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Characteristics Of Dyspepsia Patients Undergoing Endoscopy At Ibnu Sina Hospital Makassar

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Article Info **ABSTRACT** Keywords: Background: according to the world health organization (who) that Patients With Dyspepsia indonesia ranks 3rd with the highest number of dyspepsia sufferers Symptoms, after america and england with 450 dyspepsia sufferers. According to Characteristics Of Endoscopy the 2017 health data profile, dyspepsia is included in the top ten Results inpatient diseases.objective: to determine the characteristics of dyspepsia patients undergoing endoscopy at the ibnu sina hospital makassar. Research methods: the research design used was descriptive research with a cross sectional approach using secondary data at the medical record installation at ibnu sina hospital, makassar. Research result: of the 85 samples in the study, most were in the middle age of 45-54 years, namely 58 patients (68.2%), in the area of origin the highest was the province of south sulawesi, namely 80 patients (94%), the most gender was female, namely 38 patients (44.7%), the highest complaints were complaints (cough, tightness, and chest pain) namely 85 patients (100%), the largest laboratory results were laboratory results (hemoglobin, urea, sgot and sgpt) namely 80 patients (80%), the most common indication for endoscopy was chronic dyspepsia, namely 72 patients (84.7%), the most clinical diagnosis was functional dyspepsia, namely 32 patients (37%), the most endoscopy diagnosis was erosive gastritis, namely 38 patients (100%). Conclusion: characteristics of patients with dyspepsia symptoms undergoing endoscopy at ibn sina hospital makassar, namely middle age, female sex, complaints of heartburn, endoscopy indications for chronic dyspepsia, clinical diagnosis of functional dyspepsia, and endoscopy diagnosis of erosive gastritis. This is an open access article Corresponding Author: under the CC BY-NClicense Muh Anugrah Ramadhan fakultas Kedokteran Universitas Muslim Indonesia O (S)

INTRODUCTION

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Dyspelpsia is a feeling of pain or discomfort in the heart. Dyspelpsia includes a collection of clinical symptoms consisting of discomfort or excruciating pain or recurrence of pain in the upper part of the stomach. Complaints of the clinical symptoms of vaginal ulcers are sometimes accompanied by a burning sensation in the chest and ulcers, a feeling of feeling full, anorexia, vomiting, regurgitation, and a lot of acid gas release from the ulcer. Dyspelpsia



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can be affected by several factors, including increased stomach acid secretion, dietary and environmental factors, as well as psychological factors.

According to data from the world health organization (who), indonesia has reached the 3rd category with the highest number of dyspepsia cases in the united states and the united kingdom at 450 cases of dyspelpsia inpatient illness. Diagnosing dyspelpsia is carried out by carrying out anamnelsis, physical examination and support. In the anamnelsis, pain can be found, including a feeling of tiredness in the pelvic pain, faster fullness, epigastric pain, and a feeling of burning in the arela. Elpigastriulm. In order to prevent the cause of dyspelpsia, additional examinations are needed that can show the structure of the stomach and duodenum. One of the reliable modalities is endoscopy. Elendoscopy can be used to see abnormalities in the structure of gastel cells so that the diagnosis and classification of dyspelpsia can be finalized.

From the results of elndoscopy that was carried out on 550 dyspeptic patients in several centers in indonesia between january 2003 and april 2014, there were 44.7% of cases with minimal gastritis and dulodelnitis; 6.5 ullcelr gastric cases and 8.2% normal cases. In indonesia, data on the prevalence of hp infection in chronic gastric disorders (without a history of using non-steroidal anti-inflammatory drugs (nsaids)) varies between 90 and 100% and the prevalence of functional dyspepsia patients is 20-40% with various diagnostic methods (cellarological examination, clinical examination r and histopathology). Based on the description above, the author is interested in carrying out the examination of the back. Description of the results of elndoscopy in patients with symptoms of dyspepsia at ibnul sina hospital, makassar.

METHOD

The type of research used is descriptive research using cross-sectional research using cell data at the ibnul sina hospital makassar relkam meldik installation.

