

CICLO CARLOS CHAGAS

DE PALESTRAS

12ª EDIÇÃO

100+15: O TEMPO NÃO PARA
Informação, controle, cuidado e eliminação:
diferentes estratégias para uma doença com
múltiplas dimensões

LIVRO DE RESUMOS

2024

Submission area: Clinical aspects

RESUMO 12

ESOFAGOGASTRODUODENOSCOPY IN CHAGAS DISEASE

Alejandro Marcel Hasslocher-Moreno, Luiza L. Carvalho, Carlos W. M. Oliveira, Guilherme S. Hasslocher, João Carlos A. Soares, Fernando Prado de Barros, Fernando de Barros, Luiz H. C. Sangenis, Andréa R. Costa, Roberto M. Saraiva, Andréa Silvestre de Sousa and Mauro F. F. Mediano

Laboratório de Pesquisa Clínica em Doença de Chagas (Lapclin-Chagas), INI-Fiocruz

The digestive manifestation of Chagas Disease (CD) is distinguished by the involvement of the esophagus and/or colon, affecting approximately 10-15% of patients. However, gastric complaints are common in patients with CD, regardless of the presence of megaesophagus. Esophagogastroduodenoscopy (EGD) is a diagnostic endoscopic procedure used to visualize the upper digestive tract and indicated to evaluate digestive symptoms. The aim of this study was to explore the prevalence of endoscopic findings in patients diagnosed with CD and who had digestive symptoms. A descriptive study was conducted on patients diagnosed with CD and treated at INI-Fiocruz between 2006 and 2011. These individuals, exhibiting symptoms such as dysphagia, regurgitation, heartburn, dyspepsia, epigastric fullness, and abdominal pain, underwent an EGD protocol. This comprehensive protocol included the examination of the esophagus to detect conditions like mega, achalasia, signs of esophagitis, and hiatal hernia. Furthermore, the study assessed the stomach for various issues. Additionally, exam of the duodenum was performed to identify ulcers and inflammation. The study included 404 patients (68.4% women) with a median age of 55.8 years. The majority were born in areas with high prevalence (52.2%) and morbidity (67.8%) of CD, mostly Minas Gerais and Bahia, and had moved away from endemic areas for >20 years (65.8%). Cardiac was the most frequent clinical form (42.5%), followed by indeterminate (37.3%), digestive (8.9%), and cardiodigestive (11.3%). 316 (78.2%) had altered esophagogastroduodenoscopy. Among the exams with changes, regarding the esophagus, 120 (62%) had megaesophagus, 2 (0.6%) achalasia, 273 (86.4%) hiatal hernia, and 265 (83.9%) esophagitis. Regarding the stomach, 247 (50.9%) presented gastric changes, with a predominance of inflammatory pattern. Regarding the duodenum, 43 (13.6%) had bulboduodenitis and 23 (7.27%) duodenal ulcer. There was a statistically significant correlation between the presence of megaesophagus and esophagitis (p -value = 0.002) and bulboduodenitis (p -value = 0.02). Compared to studies including patients without CD, we observed a higher occurrence of abnormal EGD results in individuals with CD. Our findings revealed an elevated prevalence of megaesophagus, esophagitis, hiatal hernia, and gastritis. The heightened frequency of EGD alterations, particularly in cases of megaesophagus and esophagitis, is likely directly associated with CD. Conversely, we also detected a comparative rise in gastric changes, suggesting that CD may independently contribute to these disorders.

Esophagogastroduodenoscopy in Chagas disease

Alejandro Marcel Hasslocher-Moreno, Luiza L. Carvalho, Carlos W. M. Oliveira, Guilherme S. Hasslocher, João Carlos A. Soares, Fernando Prado de Barros, Fernando de Barros, Luiz H. C. Sangenis, Andréa R. Costa, Roberto M. Saraiva, Andréa Silvestre de Sousa and Mauro F. F. Mediano*

Laboratório de Pesquisa Clínica em Doença de Chagas, INI-Fiocruz RJ, Brasil.

** contact: alejandromoreno@gmail.com*

Introduction

The digestive manifestation of Chagas Disease (CD) is distinguished by the involvement of the esophagus and/or colon, affecting approximately 10-15% of patients. However, gastric complaints are common in patients with CD, regardless of the presence of megaesophagus. Esophagogastroduodenoscopy (EGD) is a diagnostic endoscopic procedure used to visualize the upper digestive tract and indicated to evaluate digestive symptoms. The aim of this study was to explore the prevalence of endoscopic findings in patients diagnosed with CD and who had digestive symptoms

Methodology

A descriptive study was conducted on patients diagnosed with CD and treated at INI-Fiocruz between 2006 and 2011. These individuals, exhibiting symptoms such as dysphagia, regurgitation, heartburn, dyspepsia, epigastric fullness, and abdominal pain, underwent an EGD protocol. This comprehensive protocol included the examination of the esophagus to detect conditions like megaesophagus, signs of esophagitis, and hiatal hernia. Furthermore, the study assessed the stomach for various issues. Additionally, examination of the duodenum was performed to identify ulcers and inflammation.



Esophagitis. Japan Esophageal Society. Licença: CC BY 4.0

Results

The study included 404 patients (68.4% women) with a median age of 55.8 years. The majority were born in areas with high prevalence (52.2%) and morbidity (67.8%) of CD, mostly Minas Gerais and Bahia, and had moved away from endemic areas for >20 years (65.8%). Cardiac was the most frequent clinical form (42.5%), followed by indeterminate (37.3%), digestive (8.9%), and cardiodigestive (11.3%). 316 (78.2%) had altered esophagogastroduodenoscopy. Among the exams with changes, regarding the esophagus, 120 (62%) had megaesophagus, 2 (0.6%) achalasia, 273 (86.4%) hiatal hernia, and 265 (83.9%) esophagitis. Regarding the stomach, 247 (50.9%) presented gastric changes, with a predominance of inflammatory pattern. Regarding the duodenum, 43 (13.6%) had bulboduodenitis and 23 (7.27%) duodenal ulcer. There was a statistically significant correlation between the presence of megaesophagus and esophagitis (p -value = 0.002).

Conclusion

Compared to studies including patients without CD, we observed a higher occurrence of abnormal EGD results in individuals with CD. Our findings revealed an elevated prevalence of megaesophagus, esophagitis, hiatal hernia, and gastritis. The heightened frequency of EGD alterations, particularly in cases of megaesophagus and esophagitis, is likely directly associated with CD. Conversely, we also detected a comparative rise in gastric changes, suggesting that CD may independently contribute to these disorders.