

Upper gastrointestinal mucosal lesions in dyspeptic patients with homozygous sickle cell disease in Kenya.

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Abstract:

A case controlled study comprising 51 patients with homozygous sickle cell (HbSS) disease who complained of dyspepsia and 41 age and sex matched non-HbSS control dyspeptic patients was carried out, to look at upper gastrointestinal mucosal lesions associated with dyspepsia. Upper gastrointestinal tract (UGIT) endoscopy was performed with gastric control biopsy taken for histology. Thirty two (62.3%) of the HbSS or sickle cell anaemia (SCA) patients had upper gastrointestinal pathology at endoscopy as compared to 17 (41.5%) of controls. The difference was significant at $p = 0.042$. Bile reflux (47%) was the predominant abnormal morphological finding in SCA patients while duodenal ulcer was the most common morphological finding in dyspeptic controls. The prevalence of duodenal ulcer in controls (22%) though higher than in SCA patients (9.8%), was not statistically significant $p = 0.18$. Gastric ulcer was not found in SCA patients. Duodenal ulcer was commoner in males than females in both cases and controls with a ratio of 4:1 and 3.5:1 respectively. Only four (7.8%) SCA patients and one (2.4%) of controls had normal mucosa at histology, the rest had evidence of histological gastritis. We could not draw any correlation between non-steroidal anti-inflammatory drugs (NSAIDs) use and UGIT findings. Since the proportion of SCA cases with UGIT abnormalities was significantly high, we recommend that dyspeptic SCA patients undergo UGIT investigations including endoscopy to maximise their clinical care.