Dyspepsia

Dyspepsia is a collective term for various **digestive problems**, which occur mainly in diseases of the gastrointestinal tract. These include a feeling of fullness in the abdomen, flatulence, nausea, vomiting, diarrhea or constipation.

Dyspepsia can be divided according to a number of criteria, **according to the cause** we distinguish dyspepsia **functional**, **organic** and **secondary**. Functional dyspepsia can be divided into **upper functional dyspepsia** and **lower functional dyspepsia**.

Upper functional dyspepsia

Upper functional dyspepsia manifests as pain or discomfort in the epigastrium, usually associated with food intake, lasting more than a month, with symptoms present for more than 25% of this time, and no clinical, biochemical, endoscopic or other signs of organic disease.

Etiology

- Apparently generalized autonomic disorder (motility disorders on different levels of the gastrointestinal tract, visceral hypersensitivity), the unclear role of Helicobacter pylori, psychosocial factors (stress, anxiety, psychotrauma) are of great importance.

Clinical Manifestation

1. **Ulcer-like dyspepsia** – pain in the epigastrium as the predominant symptom.
2. **Dysmotility-like dyspepsia** – feelings of fullness and pressure in the epigastrium, feelings of early satiety, indigestion, nausea.

- The triggering mechanism can be a stressful situation, sometimes dependent on food intake or other specific activities.
- Patients often report current muscle pain, headache, irritable bladder, sleep disorders and depression.
- Pain outside the middle line (possibly with specific propagation) and problems at night testify to the functionality of the problem.

Alarming signs of the organicity of the problem

1. signs of gastrointestinal bleeding (anemia, overt bleeding),
2. dysphagia,
3. persistent vomiting,
4. weight loss,
5. palpation finding on the abdomen,
6. lymphadenopathy,

- the risk factor is age over 45 years (stomach cancer).

Diagnosis

1. Per exclusion (after elimination of organic disease – VCHGD, GER, cholelithiasis, chronic pancreatitis, pancreatic cancer).
2. Anamnesis, physical examination, laboratory, imaging methods:
    1. blood count + diff, FW, mineralogram, urine analysis + sediment, amylase, renal function,
    2. abdominal USG
3. In the presence of an alarming symptom, gastroscopy is performed.

Treatment

- The basis is patient's education about the assurance that it is a benign disease, up to 80% respond to placebo, can be supplemented with psychotherapy, regimen measures are necessary (diet, do not smoke, do not drink alcohol, do not use ulcerogenic drugs,...)

1. ulcer-like dyspepsia – a treatment trial with omeprazole or H2 blockers,
2. dysmotility-like dyspepsia – prokinetic (metoclopramide, domperidone, cisapride).

- In case of non-response to this therapy, an upper endoscopy is performed:
    - HP proof → eradication treatment,
    - if the organic origin of the problem won't be proved → continuation of symptomatic treatment incl. antidepressant.

Lower functional dyspepsia

Lower functional dyspepsia is also referred to as **irritable bowel syndrome**. This is pain or discomfort lasting at least 12 weeks from the previous year, which:

1. they alleviate or disappear after defecation;
2. are associated with a change in the frequency and / or character of the faeces.

- The diagnosis of irritable bowel syndrome is further supported by feelings of urgency on the stool, a feeling of imperfect emptying, mucus passage, bloating and distension of the abdomen, the patients usually do not wake up from sleep.
- The etiopathogenesis is the same as in upper functional dyspepsia.

Clinical picture

- Abdominal pain and discomfort, constipation, diarrhea, feeling empty.
- Alarming symptoms and risk factors are: 1. age over 50 (colorectal cancer), 2. temperature, 3. weight loss, 4. blood or pus in the stool, 5. steatorhea, 6. dehydration.

Diagnostics

- Per exclusion (exclude colorectal cancer, diverticular colorectal disease, IBD (Inflammatory Bowel Disease), intestinal infections).
- Anamnesis, physical examination, laboratory examination (as in upper dyspepsia) + stool examination (OK, cultivation, parasitology), imaging techniques (ultrasound).
- Colonoscopy is not indicated, but it has a positive effect in terms of reassuring the cancerophobic patient.

Therapy

1. In case of diarrhea dominance - test with exclusion of lactose in the diet, antidiarrheals, addition of soluble fiber.
2. When constipation dominates - regime measures (sufficient hydration, soluble fiber, defecation stereotypes), sometimes it is necessary to administer laxatives.
3. Painful symptomatology - antispasmodics (pinaverin...).

- The use of antidiarrheals and laxatives should be carefully considered and possible side effects monitored.

Kategorie:Vložené články Kategorie:Gastroenterologie Kategorie:Chirurgie Kategorie:Vnitřní lékařství

Links

Used literature

- Maxdorf. *Great Medical Dictionary : Coombs murmur* [online]. Maxdorf, [cit. 2016-02-26]. <http://lekarske.slovniky.cz/pojem/dyspepsie>.

Source

- PASTOR, John. *Langenbeck's medical web page* [online]. [cit. 2010]. <https://langenbeck.webs.com/>.