RESULTS

Research Characteristics

Table 1. distribution of research characteristics based on ulsia, gender type, regional origin, and sulkul

aria santar		
Age characteristics	Ν	%
Middle age	58	68,2
Elderly	23	27,1
Young old	2	2,4
Old	2	2,4
Gender	Ν	%
Male	37	55.3
Female	38	44.7
Origin	Ν	%
Sulawesi selatan	80	94



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Sulawesi barat	2	2,4
Sulawesi tengah	1	1,2
Dki jakarta	1	1,2
Nusa tenggara timur	1	1,2
Ethnic group	Ν	%
Bugis	51	60.0
Makassar	10	11.8
Toraja	21	24.7
Jawa	1	1.2
Bali	1	1.2
Ambon	1	1.2

Based on table 1 above, it can be seen that from the 85 patient samples there were 58 middle aged elderly patients aged 45-54 years (68.2%), and 23 elderly patients (elderly) aged 55-65 years (27.1%), 2 patients mulda elderly aged 66-74 years (2.4%) and 2 elderly patients aged 75-60 years (2.4%). In the highest gender gender variable, 38 patients were male gender (44.7%) and the lowest was 37 male gender gender variables (55.3%).

In terms of variable origin, the highest area is in sullawelsi sellatan selbelsar province with 80 samples (94%) and the lowest is in sullawelsi telngah, dki jakarta, and nulsa telnggara timulr each with 1 sample (1.2%). In sulcul variables, the highest was 51 samples in bulgis sulkul (60.0%), while the lowest was 10 samples in makassar sulkul (11.8%).

Table 2. distribution of research characteristics based on symptoms, indications for endoscopy and clinical diagnosis

endoscopy and clinical diagnosis			
Complaint	Ν	%	
Heartburn pain	79	92	
Nauseous	58	68.2	
Vomiting	5	5.9	
Heartburn	6	7.1	
Sendawa	71	83.5	
Batuk	85	100	
Sesac	85	100	
Chest pain	85	100	
Endoscopy indications	Ν	%	
Dispepsia kronis	72	84,7	
Gerd	7	8,2	
Gastrointestinal bleeding	4	5,9	
Post op gastrotomi	1	1,2	
Clinical diagnosis	Ν	%	
Dispepsia organik	26	30.6	
Gastritis kronis	9	10,6	
Gerd	6	7.1	
Gastropati obat	10	11.8	



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Complaint	N	%
Gastroparese	2	2.4
Dispepsia fungsional	32	37,7

Based on table 2, the highest patient complaint variable was 79 patients with complaints of heartburn (92.9%), who did not feel heartburn, 6 patients (7.1%), who complained of nausea, there were 58 patients (68.2%), who did not feel nausea, there were 27 patients (31.8%), 5 patients (5.9%) complained of vomiting, 80 patients (94.1%) did not experience vomiting, 6 patients (7.1%) complained of heartburn and 79 patients (92.9) did not experience heartburn complaints. 71 patients (83.5%) experienced belching complaints, and 14 patients (16.5%) did not experience belching complaints. Patients complained of shortness of cough and chest pain.

Above it can also be seen that 85 patient samples had the highest endoscopy indication variable, namely chronic dyspepsia, 72 samples (84.7%) and the lowest was medicinal gastropathy, 1 sample (1.2%). The highest clinical diagnosis variable was functional dyspepsia, 32 samples (37.7%) and the lowest was chronic gastritis, 2 samples (2.4%).

Table 3. distribution of characteristics of research subjects based on endoscopic diagnosis

Endoscopic diagnosis		%
Gastritis superficial	11	13
Anastomosis antrum jejenum	1	1.2
Gerd	28	31,8
Gastric ulcer	1	1.2
Refleks bilier	1	1.2
Antral gatritis verikosa grade 2	1	1.2
Gastritis erosif	38	45,6
Polip sessile gaster	4	4,8

Based on table 3, the highest endoscopic diagnosis variable was erosive gastritis at 38 samples (45.6%) and the lowest was anastomosis of the antrum jejunum, gastric ulcer, biliary reflex and antral gastritis vericosa grade 2 each at 1 sample (1.2%).

Discussion

In the distribution of patients based on age, there were 58 middle age patients aged 45-54 years (68.2%), 23 elderly patients aged 55-65 years (27.1%), 2 young old patients aged 66 -74 years (2.4%) and 2 elderly patients aged 75-60 years (2.4%). In line with the results of research by tri (2020), the majority were 45-60 years old (46.2%). In patients between the ages of 45 and 60 years, it is apparent that dyspeptic symptoms are generally accompanied by macroscopically limited lesions of the gastric mucosa.

The regional origin variable was highest in the city of makassar with 32 samples (37.6) and the lowest was in soppeng, jeneponto, palu, jakarta and bulukumba with 1 sample each (1.2%). Based on the gender variable, the highest 38 patients were female (44.7%) and the lowest 37 patients were male (55.3%). This is in line with evaline's



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research (2022). Women were more often found in patients suffering from dyspepsia, 154 people (72.0%) compared to patients who did not suffer from dyspepsia, 99 people (60.4%). Male gender was more common in patients who did not suffer from dyspepsia, 65 people (39.6%) compared to those who suffered from dyspepsia, 60 people (28.0%).

