspirated before the endoscope is removed from the stomach. The entire process was recorded with photos and video for further information and analysis.

Inclusion Criteria

Patients over 16 years of age (e.g. outpatients and patients transferred from other hospitals) with good stability and symptoms of indigestion, dysphagia, swallowing pain, nausea and vomiting, heartburn, occult gastrointestinal bleeding and liver cirrhosis.

Exclusion Criteria

- Pediatric patients <16years.
- Massive upper gastrointestinal bleeding.
- Corrosive poisoning
- Unconscious and unstable patients

Results

Out of the 100 patients, 60 men and 40 women (Figure 1), after medical history and clinical examination, developed gastrointestinal symptoms and underwent gastrointestinal endoscopy. The results are as follows.

Most patients were found to have gastritis; 18 of them (18%), 10 (10%) were men, 8 (8%) were women, and 16 (16%) had gastritis with duodenal ulcer (acid peptic disease).); 11 males (11%), 5 females (5%) and 18 patients (18%) had gastritis with esophagitis. Abdominal pain was accompanied by hiatal hernia in 9 patients (9%), 13 males (13%) and 5 females (5%): 7 males (7%) and 2 females (2%). Cases (7%) occurred due to changes in reflux: 4 (4%) were males and 3 (3%) were females. There were 3 patients (3%) with esophagitis: 1 male (1%) and 2 females (2%). Duodenal ulcer perforation occurred in 2 cases (2% of both men). There were 3 patients (3%) with esophageal varices; 3 of them are men. There were 6 cases of malignancy (6%), including 5 cases of breast cancer (5%), 1 male (1%) and 4 females (4%), and 1 case of breast cancer (1%). this is a man. Gastroesophageal reflux disease (GERD) occurred in 4 individuals (4%); 3 (3%) were male and 1 (1%) was female. There were 3 patients with hiatal hernia; 2 (2%) were male and 1 (1%) was female. Obstructive features were detected in three patients (3%), gastric outlet in 2 patients (2% male), and 1 patient (1%) was a female with distal CBD stone with ampoule of Vater block. In 1 woman (1%), a foreign body (bone) was found stuck behind the cricoid cartilage, which was removed by endoscopy.

