Different Compound Diagnoses in Patients Presented with Upper Abdominal Complaints

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Abstract

Back ground: Upper abdominal complaints include a variety of symptoms that make the patients seeking the medical advice.

Error in diagnosis leads to unnecessary admission to hospital, delay in treatment and possible increasing in mortality rate.

Objectives of study:

- To show that this group of patients may have more than one diagnosis.
- Detect the symptoms which are associated with high incidence of compound diagnosis.

Patients and method: One Hundred patients who are with different upper abdominal complaints collected randomly from the patients who referred to surgical clinic in Alkufa teaching hospital , All of them submitted to U/S and OGD examination in the period from the first of NOV. 1996 through JUN.1997.

Result: Ten patients which represent 10%of the sample had more than one diagnosis and the most of them were complaining from dyspepsia as primary symptoms or as an associated symptom.

Conclusion: Many patients who presented with upper abdominal complaint may had more than one pathology, and usually one of these pathologies was the main cause of the symptom.

Correct preoperative diagnosis is essential to avoid unnecessary operation and to decrease the morbidity and mortality associated with missed diagnosis or over treatment.

Recommendations: We recommend a combined OGD &U\S examination in this group of patients especially in those with dyspepsia.

Key Words: Upper Abdominal Complaints \Compound Diagnoses.

Baquba teaching hospital /Diyala /Iraq.

Introductions

Upper abdominal complaints include a variety of symptoms that makes the patients seeking the medical advice. These symptoms include pain, dyspepsia, acidity, vomiting, and haematamesis

These symptoms occur not only with primary GIT disease but frequently as a manifestation of other organic and functional disease.[1]

Dyspepsia is a feeling of fullness after food associated with belching and heart burn [2], it has been subjected to detailed study showing a high level of clinical errors and particular problems in distinguishing pain of biliary origin from that of peptic ulcer. [3]

So what may be described as a pain by some patient may be called wind, discomfort, heart burn or indigestion by others.

Also the site of pain may not indicate the primary lesion, or the patient can't differentiate between the site of pathology and the referred pain.[4]

So, good assessment of the patient with upper abdominal compliant is of important value to obtain the best results.

Even in those patients who have diagnosed pathology, for example patient who have gall stone diagnosed by ultrasound (U/S), other explanation of his symptoms should be sought for, e.g. hiatus hernia, chronic pancreatitis or peptic ulcer [5], because it is possible for gallstone to be silent during life time .

Additionally, although the pain of the right hypochondrium is usually of biliary origin, about half of the patients with biliary pain situated at the epigastric region.

The same thing for the patients with duodenal ulcer(DU), the presence of combined gastric ulcer, hiatus hernia and gall stone and other gastro intestinal disorder are essential in pre-operative assessment of patient with D.U [6], because error diagnoses lead to unnecessary admission to hospital and sometimes lead to delay in the treatment and possible increase of mortality.

Patients and Methods

This is a cross sectional study of 100 cases of upper abdominal complaint; the study was conducted in Al-kufa teaching hospital from the first of Nov. 1996 through Jun. 1997.

Every patient with upper abdominal complaint who attended to surgical outpatient clinic was included in this study.

A full history and physical examination was done for every patient, especial questioner? was done including name, age, sex, occupation, chief complaint, associated symptoms and professional diagnoses (Table 1).

We classified the patients into 6 groups according to their chief complaints to detect the results in each group and to point out the most reliable symptom (Table 2)

OGD (oesophagogastroduodenoscope) and U.S examinations were done for the whole patients

The patient asked to come fasting for OGD, the endoscopy was done by expert and specialist physician.

Whenever suspicious lesion was found, a biopsy was taken and sent for histopathological study which was done by expert pathologist. After that the patients sent for U/S examination.

Result

One hundred cases of different upper abdominal complaints were examined in this study.

60 patients presented with epigastric pain, 15 patients with dyspepsia, 14 patients with right hypochondrial pain, 4 patients with acidity, 3 patients with vomiting and 4 patients with left hypochondrial pain. (Table 2)

We reached specific diagnosis in 58 patients (58%), 2 patients shown no specific diagnosis, while 40 patients (40%) found to be normal in both OGD and U\S examination.

We revised the diagnosis in 12 patients out of 30 patients who referred with professional diagnosis.

Ten biopsies were done, 2 of them were done under U\S guidance and 8 biopsies were done by OGD. Seven biopsies revealed a pathological finding, while the remaining 3 were normal.

Ten patients of those with specific diagnosis found to have more than one diagnosis.

Regarding the sign and symptoms, *dyspepsia* found to be the most important and reliable symptom. It is found in 15 patients as a chief complaint and in 56 patients as an associated symptom. and the positive results mostly found in this group.

Sixty patients presented with epigastric pain. 33 patients were female and 27 patients were male, their age was 13-77 years. In this group 15 patients found to have D.U.12 patients have D.U. alone and the remaining 3 patients have an associated finding in the form of renal failure, pregnancy and gall stone, Those the later three patients found to have diagnostic and therapeutic problems.

Three patients found to have gastric ulcer; biopsy taking from these three patients, the result was benign in one of them and the remaining 2 biopsies were lymphoma and adenocarcinoma of stomach. In this later group, 4 patients found to have gallstone which represent 4% of the study group and 6.6% of patients who presented with epigastric pain.

Three patients have gall stone alone and one patient have gall stone and D.U.

