Different presentations of patients subjected to upper GIT endoscopy at endoscopy unit in Ain Shams University Hospital

Thiesis

Submitted For Partial Fulfillment of Master Degree in Internal Medicine

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Introduction

Upper gastrointestinal endoscopy is a valuable diagnostic tool, but for an endoscopic service to be effective it is essential that it is not overloaded with inappropriately referred patients ***(Axon et al., 2003).***
The diseases most commonly sought by endoscopy are reflux esophagitis (and its complications), esophageal varices, esophageal cancer, gastric ulcer, gastric cancer, duodenal ulcer, and celiac disease ***(Bell et al., 2005).***
Upper gastrointestinal bleeding is a common life threatening condition. More than 350.000 of hospital admission per year are due to upper gastrointestinal bleeding which has overall mortality rate of 10% ***(Manish et al., 2005).***
Upper gastrointestinal endoscopy is the test of choice in patients with upper gastrointestinal tract bleeding and should be performed urgently in patients with hemodynamic instability ***(Hasler et al., 2005).***
Egypt has extremely high prevalence of liver cirrhosis which is usually accompanied by portal hypertension. The development of esophageal varices is one of the major complications of portal hypertension. Cirrhotic patients should be screened for the presence of esophageal varices when portal hypertension is diagnosed ***(Alempijevic et al., 2007).***
One of the most important steps in management of esophageal varices is endoscopic management by sclerotherapy or endoscopic variceal band ligation ***(Gimson et al., 2002).*** Endoscopic variceal band ligation has also been used electively for prophylaxis of recurrent variceal bleeding ***(jalan et al., 2002).*** Also, Endoscopic therapy is well accepted as the first-line treatment in patients with bleeding peptic ulcer ***(sung, 2006).***
Endoscopic therapy can be broadly categorized into injection therapy, thermal coagulation, and mechanical hemostasis. Injection with solutions of diluted epinephrine (1: 10,000) is widely used because of its -among others- simplicity and low cost ***(Park, 2004).***

Aim of the work

The aim of the work is to set a data base concerning upper GIT bleeding patients, whom were admitted to different units of internal medicine department in a certain period, in order to review the different presentations of patients subjected to upper GIT endoscopy.

Materials and Methods

Retrospective descriptive analysis study of all patients' files whom admitted to different internal medicine departments of Ain shams University Tertiary Referral Hospital. From 1/1/2008 to 31/8/2008. The patients' files with upper GIT endoscopy will be further analyzed in details for admission complaint, symptoms, complications and other relevant history.

References

1. ***Alempijevic T, Bulat V, et al.*** Noninvasive assessment of oesophageal varices presence and size in patients with liver cirrhosis.Vojnosaint pregl.2007 Jul; 64(7):453-457.
2. ***Anthony T R Axon, R H Jones, et al.*** Scand J Gastroenterol Suppl. 2003 May ;(243)79-84.
3. **G D Bell, M A Quine, et al.** Guidelines on appropriate indications for upper gastrointestinal endoscopr. . Gastroenterol. Clin.North Am. Jun 2005;28(2):255-81
4. **Gimson, Ramage, et al.** Randomized trial of variceal band ligation versus injection sclerotherapy for bleeding oesophageal varices.Lancet 2002 ;342:391-394
5. **Hasler, William L, et al.** Approach to patients with gastrointestinal disease in Harrison's principles of internal medicine 16th edition 2005.
6. **Jalan, Hayes, et al.** Guidelines on the management of variceal haemrrhage in cirrhotic patients, British society of gastroenterology. Gut 2002;52:1200-1205
7. **Manish, Michael AJS (2005):** Upper gastrointestinal bleeding evaluation and management in:SCVIR Syllabus: thoratic and vascular interventions, 2, 4.
8. ***Park CH.*** Optimal injection volume of epinephrine for endoscopic prevention of recurrent peptic ulcer bleeding. Gastrointest Endosc. 2004; 60: 875-880.
9. ***Sung J.*** Current management of peptic ulcer bleeding. Natural Clinical Practice 2006; 3: 24-32

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List of abbreviation

Abbreviation	Meaning
ALT	Alanine aminotransferase
ASGE	American College of Gastroenterology
AST	Aspartate aminotransferase
BAO	Basal acid output
BE	Barrett Esophagus
CLD	Chronic liver disease
CMV	Cytomegalovirus
CNS	Central nervous system
COX-1	Cyclooxygenase-1
COX-2	Cyclooxygenase-2
CRF	Chronic renal failure
DM	Diabetes mellitus
DRE	Digital rectal examination
EGD	Esophagogastroduodenoscopy
EGJ	Esophageogastric junction
ENOS	Endothelial nitric oxide synthase
ERCP	Endoscopic retrograde cholangiopancreatography
ET-1	Endothelin-1
EUS	Endoscopic ultrasound
EVL	endoscopic variceal ligation
FDA	Food and drug administration
GERD	Gastroesophageal reflux disease
GI	Gastrointestinal
GOO	Gastric outlet obstruction
H2 blockers	Histamine 2 blockers
H_2RA	histamine 2 receptor antagonist
HB	Hemoglobin
HCC	Hepatocellular carcinoma
HHT	Hereditary hemorrhagic telangiectasia
IL	Interleukin
LES	Lower esophageal sphincter
LFTs	Liver function tests

MALT	Mucosa-associated lymphoid tissue
MAO	Maximal acid output
NBI	Narrow band imaging
NO	Nitric oxide
NPO	Nothing per oral
NSAID	Nonsteroidal anti-inflammatory drug
PPI	Protein pump inhibitor
PUD	Peptic ulcer disease
RBCs	Red blood cells
TEF	Tracheoesophageal fistula
Th1	T helper cell type 1
TLESR	Transient lower esophageal sphincter relaxations
TNF-alpha	Tumor necrosis factor-alpha
UBT	Urea breath testing
WBCs	White blood cells
YAG	Yttrium aluminum garnet
ZES	Zollinger-Ellison syndrome

Introduction

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Egypt has extremely high prevalence of liver cirrhosis which is usually accompanied by portal hypertension. The development of oesophageal varices is one of the major complications of portal hypertension. Cirrhotic patients should be screened for the presence of oesophageal varices when portal hypertension is diagnosed ***(Alempijevic & Bulat, 2007).***

One of the most important steps in management of oesophageal varices is endoscopic management by sclerotherapy or endoscopic variceal band ligation ***(Gimson & Ramage, 2002).*** Endoscopic variceal band ligation has also been used electively for prophylaxis of recurrent variceal bleeding ***(jalan & Hayes, 2002).*** Also, Endoscopic therapy is well accepted as the first-line treatment in patients with bleeding peptic ulcer ***(sung, 2006).***

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In Egypt, We still do not have a satisfactory database about the status of upper GIT endoscopy. Therefore we try to have a local database about upper GIT endoscopy in medical departments of Ain Shams Universty Hospitals.