

The approach to unintentional weight loss and the yield of endoscopic investigation

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Background: Unintentional weight loss (UWL) is defined as a loss of 5–10% of body weight over a period of 6–12 months. Previous studies have shown that UWL is associated with mortality rates ranging between 9 and 38% in elderly adults. The differential diagnosis of the underlying diseases leading to UWL is broad and includes both malignant and benign gastrointestinal (GI) diseases, as well as endocrine, infectious, cardiopulmonary, and psychiatric disorders. GI disorders are commonly associated with UWL, with gastric and colon cancer, celiac disease, peptic ulcers, and inflammatory bowel diseases being the leading causes. The investigation of UWL includes medical history, physical examination, laboratory (CBC, chemistry, TSH), abdominal imaging and endoscopy. In the present study, our aim was to assess the yield of endoscopic evaluation in isolated unintentional weight loss (UWL) patients compared with patients with weight loss and additional symptoms or signs.

Patients & Methods: A retrospective review of all patients who underwent an endoscopic evaluation for the investigation of UWL at Soroka University Medical Center between 2006 and 2012. Data on clinical indication, endoscopic, and laboratory finding were retrieved. Severe inflammation, ulcers, achalasia, and neoplasias were considered clinically significant endoscopic findings (CSEF) that could explain weight loss. Detection rates of CSEF were compared between endoscopic studies for which UWL was the sole indication (group 1) and those performed for UWL and at least one other indication (group 2).

Results: During the study period, 1843 patients with UWL were evaluated with 2098 endoscopic procedures. Of these,

1540 underwent esophagogastroduodenoscopy (EGD) and 558 underwent colonoscopy. EGD was performed in 229 (14.8%) patients in group 1 (mean age: 60.9±16.4, 43.3% men), and in 1311 (85.2%) patients in group 2 (mean age: 60.5±18.5, 45% men). Pathological endoscopic findings were identified in 712 (46%) EGDs. Of these, 155 (10%) studies detected significant outcomes: six (3.9%) in group 1 and 149 (96.1%) in group 2. Of the 558 colonoscopies performed, 105 (18.8%) were performed in group 1 (mean age: 61.7±17.5, 43% men) and 453 (82.2%) in group 2 patients (mean age: 62.9±14.6, 49% men). Abnormal findings were found in 190 (33.8%) of the procedures. CSEF were found in 34 (6%) patients: two in group 1 and 32 in group 2.

Conclusion: UWL is a relative common complaint and should be investigated. The investigation should include medical history, physical examination, laboratory, imaging and endoscopy. The diagnostic yield of endoscopy for investigation of patients with UWL is non-negligible, and should be considered as part of its baseline evaluation, especially in older individuals and those who present with other gastrointestinal manifestations.

Speaker Biography

Naim Abu-Freha received his MD from the Tuebingen University, Germany at 2005 before becoming resident at internal medicine and then completed his gastroenterology residency at the Soroka Medical Center at 2014. He received his master degree MHA from Ben-Gurion University, Beer-Sheva, Israel. He researched different topics in gastroenterology/Hepatology and different issues regarding the Bedouin Arab minority in southern Israel. He is one of the founders groups of the Arab Medical Associations in the Negev (AMAN) and the first Chairman of the Associations since 2015.

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