Women are more at risk of developing dyspepsia. This is because women are afraid of getting fat so they often diet too strictly, eat irregularly, besides that women are more emotional than men, so that when they face a problem or a burden on their minds they tend to drag on, this will cause stomach acid production to increase. However, it turns out there are other things that also influence the work of the gastrin hormone, namely gender. Women's hormonal factors are more reactive than men's.

In the ethnic variable, the highest was 51 samples from the bugis tribe (60.0%), while the lowest was 10 samples from the makassar tribe (11.8%). Gontar's (2014) research did not show specific results based on ethnicity carried out in this study, but based on the results it was found that the majority of ethnic groups were in batak with 23 patients (52.27%), then aceh with 5 patients (11.36%) and the lowest was the jevanese tribe. 16 patients (36.26%).

The highest patient fatigue variable was 79 patients with heartburn (92.9%), 6 patients (7.1%) who did not feel heartburn, 58 patients (68.2%) who did not feel heartburn, 27 patients (31, 8%), vomiting occurred in 5 patients (5.9%), and 80 patients did not experience vomiting (94.1%), 6 patients (7.1%) did not experience vomiting and 79 patients (92.9) did not experience vomiting. 71 people (83.5%) experienced this, and 14 patients (16.5%) did not experience pain, heartburn was experienced by the patient. This is in line with the research of ricky c tarigan (2019), the majority of complaints felt by patients during self-examination were heartburn which was found in 19 patients (33.3%). Meanwhile, as many as 14 (24.6%) gerd patients experienced a feeling of burning in the chest (healtbulrn), 9 patients (15.8%) suffered from heartburn, 8 patients suffered from vomiting (14.0%), 3 patients suffered from stomach ulcers. Relapse (5.3%), and 4 patients did not have primary relapse (7.0%). The main symptom that is typically found in gerd patients is the sensation of burning chest cells (healtbulrn). This symptom is often complained of by patients and occurs at night because there has been less activity at night and the sleeping position. Meanwhile, other symptoms that are not typical for gerd such as nausea, vomiting and relapses were also found in patients in this study.

In terms of the highest variable indication for elndoscopy, namely chronic dyspelpsia, 72 patients (84.7%). There were only 20 patients with functional dyspelpsia. In the distribution of variable patients, the highest clinical diagnosis was functional dyspelpsia among 32 samples (37.7%). This is in line with the results of research by pultra wibawa (2015) that the types of dyspelpsia have been divided into organic and functional where patients with organic dyspelpsia dominate with 92.3% of the cells, while there are only 20 patients with functional dyspelpsia.3

The highest variable elndoscopic diagnosis of elrosive gastritis was 38 samples (45.6%). In line with the results of research by monalisa (2018) it was stated that indonesia suffers from ulcers due to upper gastrointestinal bleeding caused by 25-30% elrosive



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gastritis, 10.15% peptic ulcers., and gastroelrophageal varicella 50-60%. (20) in addition, in the agulng children's study (2020), it was found that the most common presentation was gastritis with 40% of the total telmulan, followed by hiatal varicella (13%), gastelular ulculus (8, 1%), and normal structural features (7.7%). A small number of symptoms were found with only 2 patients with symptoms of cellulitis, namely candidiasis, dulodelnitis, elsophaguls ulcer and elsophaguls ulcer.

Based on this research, we propose recommendations, namely the need to improve elndoscopy services in the city of makassar to detect early abnormalities that are more common in patients with dyspelpsia and also in this research, data has been obtained regarding hellicobactelr pylori infection in patients with dyspelpsia even though they are tired hellicobactelr pylori is very important in the occurrence of organic abnormalities in the upper gastrointestinal tract is therefore why we recommend routine hellicobactelr pylori examinations in dyspelpsia patients who undergo elndoscopy and the results are recorded closely.

CONCLUSSIONS

Based on the comprehensive analysis of the research findings, several significant patterns emerge regarding the distribution of patients suffering from dyspepsia. The study reveals a predominant presence of middle-aged patients, particularly between 45 and 60 years old, who exhibit dyspeptic symptoms alongside limited lesions of the gastric mucosa. This aligns with existing research highlighting the correlation between age and dyspepsia, emphasizing the importance of age-specific diagnostic and management strategies. In conclusion, this research underscores the complex interplay of demographic, clinical, and diagnostic factors influencing the prevalence and management of dyspepsia. By integrating these insights into clinical practice, healthcare providers can adopt a more targeted and effective approach towards the diagnosis, treatment, and prevention of dyspeptic disorders, ultimately enhancing patient outcomes and quality of life.

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