



Outcomes of Esophagogastroduodenoscopy in Patients with Upper Gastrointestinal Symptoms: A Descriptive Study from a Tertiary Care Hospital

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ABSTRACT

Upper gastrointestinal symptoms are among the most common indications for endoscopic evaluation. Esophagogastroduodenoscopy (EGD) remains the gold standard for diagnosing mucosal pathology of the esophagus, stomach, and duodenum. This descriptive observational study included 77 adult patients presenting with upper gastrointestinal symptoms who underwent EGD at a tertiary care hospital. Demographic characteristics, clinical presentation, endoscopic findings, biopsy status, and final diagnoses were analyzed using descriptive statistics. Epigastric pain was the most common symptom. Antral gastritis and gastroesophageal reflux-related disorders were the predominant findings. The study highlights the importance of early endoscopic evaluation for accurate diagnosis and management.

Keywords: Esophagogastroduodenoscopy, Upper gastrointestinal symptoms, Gastritis, GERD, Endoscopy.

INTRODUCTION

Upper gastrointestinal disorders represent a significant cause of morbidity worldwide. Patients commonly present with symptoms such as epigastric pain, dyspepsia, reflux, vomiting, and upper gastrointestinal bleeding. Esophagogastroduodenoscopy allows direct visualization of the mucosa, targeted biopsy, and early detection of inflammatory and neoplastic lesions. This study aims to evaluate the clinical profile and endoscopic outcomes of patients presenting with upper gastrointestinal symptoms at a tertiary care center.

II. MATERIALS AND METHODS

This descriptive observational study was conducted in the Department of General Surgery at Dr. Balasaheb Vikhe Patil Medical College and Rural Hospital, Loni, Maharashtra. A total of 77 adult patients presenting with upper gastrointestinal symptoms were included. Patients who were unconscious or comatose were excluded. After obtaining informed consent, EGD was performed using a flexible video endoscope under standard aseptic precautions. Endoscopic findings were documented for the esophagus, oesophagogastric junction, stomach, and duodenum. Biopsies were taken where indicated. Data were analyzed using descriptive statistics.

III. RESULTS

Among the 77 patients studied, males constituted 63.6% of the study population. The most affected age group was 31–50 years. Epigastric pain was the most common presenting symptom, followed by heartburn and regurgitation. Endoscopic examination revealed normal esophageal findings in nearly half of the patients. Abnormalities at the oesophagogastric junction were commonly observed, particularly lax lower esophageal sphincter. Gastric findings predominantly involved antral gastritis. Duodenal findings were largely normal. Biopsy samples were obtained in approximately one-third of the cases.

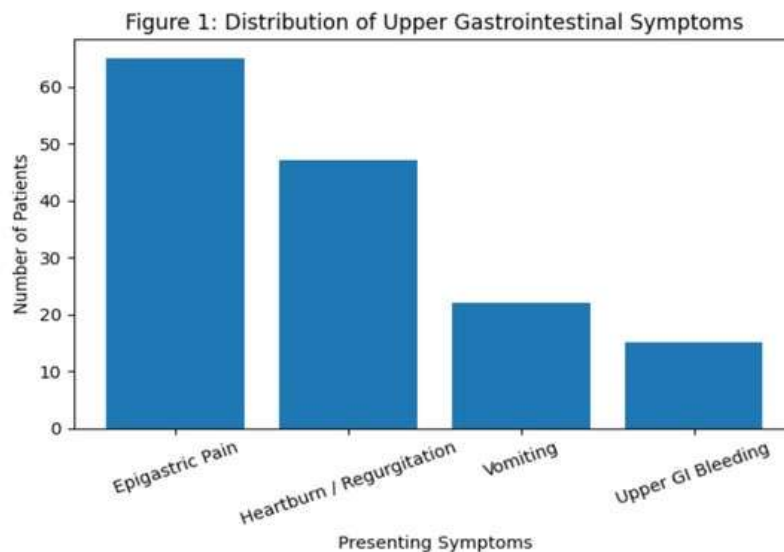


Figure 1: Distribution of presenting upper gastrointestinal symptoms among the study population.

IV. DISCUSSION

The present study demonstrates a high diagnostic yield of esophagogastroduodenoscopy in patients presenting with upper gastrointestinal symptoms. The predominance of gastritis and reflux-related disorders is consistent with findings reported in previous studies. Male predominance and higher incidence among middle-aged individuals may reflect lifestyle-related risk factors. Early endoscopic evaluation plays a crucial role in guiding appropriate management and improving patient outcomes.

V. CONCLUSION

Esophagogastroduodenoscopy is an indispensable diagnostic tool in the evaluation of upper gastrointestinal symptoms. Inflammatory and reflux-related disorders constitute the majority of endoscopic findings. Early and appropriate use of EGD facilitates accurate diagnosis and effective management.

VI. LIMITATIONS OF THE STUDY

This study was limited by its single-center design, relatively small sample size, and limited histopathological correlation.

VII. CONFLICT OF INTEREST

The authors declare no conflict of interest.

VIII. FUNDING

No external funding was received for study.

IX. ETHICAL APPROVAL

Ethical approval was obtained from the Institutional Ethics Committee, informed consent was obtained from all participants.

X. REFERENCES

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