

DESCRIPTIVE ANALYSIS OF UPPER AND LOWER GASTROINTESTINAL ENDOSCOPY Previandes IN A PEDIATRIC HOSPITAL OF COLOMBIA

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Objective:

To describe medical indications and endoscopic findings more frequently in a pediatric population attending at Clínica del Niño PREVIANDES between January 1998 and December 2007.

Patients and method:

We reviewed the reports of upper and lower gastrointestinal endoscopies performed between January 1998 and December 2007; including 1521 upper endoscopy (654 males and 867 females) and 219 lower endoscopy (110 males and 109 females). Registrations were evaluated according to gender, age group, type of anesthesia, clinical indication, findings and type of procedure.

Results:

The age group with greater indication of endoscopies was adolescents (47.3%), followed by children in 25.2%. The majority of lower endoscopy were taken from toddlers (38.36%) and children in 41.55%.

Of the total of 1521 esophagogastroduodenoscopy (EGD) the majority were indicated by acid peptic disease (29.34%), in second place was recurrent abdominal pain, followed by upper gastrointestinal bleeding (Table N° 1).

Table No. 1. Indications in 1521 upper gastrointestinal endoscopies.

INDICATIONS	n	%
Peptic acid disease	446	29.3
Recurrent abdominal pain	281	18.5
Upper gastrointestinal bleeding	158	10.4
Portal hypertension	115	7.5
Esophagitis	110	7.2
Malabsorption syndrome	99	6.5
Foreign body ingestion	78	5.1
Caustic ingestion	56	3.7
Others	178	11.8
TOTAL	1521	100

The lower endoscopies were indicated in 81.21% by lower gastrointestinal bleeding, followed by suspicion of inflammatory bowel disease and rectal polyps (Figure N°1).

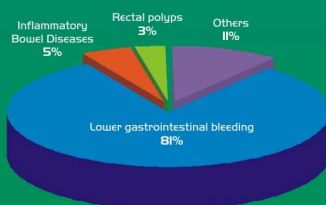


Figure No. 1. Indications in 219 lower gastrointestinal endoscopies.

In 43.9% of upper endoscopies the findings were gastritis and 25.7% were normal (Table N° 2).

Table No. 2. Findings in 1521 upper gastrointestinal endoscopies

FINDINGS	n	%
Gastritis *	667	43.9
Normal	392	25.7
Esophageal varices	115	7.5
Esophagitis	98	6.4
Foreign body	47	3.1
Esophageal structure	34	2.2
Ulcer (gastric and duodenal)*	22	1.5
Duodenitis	20	1.3
Others	126	8.4
TOTAL	1521	100

* Ratio gastritis/ulcer is 30/1

For 42.92% of the lower endoscopies, the findings were rectal polyps and 32.88% were normal (Figure N°2).

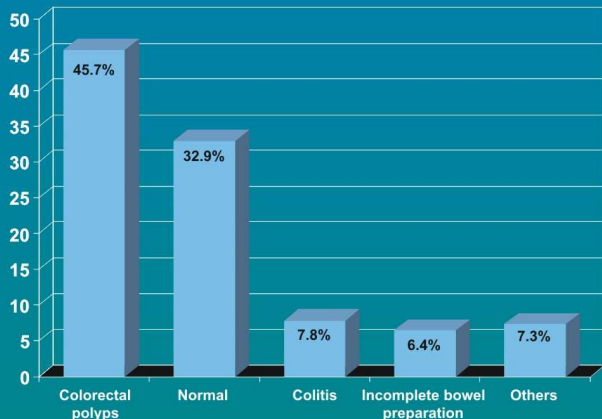


Figure No. 2. Findings in 1521 lower gastrointestinal endoscopies.

From 11.91% of the upper endoscopies were therapeutics (sclerotherapy of esophageal varices) and 44.75% of the colonoscopies were therapeutic for polypectomy (Figure N°3).

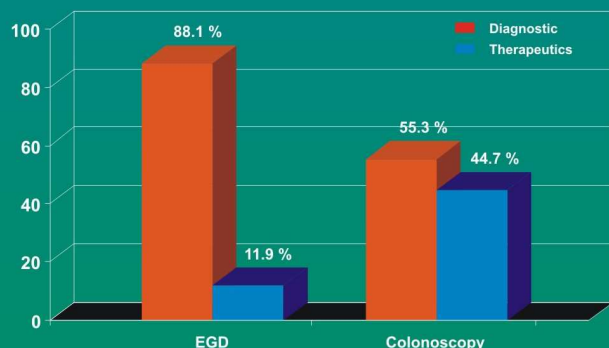


Figure No. 3. Distribution of the upper and lower endoscopies procedures.

All of the patients received pharyngeal anesthesia according to protocol of the upper endoscopy in our hospital. Beside, some of the received general anesthesia (46%), sedation with midazolam (14%) and 40% of the patients received only pharyngeal anesthesia. Almost all the lower endoscopies were performed under general anesthesia (97.3%).

There were just two complications with the upper endoscopies; pulmonary edema and upper gastrointestinal bleeding but the lower procedures were not presented complications.

Conclusion:

This review revealed the major endoscopic findings in the population of our hospital and it could have an application to the local epidemiology. The digestive endoscopic procedures are more frequently indicated in toddler, children and adolescent, but infrequent in infant. The pediatric gastrointestinal endoscopy are safe and useful as a diagnostic and therapeutic tool.