

Gastrointestinal endoscopy in Nigeria - a prospective two year audit

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Abstract

Introduction: Gastrointestinal (GI) endoscopy is currently performed by different specialties. Information on GI endoscopy resources in Nigeria is limited. Training, cost, availability and maintenance of equipment are some unique challenges. Despite these challenges, the quality and completion rates are important

Methods: Prospective audit of endoscopic procedures by an endoscopist in a Nigerian hospital over a 24 month period.

Results: One hundred and ninety endoscopic procedures were performed in 187 patients (109 male, 78 female) by a surgeon during this period. Mean age was 47.6 years (range 17 - 90 years). All patients were symptomatic. One hundred and twenty-two procedures (64.2%) were upper GI endoscopy, 52 (27.4%) colonoscopy and 16 (8.4%) sigmoidoscopy. Majority of endoscopies 182 (95.8%) were performed electively and only 7 (3.7%) were therapeutic. Upper GI endoscopy findings included 14 (11.5%) cases of peptic ulcer disease, 5 complicated by gastric outlet obstruction, and 21 (17.3%) cases of upper gastrointestinal cancer. Lower gastrointestinal endoscopy findings included 7 cases of polyps, 3 cases of colorectal cancer and 2 cases of diverticulosis. Commonest lesion on lower GI endoscopy was haemorrhoids (41.7%). Adjusted caecal intubation was 81.4% for colonoscopies performed. Overall adenoma detection rate for male and female patients were 18.2% and 5.3% respectively; in patients over 50 years these were 6.3% and 14.3%. Two complications, rupture of oesophageal varices, and respiratory arrest in bulbar palsy patient occurred.

Conclusion: An endoscopist can perform GI endoscopy effectively in developing countries like Nigeria but attention to equipment need and training is important.

Introduction

Gastrointestinal endoscopy traditionally performed by gastroenterologists is currently being carried out by different specialists. These include gastroenterologists, surgeons, family physicians and nurses [[1-4](#)]. The quality of endoscopic