



ENDOSCOPY GUIDED GASTROINTESTINAL BIOPSY FINDING IN A TERTIARY CARE HOSPITAL OF EASTERN INDIA

Sujoy Sarkar*, Sudip Auddy., Arkaprava Chakraborty., Niroop S B and Amit Mukherjee

Department of Medicine, Calcutta National Medical College & Hospital, Kolkata, 700014

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ABSTRACT

Background: Patients often present with gastrointestinal complaints which may be due to benign or malignant lesions. Endoscopy and biopsy help to reach proper diagnosis.

Material and method: A retrospective record based study at Calcutta National Medical College & Hospital, West Bengal, India.

Results: Out of 109 patients undergone endoscopy guided biopsy 57.8% were male, rest female. Most common biopsy site was stomach, esophagus, duodenum, rectum, caecum were among the others. Most common finding was benign ulcer (46.79%), adenocarcinoma was most common malignant lesion (35.79%).

Conclusion: Biopsy is an important tool to diagnose benign and malignant lesions of gastrointestinal tract.

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INTRODUCTION

One of the most common causes of patients visiting hospital is related to gastrointestinal (GI) tract. These complaints can be organic or functional¹. These complaints ranges from dyspepsia, pain abdomen, heart burn, dysphagia, hematemesis and melena to hematochezia. Causes may be benign like peptic ulcer disease, varices, gastro esophageal reflux disease, tuberculosis, inflammatory bowel disease, or neoplastic like malignant growth, malignant ulcer. Upper gastrointestinal endoscopy (UGIE) is the main mode of investigation^{2,3} for problems related to upper gastrointestinal tract and colonoscopy is for lower gastrointestinal tract⁴. Biopsy and histopathological examination help in establishing the diagnosis.

MATERIALS AND METHODS

This is a retrospective record based study, conducted at Calcutta National Medical College & Hospital over a period of 6 months from January 2018 to June 2018. Calcutta National Medical College & Hospital is a tertiary care level hospital in Kolkata, West Bengal, India.

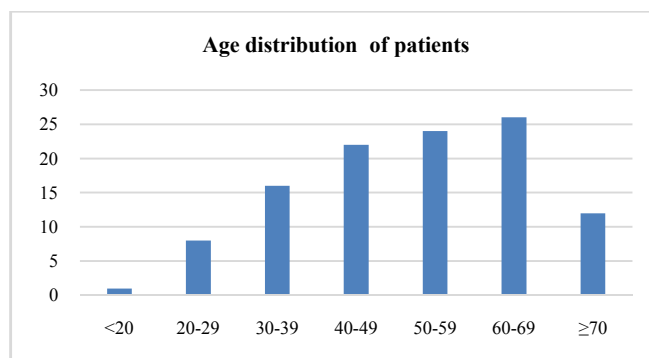
RESULTS

Total 109 patients undergone endoscopy guided biopsy during the above mentioned period. Among them 63 (57.8%) were male and 46 (42.2%) were female. Age distribution of the patients was ranging from the second decade to eighth decade with mean age 50.7 ± 14.75 (Table 1; chart 1) with most

patients were in their seventh decade (23.85%). The most common site for biopsy was stomach following esophagus, duodenum and rectum respectively (Table 2; chart 2). The most common biopsy finding was benign ulcers (46.78%), followed by adenocarcinoma (35.77%). Inflammatory bowel disease (IBD), tuberculosis, Barrett's esophagus were among the others (Table; chart 3).

Table 1 Age distribution of the patients

Age distribution-yrs	Number	Percentage
<20	1	0.9
20-29	8	7.35
30-39	16	14.68
40-49	22	20.19
50-59	24	22.03
60-69	26	23.85
≥70	12	11
Total	109	100



*Corresponding author: **Sujoy Sarkar**

Department of Medicine, Calcutta National Medical College & Hospital, Kolkata, 700014

Table 2 Biopsy site

Esophagus	16	14.67
Stomach	64	58.72
Duodenum	10	9.18
Caecum	4	3.67
Descending colon	3	2.75
Sigmoid colon	2	1.83
Rectum	10	9.18
Total	109	100

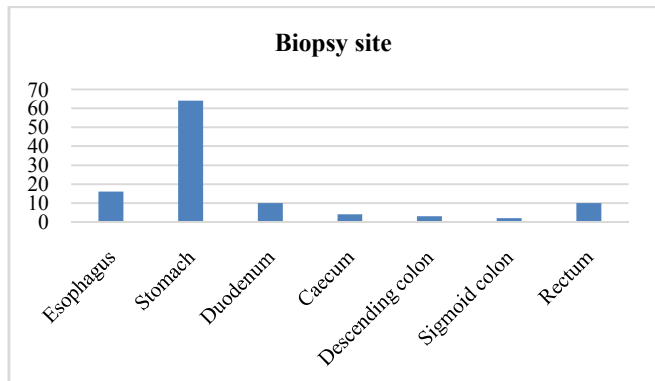
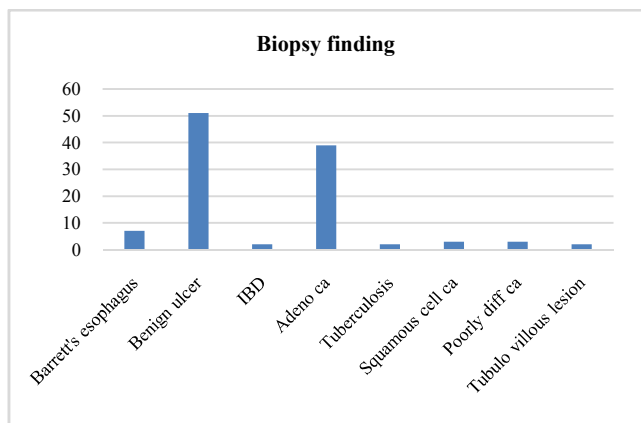


Table 3 Biopsy findings

Findings	Number	Percentage
Barrett's esophagus	7	6.43
Benign ulcer	51	46.79
IBD	2	1.83
Adeno carcinoma	39	35.79
Tuberculosis	2	1.83
Squamous cell carcinoma	3	2.75
Poorly differentiated carcinoma	3	2.75
Tubulo villous lesion	2	1.83
Total	109	100



DISCUSSION

Gastrointestinal tract related complaints are very common in daily practice. These complaints can be due to benign conditions like benign ulcers, tuberculosis, IBD or due to malignant lesions. Barrett's esophagus is associated with esophageal adenocarcinoma. There is 20 times increased risk of transforming it to malignant lesion⁵. One study in United States found the prevalence of Barrett's esophagus to be 6.8% which is similar to our study⁶. Endoscopy, biopsy and histopathological examination are essential for the proper diagnosis which leads to appropriate treatment of various diseases of the gastrointestinal tract and betterment of public health.

CONCLUSION

Our study is a hospital based retrospective study, so, it has pitfalls like small sample size, selection bias, but it shows that biopsy is an important tool to diagnose both benign and malignant lesion which is determinant of future course of management for the betterment of patient.

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