

A Retrospective Analysis of Esophagogastroduodenoscopies: A Single Center Experience

Aslan Celebi^{1*}, Fevzi Akdemir², Mujgan Gurler³, Deniz Ogutmen Koc¹, Ali Abbas Ozdemir¹, Ismail Ekizoglu¹, Murat Altay¹

¹Taksim Training and Research Hospital, Istanbul, Turkey

²Private Öz Istanbul Medical Center, Istanbul, Turkey

³Department of Internal Medicine, Abant İzzet Baysal University, Bolu, Turkey

*Corresponding author: Celebi A, Department of Internal Medicine, Taksim Training and Research Hospital, Istanbul, Turkey, Tel: +905336495050; Fax: +902129453180; E-mail: aslancelebi2000@yahoo.com

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Abstract

Goals: To present retrospective data on esophagogastroduodenoscopy (EGD) findings of patients who were admitted to a training and research hospital due to upper gastrointestinal system problems.

Background: EGD is an interventional method used for diagnosing diseases of the esophagus, stomach, and duodenum. EGD is essential in the diagnosis of various benign and malign upper gastrointestinal diseases, as well as for therapy or disease follow-up.

Study: This study evaluated retrospective data of 5014 patients with upper gastrointestinal problems who were admitted to General Surgery and Family Medicine Departments and Emergency Service of Taksim Training and Research Hospital and were referred for EGD in the Endoscopy Department between the years 2002 and 2009.

Results: Among 5014 patients, EGD could be performed in 4950 (2820 females) with a mean age of 47.7 ± 16.2 years (range, 31.5-63.9 years). The number of patients undergoing EGD was higher in 2007 and 2008 than the other years. The most common diagnosis was gastric diseases (92.1%). Only 3.3% of all patients had normal EGD findings. Gastritis, hiatal insufficiency, and duodenitis were the most common diseases in the study population (84.3%, 24.4%, and 10.6% respectively). Esophageal, gastric, and duodenal diseases were most commonly observed in the years 2007 and 2008 in the whole study population.

Conclusion: Our study revealed that gastric diseases were the most commonly observed diseases in the patients undergoing EGD. Endoscopy is a safe and reliable procedure that is essential for the diagnosis, treatment and follow-up of upper gastrointestinal diseases.

Keywords: Esophagogastroduodenoscopy; Endoscopy; Gastritis; Duodenitis; Hiatal insufficiency

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Introduction

Esophagogastroduodenoscopy (EGD) is one of the most common

healthcare issues worldwide

findings were evaluated. Written informed consents of the patients were obtained. Descriptive statistics were expressed as mean, standard deviation, minimum and maximum for numerical variables and as number and percentage for categorical variables, where appropriate.

Cancer	116 (47.5)	128 (52.5)	244 (5.4)	244 (4.9)
Ulcer	251 (46.1)	293 (53.9)	544 (11.9)	544 (11)
Bleeding	2 (16.7)	10 (83.3)	12 (0.3)	12 (0.2)
Other gastric diseases	139 (47.3)	155 (52.7)	294 (6.5)	294 (5.9)
Esophageal	Female	Male	With esophageal diseases n=1583	In the study n=4950
Hiatal insufficiency	595 (49.3)	612 (50.7)	1207 (76.2%)	1207 (24.4)
Esophageal ulcer	7 (41.2)	10 (58.8)	17 (1.1%)	17 (0.3)
Esophagitis	336 (46.7)	384 (53.3)	720 (45.5%)	720 (14.5)
Esophageal varices	13 (31.0)	29 (69.0)	42 (2.7%)	42 (0.8)
Esophageal tumors	17 (44.7)	21 (55.3)	38 (2.4%)	38 (0.8)
Barrett's esophagus	18 (39.1)	28 (60.9)	46 (2.9%)	46 (0.9)
Other esophageal diseases	20 (48.8)	21 (51.2)	41 (2.6%)	41 (0.8)
Duodenal	Female	Male	With duodenal diseases n=914	In the study population n=4950
Duodenitis	255 (48.6)	270 (51.4)	525 (57.4)	525 (10.6)
Active duodenal ulcer	114 (39.3)	176 (60.7)	290 (31.7)	290 (5.9)
Duodenal malformations	6 (35.3)	11 (64.7)	17 (1.9)	17 (0.3)
Tumor	11 (73.3)	4 (26.7)	15 (1.6)	15 (0.3)
Duodenogastric reflux	67 (58.8)	47 (41.2)	114 (12.5)	114 (2.3)
Other duodenal diseases	5 (23.8)	16 (76.2)	21 (2.3)	21 (0.4)

Table 5 Distribution of gastric, esophageal, and duodenal findings in the study population and according to gender: [EGD: Esophagogastroduodenoscopy].

Diseases	Years	Gender n (%)		Total within disease n (%)
		Female	Male	

	2006	333 (54.1)	282 (45.9)	615 (13.5)
	2007	882 (55.8)	700 (44.2)	1582 (34.7)
	2008	801 (56.1)	628 (43.9)	1429 (31.4)
	2009	4 (40.0)	6 (60.0)	10 (0.2)
Duodenal Diseases n=914	2002	27 (58.7)	19 (41.3)	46 (5.0)
	2003	35 (59.3)	24 (40.7)	59 (6.5)
	2004	14 (45.2)	17 (54.8)	31 (3.4)
	2005	2 (50.0)	2 (50.0)	4 (0.4)
	2006	80 (44.4)	100 (55.6)	180 (19.7)
	2007	151 (44.0)	192 (56.0)	343 (37.5)
	2008	123 (49.8)	124(50.2)	247 (27.0)
	2009	2 (50.0)	2 (50.0)	4 (0.4)

Table 6 Distributions of esophageal, gastric, and duodenal diseases according to years and gender:

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In addition to being one of the most common healthcare issues worldwide, diseases of the GIS are continuously increasing and thereby GIS endoscopy has become one of the most common endoscopic procedures recently. The present study aimed to present retrospective data on EGD findings of patients with upper GIS problems.

Previous reports have been suggested that esophageal, gastric, and duodenal pathologies are remarkably frequent. In a study from Sudan, the incidences of the diseases of esophagus, stomach, and duodenum were reported as o

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