

Upper functional dyspepsia

Upper functional dyspepsia manifests as pain or discomfort in the epigastrium, usually associated with food intake, lasting more than a month, with symptoms present for more than 25% of this time, and no clinical, biochemical, endoscopic or other signs of organic disease.

Etiology

- Apparently generalized autonomic disorder (motility disorders on different levels of the gastrointestinal tract, visceral hypersensitivity), the unclear role of *Helicobacter pylori*, psychosocial factors (stress, anxiety, psychotrauma) are of great importance.

Clinical Manifestation

1. **Ulcer-like dyspepsia** – pain in the epigastrium as the predominant symptom.
 2. **Dysmotility-like dyspepsia** – feelings of fullness and pressure in the epigastrium, feelings of early satiety, indigestion, nausea.
- The triggering mechanism can be a stressful situation, sometimes dependent on food intake or other specific activities.
 - Patients often report current muscle pain, headache, irritable bladder, sleep disorders and depression.
 - Pain outside the middle line (possibly with specific propagation) and problems at night testify to the functionality of the problem.

Alarming signs of the organicity of the problem

1. signs of gastrointestinal bleeding (anemia, overt bleeding),
 2. dysphagia,
 3. persistent vomiting,
 4. weight loss,
 5. palpation finding on the abdomen,
 6. lymphadenopathy,
- the risk factor is age over 45 years (stomach cancer).

Diagnosis

1. Per exclusion (after elimination of organic disease – VCHGD, GER, cholelithiasis, chronic pancreatitis, pancreatic cancer).
2. Anamnesis, physical examination, laboratory, imaging methods:
 1. blood count + diff, FW, mineralogram, urine analysis + sediment, amylase, renal function,
 2. abdominal USG
3. In the presence of an alarming symptom, gastroscopy is performed.

Treatment

- The basis is patient's education about the assurance that it is a benign disease, up to 80% respond to placebo, can be supplemented with psychotherapy, regimen measures are necessary (diet, do not smoke, do not drink alcohol, do not use ulcerogenic drugs,...)
1. ulcer-like dyspepsia – a treatment trial with omeprazole or H2 blockers,
 2. dysmotility-like dyspepsia – prokinetic (metoclopramide, domperidone, cisapride).
- In case of non-response to this therapy, an upper endoscopy is performed:
 - HP proof → eradication treatment,
 - if the organic origin of the problem won't be proved → continuation of symptomatic treatment incl. antidepressant.

References

Related Articles

- Lower functional dyspepsia

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- PASTOR, Jan. *Langenbeck's medical web page* [online]. [cit. 2010]. <<http://langenbeck.webs.com>>.