

June 25-26, 2018 | Dublin, Ireland

J Gastroenterol Dig Dis 2018, Volume 3

CLINICAL FEATURES OF GASTRIC OUTLET OBSTRUCTION IN KIGALI, RWANDA

P Kamali and E Kabuyaya S Benson

Centre Hospitalier University, Rwanda

Background: In developed countries, the main cause of Gastric Outlet Obstruction (GOO) is malignancy. However, the benign causes continue to be the major cause of GOO in the developing world, but there is growing evidence proving the contrary. There is no data of GOO from Rwanda.

Aims: A retrospective analysis of the endoscopic findings of patients presenting with features of GOO to determine the demographic and etiological patterns.

Materials & Methods: A retrospective study of the endoscopic findings of patients with GOO from January 2013 to January 2015 was done. The diagnosis of GOO was based on clinical presentation, and an inability during the upper endoscopy to enter the second portion of the duodenum as documented in the endoscopy registers. Patients who have already been diagnosed with malignancy prior to the endoscopy were excluded from the study; so were the patients with gastroparesis.

Results: A total of 250 patients with GOO underwent the endoscopy during the study period. 180 were had benign GOO, while malignancy was present in 30 patients, others were with different findings. The causes for benign obstruction were predominantly peptic ulcer disease. The major cause for malignant obstruction was carcinoma of stomach involving the distal stomach. The male to female ratio was 3.2:1. The patients with malignancy were older than patients with benign disorders. Most of the patients were in the fifth and sixth decade. The risk of malignancy was higher with increasing age, especially in women. A third of all carcinoma stomach presented with GOO.

Conclusion: The study demonstrates that the cause for GOO in Kigali, Rwanda is predominantly benign.

pakamali@yahoo.fr

