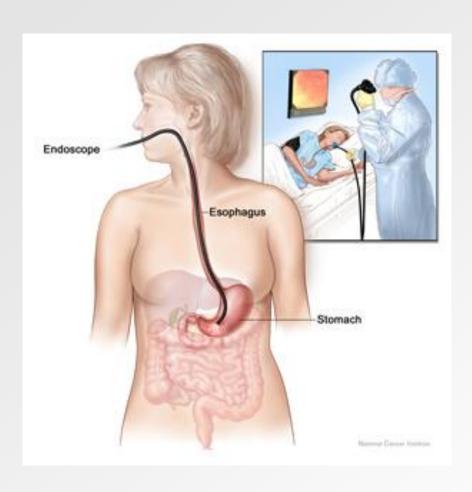
# When To Refer For Gastroscopy?

Alarm Symptoms & Dyspepsia





- \* Useful
- \* Limitations
- \* Invasive
- \* Risk of complications

### \* To assess mucosal lining



**Normal Oesophagus** 



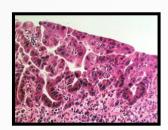


**Barrett's Oesophagus** 

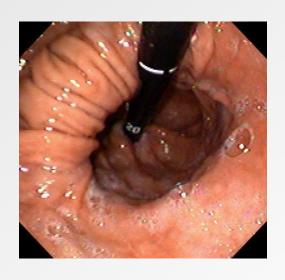


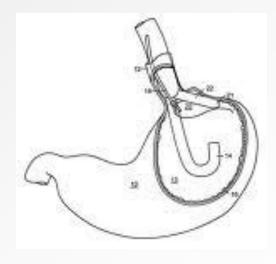


Adenocarcinoma



\* To detect structural abnormalities and indirectly assess function of stomach and oesophagus





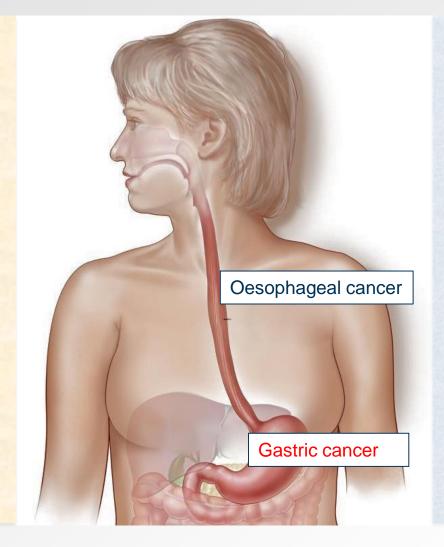
- \* Exclude upper GI malignancy
- \* Barrett's oesophagus surveillance
- \* Diagnose and detect complications of benign disease

e.g. hiatus hernia/reflux oesophagitis/PUD

# Cancer incidence (Global 2002)

8<sup>th</sup> most common, 6<sup>th</sup> cause of death

4<sup>th</sup> most common, 2<sup>nd</sup> cause of death

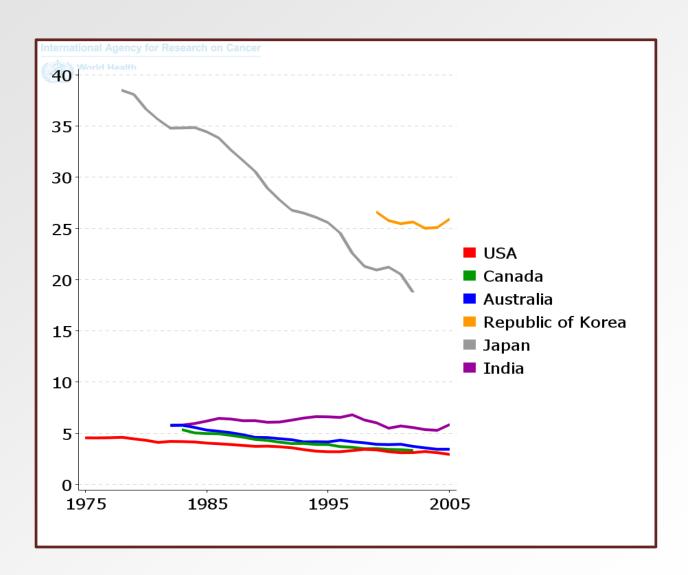


# Cancer incidence (Victoria 2006)

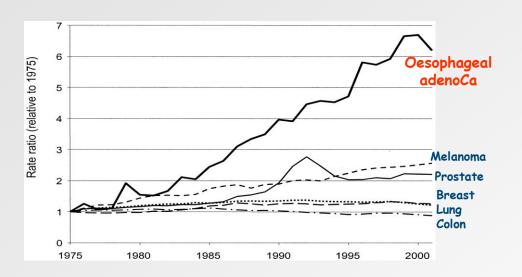
12<sup>th</sup> most common, 309 cases, 310 deaths

