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A study of clinical and endoscopic profile of dyspepsia in eastern region 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, Nangarhar Regional Hospital, Medical ward, Department of Gastroenterology, during the year of 2017-18. To know the clinico-endoscopy of dyspepsia, for patients who present with investigated dyspepsia to Gastroenterological OPD & IPD.
Result: The study showed that the patients under 30 years of age having 34% of dyspepsia while more than 60 year old patients resulted 14%. About 47% of cases were observed in Nangarhar province while 25 %, 9% and 2% cases were in Laghman, Kunar and Nuristan, province due to higher population and location of the hospital in Jalalabad city,The data resulted that the higher number of patients having Gastritis fallowing NFD and Duodenal ulcer about 32%, 23% 18%, Regarding the habits in our study in which total 100 patients were examined 42% of the above patients had snuff habits, 22% had smoking habits, 2% had alcohol habits and 34% of the total patients doesn't had any habits (majority of them were using spicy food, overfeeding, drinking of nonalcoholic beverages, fatty foods, NSAIDs...)
Conclusion: the higher incidence of dyspepsia was in more than 60 year of age, 47% of patients was from nangarhar, the endoscopy showed that 32% patients had gastritis also higher incidence regarding the habits 42% had snuff habit and 22% had smoking habit.

Keywords: dyspepsia, endoscopy, gastritis, NFD and duodenal ulcer, snuff and smoking

1. 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 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.

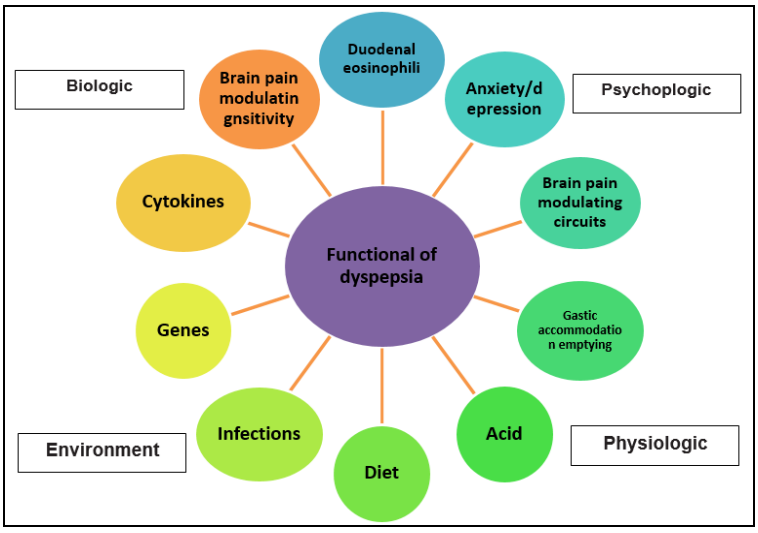

Fig 1: Functional of dyspepsia

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 retrosternal pain or discomfort, heartburn, nausea or vomiting or other symptoms considered to be preferable 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) [1] 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 performance and family relationships and incurs a high healthcare cost worldwide by (Lacy *et al.*, 2013) [5]. Whiting *et al.*, (1853) [7] 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).

2. Materials and Methods

The study was conducted in Eastern Afghanistan during 2017-18. The 100 /day patients who formed the basis of this study presented one of the top Gastroenterologists at the eastern Afghanistan Jalalabad city in summer 2017-18. This paper describes the clinical presentation of 100/day patients suffering from' dyspepsia' at the time of their initial visited to Nangarhar Regional hospital, Jalalabad city in eastern Afghanistan (Nangrahar, Laghman and Kunar) provinces. Cases were studied of an prospective bases 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 30 years, 30-40, 41-50, 51-60 and more than 60 years of age with dyspepsia more than one month. The diseases categories considered in this study were seven in Endoscopic finding: Gastritis, Reflux esophagitis, Duodenitis, Gastric, Duodenal ulcer, NFD and Gastric mass, regarding the habits in our study 42% of the above patients had snuff habits, 22% had smoking habits, 2% had alcohol habits and 34% 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...)

