Research Article

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A Study Of Endoscopic And Clinical Profile Dyspepsia In Afghan Momand Medical Complex And Research Center, Eastern Region, Nangarhar Afghanistan.

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ABSTRACT

Background: Dyspepsia refers to acute, chronic, or recurrent pain or discomfort centered in the upper abdomen. An international committee of clinical investigators (Rome III Committee) has defined Dyspepsia as Epigastric pain or Burning, early satiety, or postprandial fullness
Dyspepsia occurs in 15 % of the Adult population and accounts for 3% of general medical office visits.
Method: The descriptive study was carried out in Eastern Afghanistan, Afghan Momand Medical Complex & Research Center, Department of Gastroenterology, during the year of 2023-2024. To know the Clinico-Endoscopy of Dyspepsia, for patients who present with investigated Dyspepsia to Gastroenterological OPD & IPD.
Result: The study result was as bellow:

- Total patients were 467, from these patients 230 were Male and 237 were Female.
- According to the Age, 45 patients were under Age<20, 219 patients were between the age 21-40years, 130 patients were between age 41-60years and 73 patients were over the 60years of Age.
- According to the presentation 357 patients had Dyspepsia, 59 patients had Dysphagia, 13 patients had Chronic Liver Diseases (CLD) & Screen for Varices, 3 patients were presented after Acid ingestion, 2 patients had Anemia, 11 patients had persistent vomiting and 22 patients had suspected GI-Bleeding.
- In Esophageal finding from total 467 patients 34 patients had Esophageal Candidacies, 6 patients had Esophageal Narrowing, 25 patients had Esophageal Growth, 71 patients had Hiatus Hernia, 180 patients had LA Grade A Esophagitis, 21 patients had LA Grade B Esophagitis, 6 patients had LA Grade C Esophagitis, 3 patient had LA Grade D Esophagitis. 16 patients had Lax Lower Esophageal Sphincter, 9 Patients had High Risk Esophageal Varices, 3 patients had Small Esophageal Varices and 150 patients had Normal Esophagus.
- In Gastric finding from total all above patients, 4 patients had Antral Gastritis, 50 patients had Corpus Gastritis, 1 patient had Fundal Gastritis, 4 patients had Nodular Gastritis, 199 patients had Pan-Gastritis, 108 patients have Severe Pan Erosive Gastritis, 23 patient had Gastric Erosions, 6 patients had PHG (Portal Hypertensive Gastropathy), 3 Patients had Fundal Varices, 5 patients had Gastric Polyps, 5 patients had Gastric Growth, 2 patients had Pyloric Stenosis, 8 patients stomach not seen due to Esophageal Growth, 67 patients stomach were normal.
- In Duodenal finding from total above patients 48 had Duodenitis, 2 patients had Duodenal Polyps, 2 patients had duodenal ulcers, 1 patient had Duodenopathy, 2 patients had Duodenopathy, 2 patients' Duodenum not seen due to Pyloric Stenosis and 413 patients Duodenum were normal.
- Regarding the habits in our study in which total 467 patients were examined 135 of the above patients had snuff habits, 103 patients had smoking habits, 2 patients were Heroin addicts and 227 of the total patients didn't had any habits (majority of them were using spicy food, overfeeding, drinking of non alcoholic beverages, fatty foods, NSAIDs ...)

Conclusion: The higher incidence of Dyspepsia were in Female patients, Also with the age between 21-40 years (43%) patients, Also the higher incidence of Dysphagia 47% were in patients with Age>60 year, the Endoscopy showed that 83% patients had Gastritis also higher incidence regarding the habits 29% had snuff habit and 22% had smoking habit.