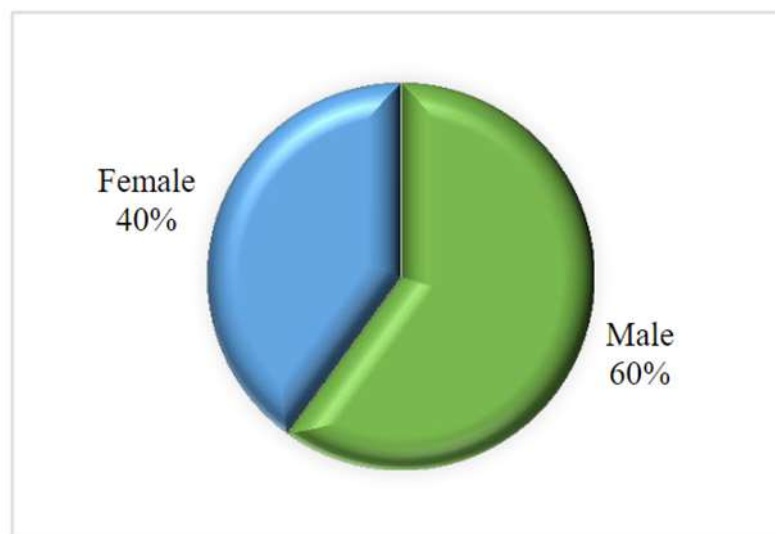


Fig1: Sex Ratio

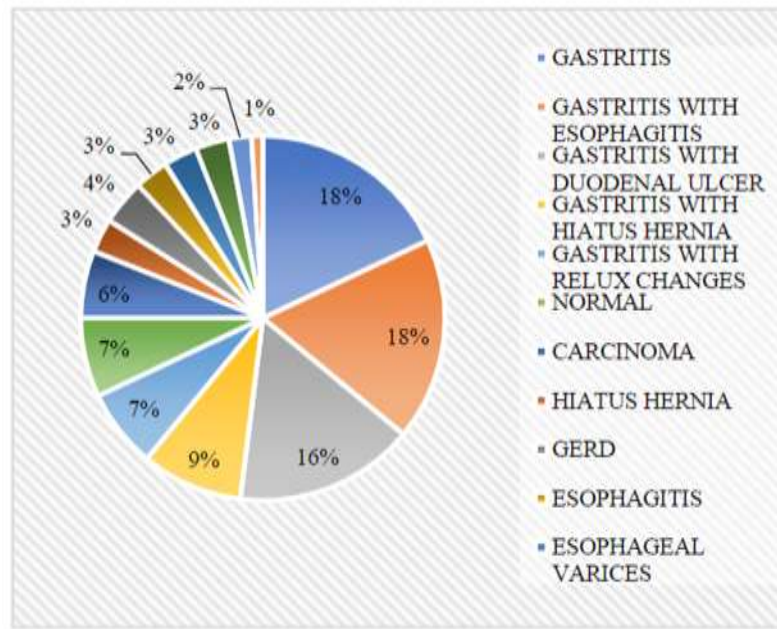


Fig 2: Results

Discussion

Clinical indications for upper gastrointestinal (UGI) endoscopy are in patients with gastrointestinal symptoms such as abdominal pain, dysphagia, gastrointestinal bleeding, weight loss, anemia, and alien digestive tract. There are absolutely no contraindications for upper gastrointestinal endoscopy. Serious complications such as perforation or aspiration are rare and occur in less than 1 in 1000 patients. This may be due to alcohol consumption; This study found that most patients with gastrointestinal symptoms were diagnosed with gastric disease, either alone or in combination with other diseases such as esophagitis, gastroesophageal reflux, Barrett's esophagus, hiatal hernia, and later reflux esophagitis, gastric cancer, and gastric cancer. stomach ulcers and duodenal ulcers. Other findings include gastric outlet obstruction, hollow visceral perforation, and foreign bodies. Gastritis and autoimmune reactions. Other factors that can cause stomach ulcers include alcohol, medications, radiation exposure in people undergoing radiation therapy, blocking reflux of the intestines from the small intestine into the stomach, and medications used for stress (stress gastritis). Weight plays an important role. The patient was started on PPI and H. pylori treatment, and various lifestyle changes were recommended to quit smoking, alcohol, and reduce stress. The most common cause is Helicobacter pylori infection and the use of non-steroidal anti-inflammatory drugs. If left untreated,

it will cause problems such as bleeding, perforation, gastric outlet obstruction, large stomach ulcers, resistant ulcers and even malignant transformation. UGI endoscopy is sensitive and specific for peptic ulcer disease and allows biopsy of gastric lesions. The most common is the anterior duodenal wall in 60%, but it can also be seen in the antrum in 20% and in the inferior curvature in 20%. Hollow visceral perforation and resulting peritonitis is a surgical emergency that can cause rapid organ damage, requiring urgent laparotomy and omental patch placement (Graham patch plication). Contraceptive surgery (vagotomy and drainage, elective vagotomy) is also considered in healthy patients with a history of chronic disease and low discharge. Perforated gastric ulcers can be treated with omental patching, wedge resection of the ulcer, or partial gastrectomy with re-anastomosis. UGI endoscopy is recommended to determine the location, cause, and effect of obstruction. The patient received medical intervention, never oral administration, nasogastric tube placement for passive ventilation, and continuous saline irrigation to reduce edema. After endoscopy, edema decreased and obstruction resolved. Gallstones occur in approximately 10-20% of patients with gallstones, and combined gallstones (CBD) occur in at least 3-10% of patients who undergo cholecystectomy. There are many methods used to evaluate patients for choledocholithiasis; Endoscopy is a simple and effective method. Endoscopic retrograde cholangiopancreatography (ERCP) and sphincterotomy were performed to remove the stones. This disease occurs when the lower esophageal sphincter (LES) is affected by the failure of the endogenous antireflux mechanism. GERD often presents as heartburn, which causes severe pain and leads to complications such as stenosis, ulceration, metaplasia, dysplasia, cancer, and pneumonia. Follow your doctor's advice. Stomach ache is number 14. 90% of colon cancers are adenocarcinomas, and their histological types are generally divided into two types: well-differentiated or intestinal type and undifferentiated or diffuse type. . Other risk factors such as diet, genetics, healthcare, polyps, and proton pump inhibitors may also contribute to the development of colon cancer. Squamous cell carcinoma is the most common type of cancer in the world, along with other forms such as adenocarcinoma, stromal tumor, neuroendocrine tumor and benign tumor. In addition to smoking and alcohol, achalasia, socioeconomic status, gastroesophageal reflux and Barrett's esophagus are also risk factors. tissue (6 to 8 pieces) and sent for biopsy. The hernia of the abdominal contents, usually within the abdomen, from the esophageal hiatus in the diaphragm to the mediastinum, is called hiatal hernia. GER is the main clinical manifestation of hiatal hernia. Hiatal hernias can be divided into three types; for example, type 1 (sliding) hiatal hernia is the most common, accounting for up to 90% type 2 (paraesophageal or rolling) hiatal hernia type 3 is a mixture of type I and type II, which is the sliding scale for type II hernias. Mortality of patients with varicose veins is as high as 50% after the first bleeding and 30% after the bleeding. Endoscopy plays an important role in the

treatment of varicose veins because it can detect patients in the early stages, help prevent varicose bleeding and help start specific treatment. . 10-20% of swallowed foreign bodies require treatment. The incidence of complications caused by foreign bodies in the gastrointestinal tract is 15-42%, and this situation changes with prolonged foreign body impaction, more complications. 60% of foreign bodies cause problems within 48-72 hours, and 10.5% of foreign bodies cause problems up to 24 hours illness.

Conclusion

Upper gastrointestinal endoscopy is a simple, safe, reliable and effective procedure for the diagnosis and treatment of patients with various diseases. Upper endoscopy will continue to be the test of first choice for patients with gastrointestinal symptoms. In our study, endoscopic findings correlate well with the signs and symptoms of most patients.

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