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Original Report

Upper Gastrointestinal Disorders in Children with End -Stage Renal Disease

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Abstract:

This study was undertaken to define the prevalence of the upper Gastrointestinal (GI) lesions, dyspeptic symptoms, H.pylori infection, and the impact of duration of dialysis on upper GI symptoms and lesions of children with End-stage renal disease. We studied 69 children with ESRD who were under regular hemodialysis therapy in our department. The age of the patients were between 4-18 years (mean: 11.3). 57(82.6%) of 69 patients had GI symptoms and 12 (17.4%) were symptom free, the prevalence of each symptom in 57 symptomatic children was as follows: anorexia 48 (84.2%), nausea/vomiting 39 (68.4%), belching/heartburn 20(35%), abdominal distention 15(26.3%), and epigastric pain 8(14%). 65(92.4%) of 69 patients with ESRD had pathologic lesions and the most common lesion was gastritis .There was no case of gastric angiodysplasia in our patients. 15(21.7%) of 69 patients had H. pylori infection. The prevalence of H.pylori infection in non-uremic children with upper GI symptoms is about 27% in our pediatric gastroenterology department, so there was no significant difference in prevalence of H.pylori infection between uremic and non-uremic children in our study (p value = 0.4735). There was no significant relationship between duration of dialysis and dyspeptic symptoms or upper GI lesions (p values were 0.8775 and 0.7435, respectively). Conclusions: Upper GI disorders are very common in children with ESRD, even when they have no upper GI symptoms, the most common lesion is gastritis. The prevalence of H.pylori infection is not different between children with ESRD and non-uremic children with upper GI symptoms, and duration of hemodialysis therapy has no significant effect on prevalence of GI symptoms and lesions.

Keywords:

Upper gastrointestinal tract , End-Stage Renal Disease , chronic renal failure , hemodialysis , children , H.pylori infection

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