Keywords: *Dyspepsia, Dysphagia, Candidiasis, Esophagitis, Hiatus Hernia, Esophageal Growth, Esophageal Varices, Gastritis, Polyps, ulcers, snuff and smoking.*

INTRODUCTION

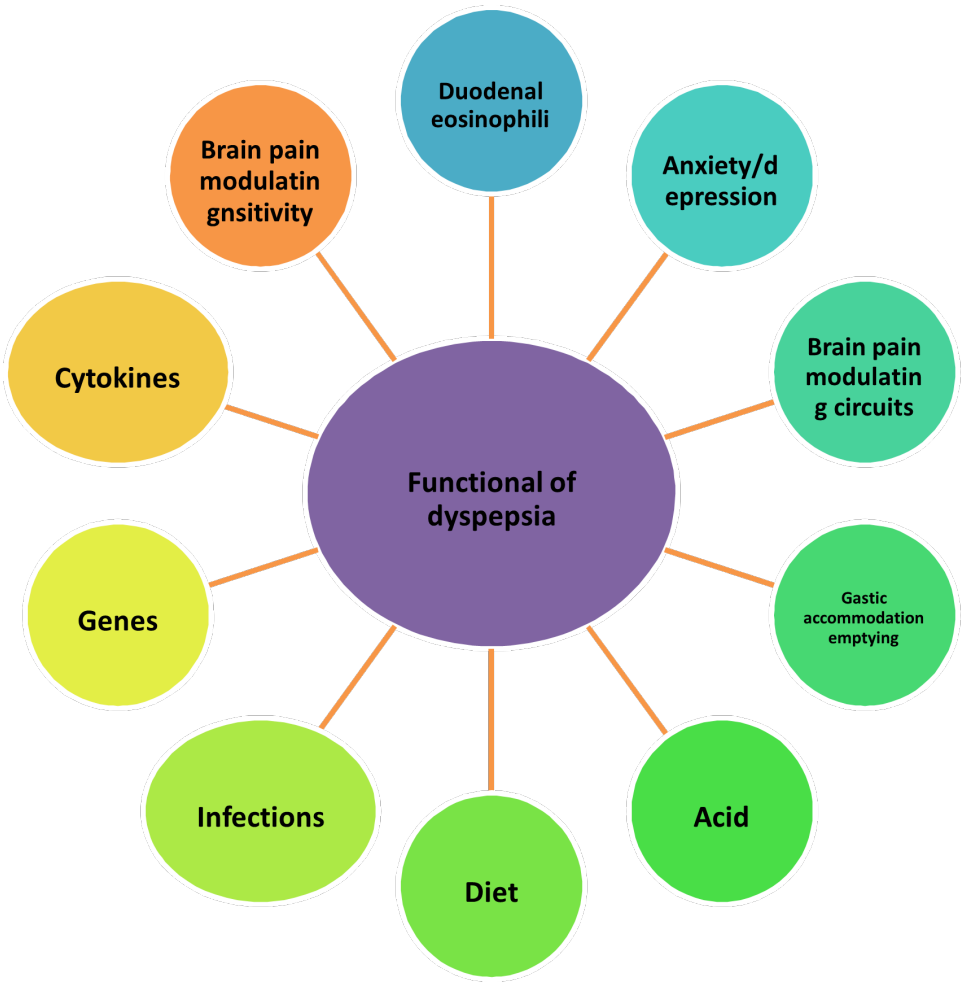
Dyspepsia is a Greek word meaning "dys" (bad or difficult) and "peptin" (to digest), which is described by patients as indigestion; both these words are a poor expression, as Dyspepsia has no relation to digestion of food. Dyspepsia

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refers to upper abdominal symptoms usually following intake of food, which appear to arise from an abnormality in the upper gastrointestinal tract. Dyspepsia is a symptom and not a diagnosis. Symptoms may last for decades (even lifetime) and remissions and relapses are common. It is one of the commonest Gastrointestinal malady affecting at least 25% of the population during a year. Its prevalence varies in different countries, depending upon the prevalence of Helicobacter pylori (H. pylori) infection, obesity, drug - alcohol - tobacco intake and spices in diet; furthermore, a significant and varying number of subjects do not seek medical treatment.

