

ESOPHAGEAL AND GASTRIC BIOPSIES IN SYMPTOMATIC CHILDREN AND ADOLESCENTS: SHOULD BOTH BE PERFORMED?

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Background Gastroesophageal reflux disease (GERD) is a common clinical problem, usually expressed by a wide spectrum of symptoms, that can be mistaken by other conditions.

Aim This study investigated the relationship between the histological diagnosis of esophagitis and gastritis in children and adolescents with GERD and/or dyspepsia.

Methods Records of 366 patients submitted to endoscopic biopsies were reviewed. Two groups were analyzed: G1 n=258 with esophageal and gastric biopsies, G2 n=108 with gastric biopsies only.

Results For total subjects median age (range) was 8.5y (2mo-19.9y). *Hp* frequency was 30.6%, median age 12.5y for *Hp* infected and 5.5y for uninfected children. Histological esophagitis was found in 216/258 (83.7%) and gastritis in 95/258 (36.8%) of G1. Both biopsies were normal in 13.6% cases. Normal gastric biopsies were associated with esophagitis in 128/163 (78.5%) of G1, but gastritis was associated with normal esophageal biopsies in only 7/95 (7.4%) ($p<.001$). Histological gastritis was found in 80/108 (74.1%) of G2 patients. Most esophageal, but less than half of gastric biopsies were abnormal and epigastric pain was more frequently associated to abnormal esophageal than to abnormal gastric biopsies.

Conclusion The present results highlight the value of multiple endoscopic biopsies of the upper digestive tract to find out the site of mucosal injury and to better understand the relationships between symptoms and morphological lesions.

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