

Dyspepsia and endoscopy: for whom and when? - profile of endoscopic findings in 750 patients

Introduction

Dyspepsia is defined as pain or discomfort in the upper abdomen, chronic or recurrent, and may be functional or have an organic aetiology. Uninvestigated dyspepsia refers to the dyspeptic patient who has not been approached for diagnostic clarification, being the upper digestive endoscopy an important tool for diagnosis. Dyspepsia is a very common complaint among the population, and because of their frequency, it is not recommended an endoscopy request to every patient who presents it. A good medical history and analysis of risk factors are important in the decision to request or not the procedure. Our group aimed to evaluate how important this excessive solicitation of endoscopies could be, in a well-developed city with about 600,000 inhabitants (HDI 0,80). The goal was to trace the profile of endoscopic findings. Seven hundred fifty consecutive endoscopy procedures made for dyspepsia at School of Medicine of ABC Foundation, in São Bernardo do Campo, were retrospectively reviewed. Data referring to age, gender, and endoscopic diagnosis were noted.

In the sample, 230 individuals (31%) were men and 520 (69%) women, with a mean age of 44, 55 ± 11.65 (mean \pm standard deviation), ranging from 15 to 72 years. Among the 750 endoscopies, 135 were absolutely normal (18%), without any injury. Considering these normal endoscopies, along with those in which the described findings do not match with the clinical manifestations, such as non-erosive esophagitis and chronic gastritis, the number summed up to 547 (72.8%) of endoscopies requested that showed no clinical diagnostic importance. These were prevalent in women (33%) over men (24.4%), $p=0.020$, Fisher's exact test. Of the 750 patients, 432 had done an *Helicobacter pylori* urease test: from 15 to 25 years, 51.3% positive, 26 to 40 years 45% positive, and over 40 years, 34.8% positive, a significant trend of lower prevalence in higher age group (chi-squared test for trend, $p=0.014$). The most prevalent organic disease was erosive esophagitis (13.7%), and this tended to be more evident in men (17.4%) compared to women (10.2%), $p=0.052$ Chi-square test) and without difference in age ($p=0.20$, chi-square test). In Brazil, the public health system is overcrowded, and the time available for each consultation is short. This causes an increase in the demand for

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diagnostic tests, causing increased costs to the health system and, potentially, risks to the patient. Among the population of a large city in Brazil, 72,8% of endoscopies solicited for dyspepsia in a public outpatient clinic were normal. Regardless the existence of guidelines for endoscopy solicitation, these must be more widely known to general practitioners and clinicians in primary care.

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Conflicts of interest

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