

key points

SELECTED BY

Dr Sarah Humphery

GP, North London and appraiser for Islington PCT

Among patients with typical dyspeptic symptoms, those with red flag or alarm features should be referred urgently for endoscopy:

- Dysphagia
- Unexplained progressive weight loss of >3 kg
- Epigastric mass
- Iron-deficiency anaemia
- Vomiting
- Abnormal barium meal
- Chronic intestinal bleeding
- Patient aged 55 or older with new-onset symptoms for more than four weeks

Estimates vary as to the percentage of patients with dyspepsia who, on investigation, are found to have a malignancy. Of all patients with gastric malignancy, less than 8% are younger than 55 years. Within this group, close questioning reveals that 96% have 'red flag' symptoms.

One of the problems in making a clinical diagnosis of malignancy in the upper GI tract is the poor correlation between symptoms and the presence of a cancer. Whereas dysphagia and weight loss are indicators of oesophageal malignancy, their positive predictive values (PPV) are low: 6.6% for dysphagia and 7.8% for weight loss. The strongest indicators for gastric malignancy are early satiety, with a PPV of 9.9%, and weight loss, with a PPV of 8%.

Laboratory investigations are of limited use; iron-deficiency anaemia (a hypochromic, microcytic picture) should be of concern, notably in men, or women after the menopause.

Carriage rate of *H.pylori* in UK populations runs at 20-30%, depending on location and socioeconomic status. The presence of infection confers a relative risk of 3 of developing a gastric cancer; this fact, and the improvement in dyspeptic symptoms seen in 30-50% of individuals with positive serology who undergo eradication therapy, has resulted in the current 'test and treat' policy.

In general, with a clear increased risk of gastric carcinoma, *H. pylori* eradication followed by a PPI for reflux symptoms seems reasonable. However, some authorities advocate, rather than testing for the infection in acid reflux, managing with a trial of a PPI.

***H. pylori* eradication following therapy should always be confirmed** by carbon urea breath testing. Serology remains positive for up to 12 months after successful therapy.

In patients younger than 55 years, endoscopy should only be carried out for atypical symptoms or if symptoms have failed to respond to *H. pylori* and PPI therapies.