Nine biopsies were taken in this group, and the results were adenocarcinoma of the lower third of the esophagus, adenocarcinoma of stomach, lymphoma of stomach, celiac disease(2 patients) and T.B. of the small bowel (one patient).(Table 3)

In the second group, those who presented with dyspepsia, we found 15 patients which represent 15% of study group, 6 of them were a male and 9 were female with age between 22-67 years, 9 patients out of 15 show positive finding which represent 60% of this group .4 patients have D.U. one of them have additional diagnosis that is left renal stone, while the remaining 3 have recurrent D.U. (Table 4)

Biliary problems found in 2 cases both of them were female represent 12.5% of total number of this group (dyspepsia).

The remaining finding was carcinoma of head of pancreas (female age 67years). Other finding were splenomegaly and gastritis .

In the third group (those who presented with right hypochondrial pain), we have 14 patients.

Four patients found to have D.U. which represent 33.3% of positive result of this group.

In this group we found 10 patients out of 14 have dyspepsia as an associated symptom, and 9 out of these 10 have appositive finding, which represent 90%, while only 50% of those who did not have dyspepsia have a positive result.

In the fourth group (those presented with acidity) , we found 4 patients, 2 of them show positive finding , one patient of those 2 which was a female age 60 years have 2 diagnosis that was D.U. and hiatus hernia .

In the fifth group (those who presented with vomiting), we have 3 patients, 2 of them have positive finding, one of them who was a male age 37 years old have 2 finding that is acute gastric erosion and renal failure.

In the last group (those who presented with left hypochondrial pain), we found 4 patients, 3 of them were a female with an age between 30-55 years, and one of them was a male with age of 26 years old, in one of them we found left pyelonephritis plus gall stone, and this may be an accidental finding of silent gall stone because all patients of this group have dyspepsia as an associated symptom.

Table 1: Distribution of the patients according to the age and sex.

AGE	MALE	FEMALE	TOTAL
10-19	4	3	7
20 -29	7	16	23
30 – 39	8	15	23
40 – 49	10	6	16
50 -59	6	5	11
60 -69	9	9	18
70 -79		2	2

Table 2: Distribution of patients according to their chief complaints.

TYPE OF COMPLIANT	NO. OF PATIENTS	MALE	FEMALE	AGE
Epigastric pain	60	27	33	13-76
dyspepsia	15	6	9	22-67
Rt. Hypochond. Pain.	14	7	7	25-64
Vomiting	3	2	1	22-34
Acidity	4	1	3	22-60
Lt. Hypochond. Pain.	4	1	3	30-55

Table (3): Distribution of the patients who have compound diagnosis.

TYPES OF PATHOLOGY	AGE	SEX	PRESENTATION
Duodenal errosion + right pyelonephritis +left hydronphrosis	44year	Male	Vomiting
Doudenol ulcer + pregnaney	20year	Female	Epigastric pain
Duodenal ulcer + hiatus hernia	60year	Female	acidity
Duodenal ulcer+ gall stone	65year	Male	Epigastric pain
Duodenal ulcer +left renal stone	27year	Male	Dyspepsia
Duodenal ulcer+left hydronephrosis + left hydooreter +b.p.h.	70year	Male	Right hypochondrial pain
Gall stone +renal hypernephroma	65year	Female	Right hypochondrial pain
Multiple gall stone + bowel tuberelosis	12year	Female	Right hypochondrial pain
Multiple gall stone + left chronic pyelonephrition	50year	Female	Left hypochondrial pain
Gastritis + bilateral chronic pyelonephrite	40year	Female	Epigastria pain

Table 4: Significance of dyspepsia in comparison to other complaints.

Complaint	Total No .Of Patients	Associated Dyspepsia	Positive Finding	%	With Out Dyspepsia	Positive Finding	%
Epigastric pain	60	37	25	67.56 %	23	9	39.13 %
Right hypochondrial pain	14	10	9	90%	4	2	5o%
Acidity +vomiting +left hypochondrial pain	11	9	6	66.6 %	2	zero	zero

Discussion

In third group of patients who presented with right hypochondrial pain, 4 patients found to have D.U. and this show as that right hypochondrial pain may be a main presentation of patients with D.U. , 1 of those patients was male 60 years old have an additional pathology that is B.P.H. with hydronephrosis & hydroureter and this required especial care in deciding the type of treatment .

Although it is said that right hypochondrial pain is usually of biliary origin and the absence of biliary problem by U\S not exclude biliary disease (8) ,in these group we found only 2 cases of biliary problem . and this may be due to variation in description of patients. of their complaints or the problem due to gall bladder dyskinesia (9).

These 2 cases with gall stones both of them have an important associated finding , one of them who was a female aged 65 years old have hypernephroma of the right kidney ,another patient who was a female age 13 years old have an intestinal T.B. , both of these findings are of value in deciding the main cause of complaints of those patients .

A.R. Naylar & s.j. Nixon (10) in Edinburgh royal infirmary ,they use endoscope alone in diagnosis of patients with upper abdominal pain they reach specific diagnosis in 46.4%of patients ,and revised diagnosis in 64% ,while in our study we reach specific diagnosis 58% by using both OGD & U\S . and revised diagnosis in 40% .

Another study done by Eggebo-Tm ,Sorvag & Dalaker –k (11), they study 189 cases with upper abdominal pain by U\S they found 48 patients have more than one disease (25.3%).

In this study we have 58% of our sample have one or more than one disease, and this due to the size of the sample and using more than one diagnostic tools .they reach specific diagnosis in 29.1%and this nearly the same of our study which is 30%.

Conclusion

Many patients who presented with upper abdominal complaint may have more than one pathology and usually one of these pathologies is the main cause of the symptom.

Correct preoperative diagnosis is essential to avoid unnecessary operation and to decrease the mortality and morbidity associated with missed diagnosis or over treatment .

Recommendation

We recommend a combined OGD &U\S examination in this group of patients especially in those with dyspepsia .

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