Pathophysiology of Dyspepsia

Figure 1.



Symptomatology

Symptoms of Dyspepsia are due to diseases of stomach - duodenum and include: abdominal pain above umbilicus, retrosternal burning, regurgitation, belching (or eructation), abdominal distension (fullness), nausea, vomiting (occasional), early satiety after meals. Functional Dyspepsia was defined as "Upper Abdominal or Retro-sternal pain or discomfort, Heartburn, Nausea or Vomiting or other symptoms considered to be referable to the proximal alimentary tract and lasting for more than 4 weeks, unrelated to exercise and for which no focal lesion or systemic disease can be responsible.

Camilleri et al., (2005) reported that the excessive fullness after eating or the inability to finish a normal sized meal and recurrent epigastric pain are common symptoms and reasons for consulting medical professional, Structural investigations, including Esophago Gastro Duodenoscopy (EGD), usually fail to identify an obvious organic explanation, and these patients are labeled as having functional Dyspepsia (FD).

Other terms applied to the same condition in the past have included nervous Dyspepsia, non-ulcer Dyspepsia (NUD) and essential Dyspepsia, but FD is now the most common diagnosis and is included in the Rome criteria classification of functional gastrointestinal dis-orders (FGIDs). FD is important because it is not only highly prevalent but also impairs quality of life, work

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performance and family relationships and incurs a high healthcare cost worldwide by (Lacy et al., 2013). Whiting et al., (1853) in the eighteenth century reported that stomach disorders" became an obsession of developed countries.
Hoffer (2007) reported that descriptions of symptoms upper gastrointestinal date back thousands of years while the term Dyspepsia was first coined by Baron et al., (2006).

MATERIALS AND METHODS

The study was conducted in Eastern Afghanistan during 2023 and 2024. This paper describes the clinical presentation of 467 patients suffering from' Dyspepsia' at the time of their visit to Afghan Momand Medical Complex & Research Center, Department of Gastroenterology. Cases were studied of a prospective base by scrutiny of the patients' case records and in the vast majority of cases by personal interview and all the patients were withdrawn from all medications causing Dyspepsia. Endoscopy was done in patients under 20 years, 21-40, 41-60, and more than 60 years of age with Dyspepsia. The diseases categories considered in this study were in Endoscopic finding: LA Grade Esophagitis, Candidiasis, Esophageal Varices, Esophageal Growth, Gastritis, Duodenitis, Gastric & Duodenal ulcer, Gastric growth, regarding the habits in our study 29% of the above patients had snuff habits, 22% had smoking habits, 2 patients had heroin habits and 37% of the total patients doesn't had any habits (majority of them were using spicy food, overfeeding, drinking of non alcoholic beverages, fatty foods, NSAIDs ...)