We were unable to collected a large enough set of data about rarer causes of dyspepsia a (such as pancreatic cancer) and hence these rarer diseases are excluded from present consideration.

3. 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) [4]. The data also indicated that 30-40, 41-50 and 51-60 year old patients having 23%, 15% and 16 % dyspepsia, respectively. Similar results were found by Desai *et al.*, (2018) [2] 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 [6] A studies of Asia, dyspepsia are more common in younger age group.

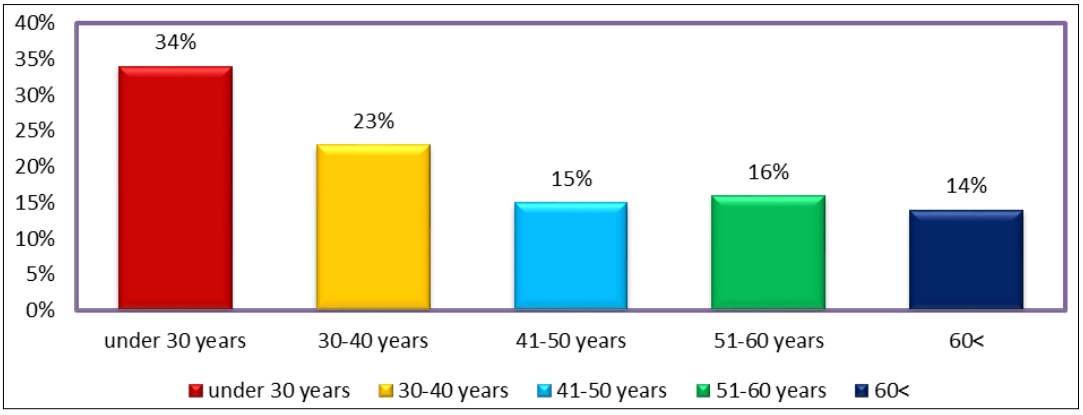

Fig 1: Percentage of the dyspepsia having patients in eastern Afghanistan

Table 1: Percentage of the dyspepsia having patients in eastern Afghanistan

S/no	Age of the patients	n=100/day patients	Percentage of patients
1	Under 30 years	34	34%
2	30-40 years	23	23%
3	41-50 years	15	15%
4	51-60 years	16	16%
5	60< years	14	14%

Dyspepsia and Address

Dyspepsia patients regarding in address in eastern province are presented in Table 2 and graphically depicted in Figure 3. The higher dyspepsia having cases was recorded in Nangarhar province at eastern region and lower were recorded in Nuristan province. About 47% of cases of dyspepsia were observed in Nangarhar province while 25 %, 9% and 2% cases were in Laghman, Kunar and Nuristan, respectively that is due to higher population and location of the hospital in Jalalabad city**.** similar reported by Shah *et al.*, 2001 [6] dyspepsia is almost one-third of the population in Mumbai, India.

Table 2: Percentage of the dyspepsia having patients regarding address

S/N	Address of patients	n=100/day patients	Percentage of patients
1	Nangarhar	47	47%
2	Kunar	9	9%
3	Laghman	25	25%
4	Nuristan	2	2%
5	Lugar	4	4%
6	KBL/Other	13	13%

