Biomarkers as an alternative to endoscopy in the dyspeptic patient

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Background: Many people consult their GP for upper gastrointestinal (GI) symptoms, which are often associated with pain or burning and discomfort in the abdomen and range from heartburn and acid regurgitation to nausea and vomiting. Historically, all of these symptoms have been grouped together under the single term ‘dyspepsia’, defined as having one or more symptoms of epigastric pain, burning, postprandial fullness, or early satiation. While gastric or oesophageal cancer is an unusual finding in patients with dyspepsia, excluding malignancy is a common reason for performing endoscopy.

Methods: Quest Diagnostics has been offering the GastroPanel® assays for those patients who have been referred to the walk-in clinic complaining of ‘dyspepsia’. This is a set of three assays (Pepsinogen I, Gastrin 17 and Helicobacter pylori) and the results use an algorithm which can provide information about the stomach health and about the function of the stomach mucosa.

Results: Of all the samples tested nearly 70% showed no abnormalities and were reported as ‘normal function of gastric mucosa’. These patients would be classed as having functional dyspepsia. Thirty-six samples were positive for Helicobacter pylori and the remaining samples had a variety of abnormal results.

Conclusion: Dyspepsia is a common problem seen both by primary care physicians and gastroenterologists. Using the results from the serological analysis of the patients’ serum the clinician can delineate between gastric atrophy and a normal health stomach usually without the need to refer the patient for endoscopy.

Biography
Stephen Mortlock is the Global Infectious Diseases and Microbiology Liaison at the Quest Diagnostics Laboratory in Heston UK. Prior to joining Quest Diagnostics, Stephen was the Chief Microbiologist at the Shaukat Khanum Memorial Cancer Hospital and Research Centre in Lahore, Pakistan and was awarded a DSc for his work setting up an antenatal screening programme for the local population. Stephen and colleagues have published over 40 papers on an eclectic mix of subjects from enteric pathogens, food science and the use of saliva for screening for HIV and cotinine. Stephen has also worked for the Health Protection Agency in the UK and spent time in both Africa and the Middle East.

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