

The serological assessment of patients complaining of dyspepsia

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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 currently working for Quest Diagnostics (Heston UK) where he is head of the combined Immunology and Molecular Biology Department. The team in collaboration with Anatomic Pathology published one of the first descriptions of detecting HPV from liquid based cytology specimens in the UK. They have since used similar techniques for detecting multiple organisms from liquid based cytology specimens: including Chlamydia, *Herpes simplex virus* and *Neisseria gonorrhoea*. Prior to joining Quest Diagnostics, Stephen was the Chief Microbiologist at the Shaikat Khanum Memorial Cancer Hospital and Research Centre in Lahore, Pakistan. Over a two year period they published a number of papers on an eclectic range of subjects from enteric pathogens to food science. Stephen has also worked for the Health Protection Agency in the UK and spent time in the Middle East.

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