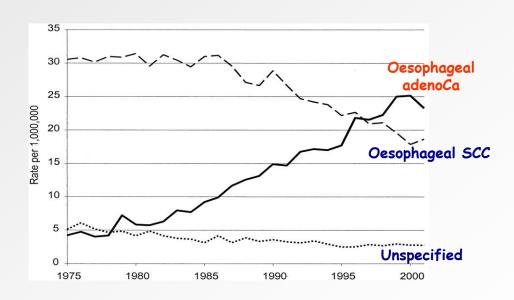
10<sup>th</sup> most common, 554 cases, 337 deaths

# Decrease in incidence of gastric cancer



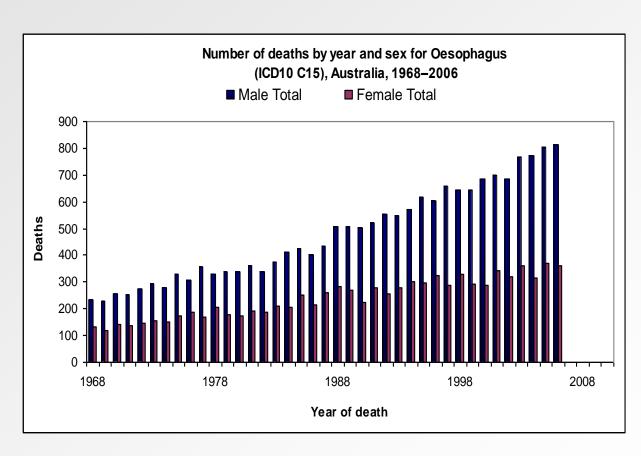
Rapid rise in incidence of oesophageal adenocarcinoma





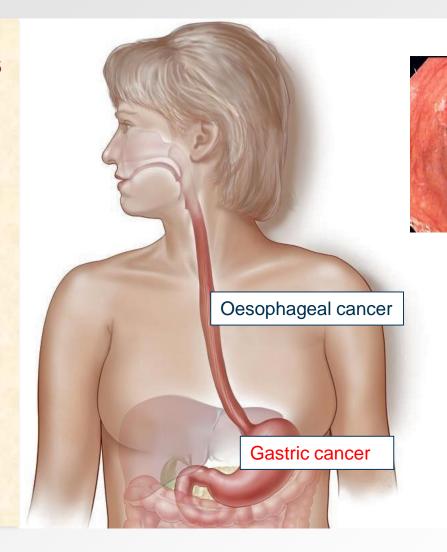
Pohl et al. J. Natl. Cancer Inst. 97: 142-146 (2005)