RESULTS AND DISCUSSION

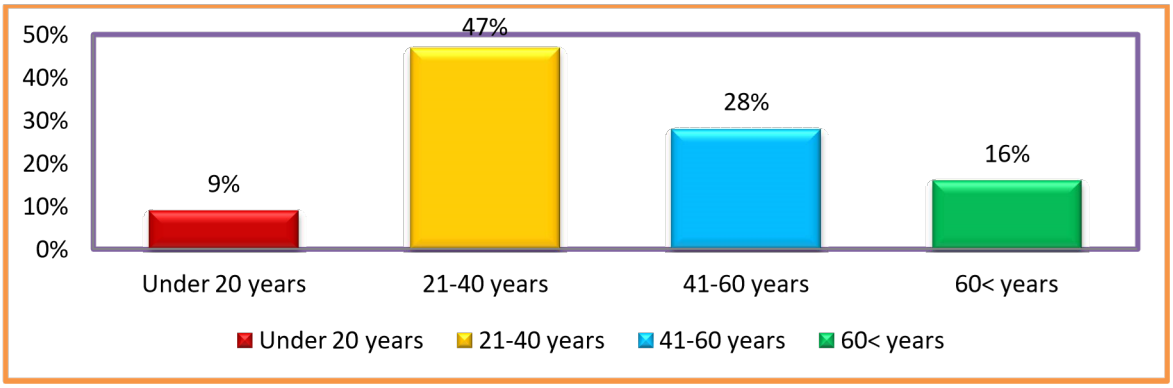
Dyspepsia and age of patients

The causes of Dyspepsia are shown in **Table 1** and the prevalence figures 2, given are derived from the 100 people who are referred to gastroenterologists for investigation and definitive diagnosis. Causes of Dyspepsia reduction with increased age of patients. It can be reasonably assumed that more people with functional Dyspepsia under age 30 years old patients having about 34% of Dyspepsia while more than 60 year old patients resulted 14% that is due to higher stress, Smoking and Tobacco use under 30 year old than older patients a similar were founded early from M.K.C.G Medical College Hospital, Berhampur, India by (Jose, 2015). The data also indicated that 30-40, 41-50 and 5160 year old patients having 23%, 15% and 16 % Dyspepsia, respectively. Similar results were found by Desai et al., (2018) reported a study from urban Mumbai, India found that Dyspepsia was more prevalent in adults >40. The data regarding clinical profile of Dyspepsia in North east India where there is a significant consumption of tobacco and smoking is lacking. Shah et al., 2001 A studies of Asia, Dyspepsia are more common in younger age group.

Table 1. Percentage of the patient having Dyspepsia in AMMC& Research Center.

S/no	Age of the patients	N=467 patients	Percentage of patients
1	Under 20 years	45	9%
2	21-40 years	219	47%
3	41-60 years	130	28%
4	60< years	73	16%

Figure 2.



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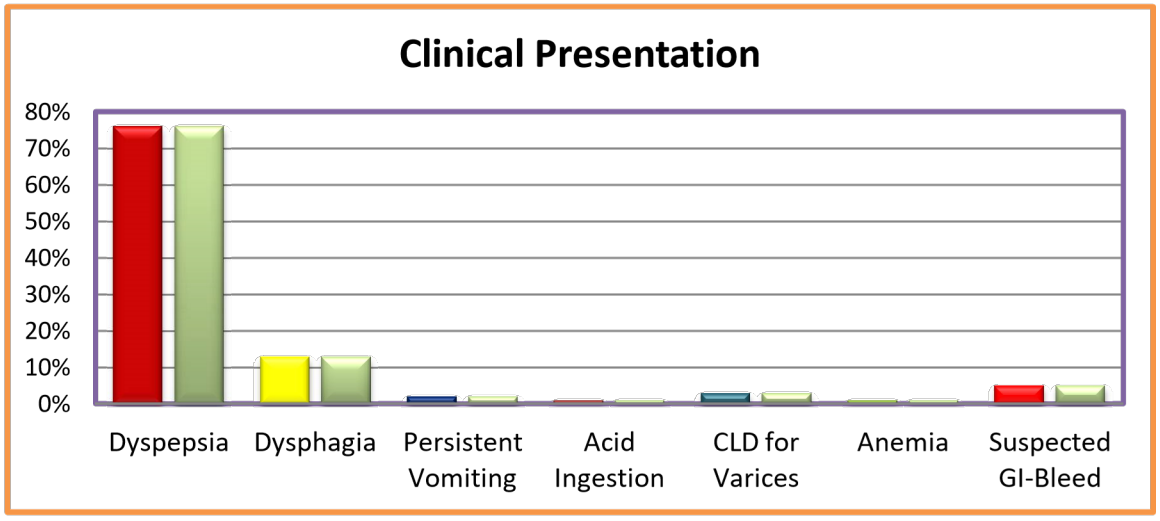
Clinical Presentation to Gastroenterology Department

The data regarding clinical presentation in **Table 2**, show that 357 patients had Dyspepsia, 59 patients had Dysphagia, 13 patients had Chronic Liver Diseases (CLD) & Screen for Varices, 3 patients were presented after Acid ingestion, 2 patients had Anemia, 11 patients had persistent vomiting and 22 patients had suspected GI-Bleeding.

