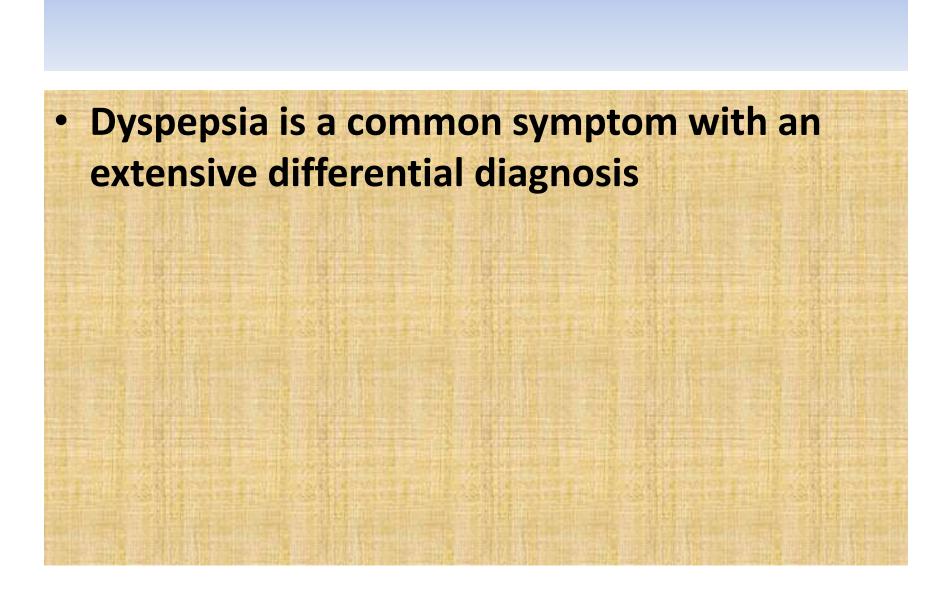
# Approach to the adult with dyspepsia



# Dyspepsia

postprandial fullness, early satiation epigastric pain

#### **ETIOLOGY**

organic cause

 functional (idiopathic or nonulcer) dyspepsia with no underlying cause on diagnostic evaluation

# Dyspepsia secondary to organic disease

- Peptic ulcer disease
- Gastroesophageal malignancy
- Biliary pain
- Drug-induced dyspepsia
- Other causes

#### Other causes

- Celiac disease
- chronic pancreatitis
- infiltrative diseases of the stomach (eg, eosinophilic gastroenteritis, Crohn disease, sarcoidosis, lymphoma, and amyloidosis), diabetic radiculopathy
- metabolic disturbances (eg, hypercalcemia, heavy metal toxicity)
- hepatoma, steatohepatitis, celiac artery compression syndrome, superior mesenteric artery syndrome, abdominal wall pain
- and intestinal angina

#### Drug-induced dyspepsia

- NSAIDs and COX-2 selective inhibitors
- calcium channel blockers
- methylxanthines
- <u>alendronate</u>, <u>orlistat</u>, potassium supplements, <u>acarbose</u>, dabigatran
- , iron, vitamin D, selective serotonin reuptake inhibitors,
- <u>sildenafil</u>, sulfonylureas, and certain antibiotics, including <u>erythromycin</u>

# Functional dyspepsia

- Functional (idiopathic or nonulcer) dyspepsia requires exclusion of other organic causes of dyspepsia.
- It is defined by the presence of one or more of the following:
- postprandial fullness, early satiation, epigastric pain, or burning, and no evidence of structural disease to explain the symptoms

#### INITIAL EVALUATION

- History: RO:gastroesophageal reflux disease (GERD and IBS.
- The goal of the initial evaluation is to identify alarm features for gastroesophageal malignancy

RO:symptomatic cholelithiasis

# Alarm features in dyspepsia

- Unintentional weight loss
- Dysphagia
- Odynophagia
- Unexplained iron deficiency anemia
- Persistent vomiting
- Palpable mass or lymphadenopathy
- Family history of upper gastrointestinal cancer

# Physical examination

 The physical examination in patients with dyspepsia is usually normal, except for epigastric tenderness

RO:other diseases

Carnett sign

# Laboratory tests

- Routine blood counts and blood chemistry liver function tests
- serum lipase, and amylase
- should be performed to identify patients with alarm features (eg, iron deficiency anemia) and underlying metabolic diseases that can cause dyspepsia (eg, diabetes, hypercalcemia)

 An approach to the evaluation of a patient with dyspepsia is outlined in the algorithm