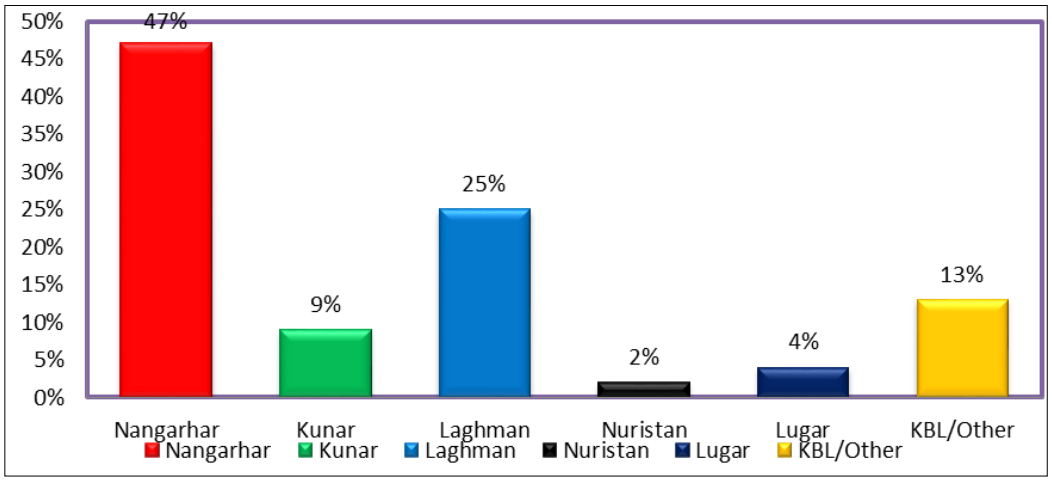

Fig 2: Percentage of the dyspepsia having patients regarding address

Dyspepsia cases regarding endoscopic finding

The data regarding endoscopic finding are presented in Table 3 and figure 4. The data resulted that the higher number of patients having Gastritis fallowing NFD and Duodenal ulcer about 32%, 23% 18%. That is due to the imbalance foods, lower economic condition of patients and cases of Helicobacter pylori. A similar result was founded early by Fallone *et al.*, (2000) [3] in Canada.

Table 3: Dyspepsia cases regarding endoscopic finding

S/N	Endoscopic finding	n=100/day patients	Percentage of patients
1	Gastritis	32	32%
2	Reflux esophagitis	12	12%
3	Duodenitis	3	3%
4	Gastric ulcer	9	9%
5	Duodenal ulcer	18	18%
6	NFD	23	23%
7	Gastric mass	3	3%

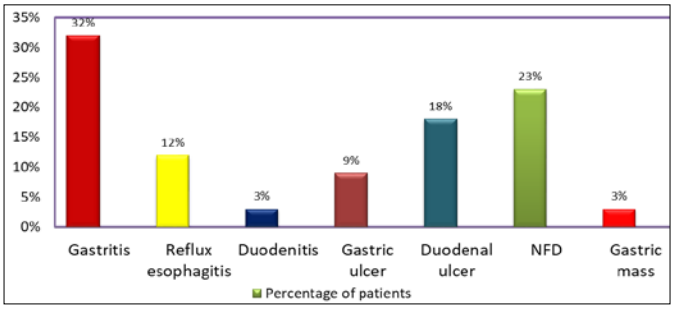

Fig 3: Dyspepsia cases regarding endoscopic finding

Dyspepsia cases regarding habits

Regarding the habits in our study in which total 100 patients were examined 42, 22, 2 of the patients have snuff, smoking, alcohol habits and 34% of the total patients doesn't have any habits (majority of them were using spicy food, overfeeding, drinking of Nonalcoholic beverages, fatty foods, NSAIDs).

A similar result were reported by Zagari *et al*., (2010) [8].

Table 4: Dyspepsia cases regarding habits

S/no	Habits	Percentage of Patients
1	Snuff	42%
2	Smoking	22%
3	Alcohol	2%
4	No habit	34%
5	Total	100%

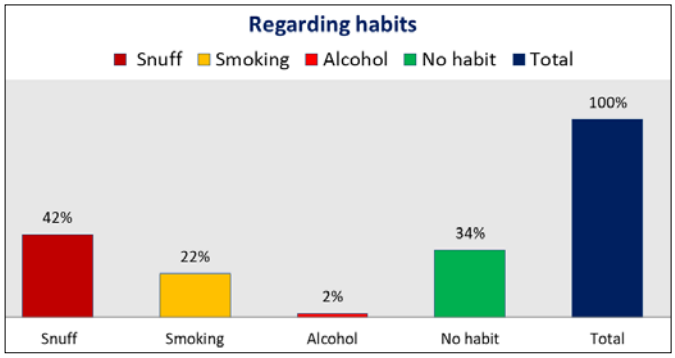

Fig 4: Dyspepsia cases regarding habits

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 fallowing by NFD, and Duodenal ulcer. Thus all the patients who are above 30 years was 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.

5. References

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