Table 2. According to Clinical Presentation.

S/No	Clinical Presentation	Number of Patients	Percentage of Patients
1	Dyspepsia	357	76%
2	Dysphagia	59	13%
3	Persistent Vomiting	11	2%
4	Acid Ingestion	3	1%
5	CLD for Varices	13	3%
6	Anemia	2	1%
7	Suspected GI-Bleed	22	5%

Figure 3.



Dyspepsia cases regarding habits

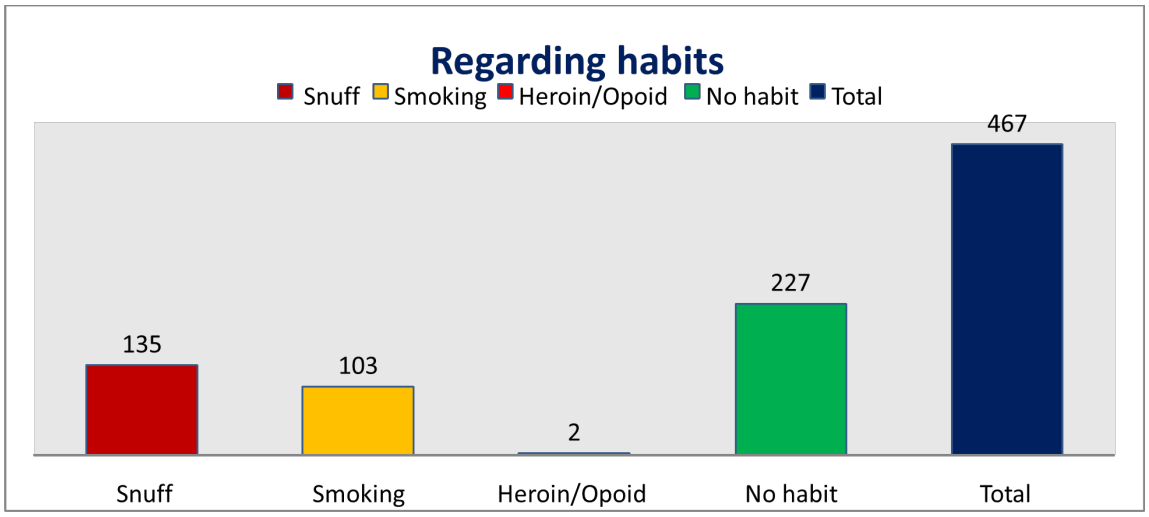
Regarding the habits in our study in which total 467 patients were examined 135 of the above patients had snuff habits, 103 had smoking habits, 2 patients were heroin addict and 227 of the total patients doesn't had any habits (majority of them were using spicy food, overfeeding, drinking of non alcoholic beverages, fatty foods, NSAIDs ...)

Table 3. Dyspepsia cases regarding habits.

S/No	Habits	Number of Patients
1	Snuff	135
2	Smoking	103
3	Heroin/Opoid	2
4	No habit	227
5	Total	467

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Figure 4.



CONCLUSION

Present study demonstrated that Dyspepsia, especially in elderly is associated with significant underlying disease. Most of the patients are associated with alarm features. There were also a high percentage of patients with Gastritis following by NFD, and Duodenal ulcer. Thus all the patients who are above 20 years were with have higher cases of Dyspepsia than older patients also regarding the Habits Majority of the patients had Snuff habits some of them had smoking habits, as our society is Islamic so Alcohol using were not the major cause of Dyspepsia. Also the cases of Dysphagia and Esophageal Growth were more common in Female patients and the patients who were more than 40 years of Age.

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