

Abstract

TITLE: Spectrum of endoscopic findings in patients with symptoms related to gastroesophageal reflux disease (GERD) in Argentina: Nationwide Epidemiological Study.

AUTHORS (LAST NAME, FIRST NAME): Olmos, Jorge A.¹; Ramos, Rosa I.²; Argonz, Julio³; Lozzi, Rubén D.⁴; Higa, Roberto⁴; Gadea, Oscar⁴; Perretta, Claudio⁵; Caro, Luis E.⁶; Cerisoli, Cecilio L.⁶; Landoni, Nestor A.⁷; Salis, Graciela²

INSTITUTIONS (ALL): 1. Servicio de Gastroenterología, Hospital de Clínicas General San Martín, Buenos Aires, Argentina.

2. Universidad del Salvador, Buenos Aires, Argentina.

3. Hospital de Gastroenterología Bonorino Udaondo, Buenos Aires, Argentina.

4. Clínica Colón, Mar del Plata, Buenos Aires, Argentina.

5. Laboratorio Roemmers, Buenos Aires, Argentina.

6. GEDYT Center, Buenos Aires, Argentina.

7. Hospital General San Martín, La Plata, Buenos Aires, Argentina.

ABSTRACT BODY: Introduction: GERD is classified by endoscopy in non-erosive reflux disease (NERD), erosive esophagitis (EE) and Barrett esophagus (BE). There are no published nationwide epidemiological studies in Latin America regarding endoscopic findings of patients with GERD symptoms. Aim: 1) Estimate the prevalence of NERD, EE and BE in patients with GERD symptoms, in Argentina. 2) Evaluate the association of endoscopic findings with clinical characteristics and the impact in health related quality of life. Methods: Were included patients from 14 geographical areas of Argentina, of both sex between 18-65 years of age with typical symptoms of GERD (at least 2 times a week). Exclusion criteria were patients on H2RA or PPI treatment between 1 month prior to the study, gastric surgery and AIDS. All of the patients underwent endoscopic studies. The endoscopic findings of EE were classified by Los Angeles (LA) classification. BE patients were classified by Praga classification. The following clinical characteristics were evaluated: age, sex, smoking, BMI, alcohol, coffee and yerba-mate consumption and the presence of hiatal hernia. All patients were asked to complete a symptom questionnaire and a health related quality of life questionnaire (Velanovich specific test). Prevalence was estimated by IC 95% for each group. Univariate analysis and multi factor analysis by Cumulative Logistic Model (analysis for order category) were used to evaluate the association of endoscopic findings with clinical characteristics and health related quality of life (HRQL). Results: 397 patients (mean age 46±15 years, male 41%, female:59%) were included. The prevalence of NERD was 60.2% (IC: 55,2-65,5%), EE 35.5% (IC:30,8-40,5%), (LA:A: 47%; LA:B: 33%; LA:C: 14%; LA:D: 6%). BE was observed in 4.3% of the population studied, 71% were long and 29% short Barrett's esophagus, the inflammatory component was found in 53%. The findings of circumferential, tongues and mixed patterns of BE were 24%, 35% and 41% respectively. The predictive model to analyze the association between clinical characteristics and endoscopic findings used a discriminate capacity of 70-80 measured by an AUC=0.77. The clinical variables associated with severe mucosal injury (BE>EE>NERD) were age (OR 1.3), male sex (OR 4.9), BMI>25 (OR 1.9) and nocturnal symptoms (OR 2.5). No association was found between HRQL and endoscopic findings. Conclusions: 1) the prevalence of endoscopic findings in GERD patients from Argentina is comparable to developed countries data. 2) overweight/obesity, older age, male sex and nocturnal symptoms were the most potent predictor of endoscopic severity. 3) HRQL is similar in all groups.