

Appropriateness of endoscopic procedures among pediatric patients in a Tertiary Hospital in Quezon City based on North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) and American Society for Gastrointestinal Endoscopy (ASGE)

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INTRODUCTION:

ASGE and the NASPGHAN published a modification of the guideline for the pediatric population, where clear indications for endoscopy in children were recommended which helps clinicians in selecting appropriate patients for endoscopy. The aim of this study is to evaluate the appropriateness of pediatric endoscopic procedures in a Tertiary Hospital in Quezon City based on the NASPGHAN and ASGE.

METHODOLOGY:

This is a retrospective study of all pediatric patients who had esophagogastroduodenoscopy (EGD) and colonoscopy from January 2016-December 2020. An endoscopy was considered appropriate when its indication complied with the NASPGHAN and ASGE guideline. All endoscopic findings were classified as either positive (presence of abnormal endoscopic findings) or negative; positive contributive yield (change in diagnosis or management) or non-contributive yield.

RESULTS:

Five hundred forty charts were reviewed of which 67% had EGD, 30.4% had colonoscopy. Based on the NASPGHAN and ASGE guideline, 99.4% and 98.8% for EGD and colonoscopy respectively were considered as appropriate. Eighty seven point five percent showed a positive endoscopic finding [EGD: 338 (89.9% of all EGD performed), colonoscopy: 146 (82.5% of all colonoscopy performed)]. The remaining 12.5% had a negative endoscopic finding.

CONCLUSION/ RECOMMENDATION:

The present study showed that the NASPGHAN and ASGE guideline is useful in helping clinician in selecting the most appropriate patient for endoscopic procedures. The overall contributive yield for change in diagnosis and treatment were higher for colonoscopy. However, for EGD, the results did not contribute much to either diagnosis and treatment which warrants more study.

KEYWORDS:

Pediatric Gastrointestinal Endoscopy;
Esophagogastroduodenoscopy;
Colonoscopy