CLINICAL STUDY OF UPPERAUGASTROENTERINAL ENDOSCOPY IN PATIENTS PRESENTING WITH DYSPHAGIA IN A TERTIARY CARE CENTRE

ABSTRACT:

INTRODUCTION:

The Greek word “Dysphagia” means disordered eating. It is the subjective sensation of difficulty in swallowing. Upper gastrointestinal endoscopy is the most common initial diagnostic procedure performed in the evaluation of oesophageal dysphagia as there is direct visualisation of the entire upper Gastrointestinal tract.

AIMS & OBJECTIVES:

A clinical study of upper gastrointestinal endoscopy in patients presenting with dysphagia, the following are the aims & objective of the study

1. To evaluate the diagnostic potential of endoscopy in patients with dysphagia.
2. To analyse the nature and frequency of various upper gastrointestinal conditions both in benign & malignant conditions.
3. Incidence of malignancy among the patients with dysphagia
4. To study the etiological factors and its association with dysphagia.

MATERIAL AND METHODOLOGY

94 Patients who were presenting with symptom of dysphagia from the period of Aug-2014 to Aug-2016 in the department of general surgery were included in the study. The patients who presented with complaints of dysphagia to the outpatient department
and patients admitted with complaint of dysphagia were evaluated with upper gastro intestinal endoscopy.

RESULTS AND CONCLUSION

The study was conducted among 94 patients. Out of which 46 cases were diagnosed to have malignant causes, 36 were of benign etiology, 12 of them with normal findings. The dysphagia incidence between the adult male and elderly male subjects were 43.2% and 56.7% with higher incidence in elderly males.

In this study the incidence of the males were significantly greater than females.

The mean age of sedentary and moderate subjects was not significantly differed. The sedentary subjects mean age was lesser than the heavy occupational subjects.

The incidence of dysphagia was very strongly associated with male heavy workers and sedentary female workers.

The smokers were significantly more affected than the non-smokers. The solid dysphagia was significantly more than the solid + liquid dysphagia. The non weight loss was significantly greater than the weight loss.. The major finding of the OGD was carcinoma and related symptoms. Next to carcinoma oesophagus was gastro oesophageal junction growth. Next to gastro oesophageal junction growth was LAX lower oesophageal Spincter.
KEYWORDS:

DYSPHAGIA, ENDOSCOPY, OESOPHAGUS, MALIGNANCY, OESOPHAGEAL CARCINOMA