SHORT REPORTS

Gastrointestinal endoscopy in the young

The clinical value of standard procedures such as upper gastrointestinal endoscopy needs periodic scrutiny, preferably audit rather than debunking. Open access to endoscopy has been questioned and criteria for selection suggested.¹ We do not believe that the elderly should be excluded from endoscopy, because our diagnostic yield in 100 patients over 70 was 77%, and management was changed in over half of those with appreciable abnormalities.² Should the young be excluded because malignancy is unlikely and precise diagnosis might be unnecessary?

benefit of endoscopy simply divided 1526 patients at 40 years.³ In Uppsala endoscopy was successful in only 153 of 162 patients younger than 25 years old, and although 75 (49%) of these were normal, "Undisputable pathological findings with relevance for treatment were made in 37 patients (24%)."⁴ We found more abnormalities, consistent with our results in the over 70s,² perhaps because of different populations and patterns of referral.

Spiro may ask, "What good to see the hole in the duodenum if we ignore the ambitions, the passions, the frustrations and failures, even the hopes of the patient with a duodenal ulcer?"⁵ A controlled, blind, randomised prospective study of the outcome of management is needed for a valid evaluation of endoscopy. Meanwhile our data suggest that neither the young

Diagnoses and changes in management by indication for endoscopy

	Total	Dyspepsia	Indication		
			Upper gastrointestinal bleed	Anaemia	Foreign body
No patients	100	78	18	3	1
No (%) of abnormal findings	64 (64)	48 (62)	13 (72)	2 (67)	1 (100)
Hiatus hernia with or without reflux	19	15	3	1	1?
Oesophagitis	6	4	1	1	
Oesophageal tear	3	1	2		
Erosive gastritis	8	6	2		
Gastric ulcer	3	2	1		
Gastric ulcer scar	1				
Gastric ulcer other	4	1	2	1	
Duodenal ulcer	10	7	3		
Duodenal ulcer scar	10	10			
Duodenal ulcer other	4	4			
Duodenitis	6	5	1		
Removal of foreign body	1				1
No with normal endoscopic results (one technical failure)	36	30	5	1	
No with abnormal findings whose management was changed	38	31	6		1
As % of total group	38	40	33		100
As % of total abnormal findings	59	65	46		100

Methods and results

We reviewed retrospectively 106 consecutive and unselected patients aged 25 or younger who had been referred for endoscopy by hospital doctors. The endoscopists did not give clinical or therapeutic advice, except if specifically asked. Records were inadequate for six patients, which left 100: 68 men and 32 women with a mean age of 22.2 years (range 5-25). There was one technical failure and no complications.

Endoscopic abnormalities were seen in 64 patients, and some had more than one abnormality (table). The diagnosis before endoscopy was confirmed in 48 patients only.

Endoscopy was considered to have altered management if a new drug was prescribed, an operation was performed, or a new and relevant investigation was performed.³ Ulcers or erosions were treated by H₂ antagonists in 15 patients (two while awaiting vagotomy and two after acid secretion tests) and by antacids in six patients (four of whom underwent acid studies). Six patients with hiatus hernia were given metoclopramide and seven an alginate-antacid mixture. One patient taking an H₂ antagonist was referred for vagotomy. Four other patients had acid secretion tests: two had normal output of acid (one had recurrent symptoms but normal findings on endoscopy, the other had had treatment with an H₂ antagonist), and two had hypersecretion of acid (one was being treated with antireflux treatment only and was therefore given an H₂ antagonist as well, the other was taking an H₂ antagonist in standard dosage and this dose was doubled). There were 26 emergency endoscopies: 13 for gastrointestinal bleeding (10 abnormal), 12 for epigastric pain (nine abnormal), and one to remove a 5 pence piece swallowed by a 5 year old boy (the only patient under 15).

Management was changed in 38 out of 64 (59%) patients with endoscopic abnormalities. Of the 36 with no endoscopic abnormalities management was changed in two (6%) patients; no further tests were done in either patient and H₂ antagonists were discontinued for both.

Comment

In this series of young patients three fifths of the results from endoscopy were abnormal, and the results influenced clinical management in three fifths of these patients. Even when we excluded the emergency endoscopies for haemorrhage, with which few would disagree, these proportions were little changed (54/87 (62%) abnormal results, management influenced in 33/54 (61%)). Unfortunately the largest and most recent study of the clinical

nor the old should be denied appropriate investigation of their upper gastrointestinal tracts.

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- 2 Lockhart SP, Schofield PM, Gribble RJN, Baron JH. The utility of upper gastrointestinal endoscopy in the elderly. *Br Med J* 1985;290:283.
- 3 Fjosne U, Kleveland PM, Waldum H, Halvorsen T, Petersen H. The clinical benefit of routine upper gastrointestinal endoscopy. *Scand J Gastroenterol* 1986;21:433-40.
- 4 Nyren O, Nilsson F. Is gastroscopic examination of young patients worthwhile? *Scand J Gastroenterol* 1982;17(suppl 78):27.
- 5 Spiro HM. Visceral viewpoints. Moynihan's disease? The diagnosis of duodenal ulcer. *N Engl J Med* 1974;291:567-9.

(Accepted 29 April 1987)

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Adverse reactions to sulphadoxine-pyrimethamine in Swedish travellers: implications for prophylaxis

Fansidar (500 mg sulphadoxine and 25 mg pyrimethamine tablets) has been widely used for malaria prophylaxis. The risk of severe cutaneous adverse reactions has been debated and, in particular, whether the high risk of such reactions among American travellers (1/5000-8000) compared with that among Swiss travellers (1/150 000) might be explained by concomitant