Rapid rise in incidence of oesophageal adenocarcinoma

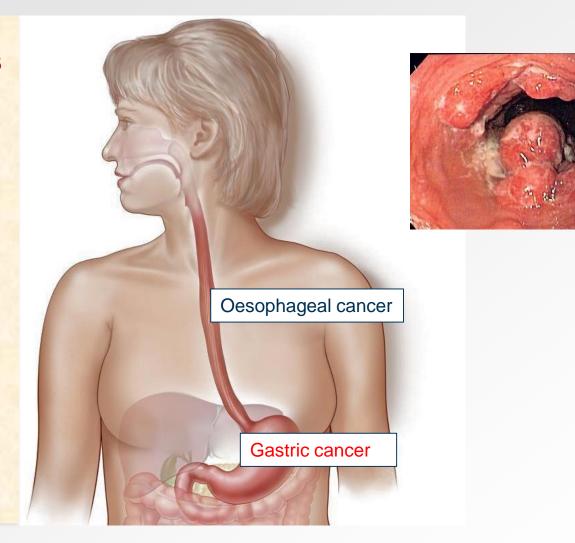


www.aihw.gov.au/cancer

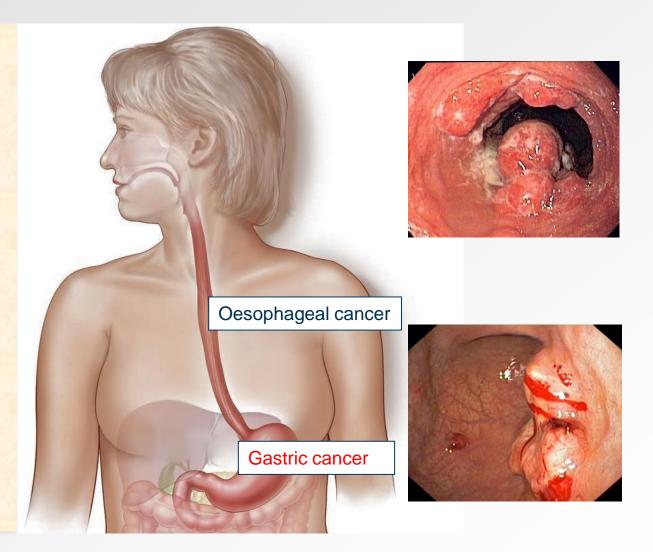
- ♦ Dysphagia
  - onset, progression
  - solid or liquid
  - level of obstruction
  - current oral intake
  - LOW



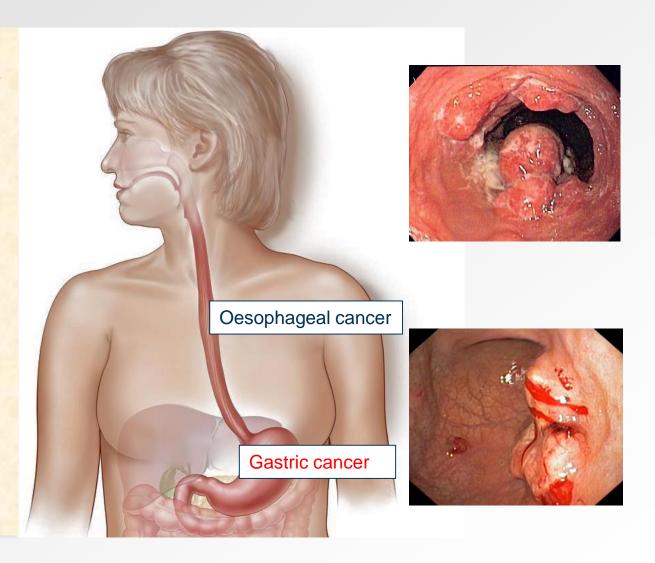
- ♦ Dysphagia
- ♦ Odynophagia
  - painful swallowing



- ♦ Dysphagia
- ♦ Odynophagia
- ♦ Loss of weight
- → Haematemesis &/or melaena

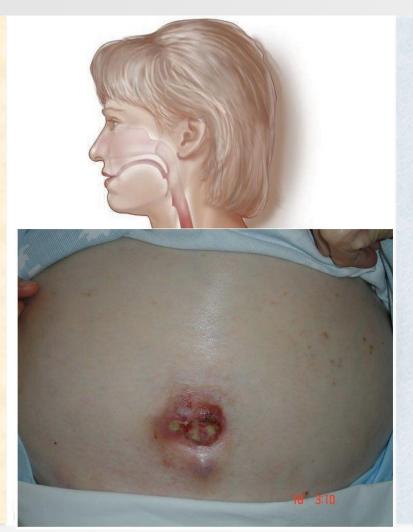


- ♦ Dysphagia
- ♦ Odynophagia
- ♦ Loss of weight
- → Haematemesis &/or melaena
- ♦ Fe deficiency anaemia
- ♦ Persistent vomiting
- Persistent epigastric pain



PHx or FHx of cancer

- ♦ Dysphagia
- ♦ Odynophagia
- ♦ Loss of weight
- Haematemesis &/or melaena
- ♦ Persistent vomiting
- Persistent epigastric pain



### **Physical signs**

- ♦ Anaemia, jaundice
- ♦ Enlarged LN
- ♦ Hoarseness
- ♦ Hepatomegaly
- ♦ Palpable mass
- ♦ Ascites
- ♦ Sister Mary Joseph nodule

PHx or FHx of cancer

## Time to refer for gastroscopy

- > Alarm symptoms
- Persistent symptoms despite medical Rx
- Recent onset of Sx in patients >55 years
- PHx or FHx of Barrett's/upper GI cancers