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Summary

COMPARISON OF GASTRIC PERISTALSIS IN PATIENTS WITH FUNCTIONAL DYSPEPSIA WHICH WAS SUBDIVIDED INTO POSTPRANDIAL DISTRESS SYNDROME AND EPIGASTRIC PAIN SYNDROME WITH HEALTHY CONTROLS USING CINE MAGNETIC RESONANCE IMAGING

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Oesophagus

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Cine MRI study of 49 subjects demonstrates reduced post-prandial gastric peristalsis in both postprandial distress syndrome and epigastric pain syndrome compared to healthy controls, with unique increased fundal amplitude observed in postprandial distress syndrome.

KEY POINTS

- In the post-prandial state, both PDS and EPS groups showed significantly reduced contraction frequency, peristaltic wave height, and gastric motility index compared to healthy controls, indicating impaired gastric peristalsis.
- PDS patients uniquely demonstrated increased amplitude of the fornix (12.1±4.3 vs 7.3±5.1, p=0.002) in addition to reduced peristalsis, suggesting the technique may evaluate post-prandial gastric adaptive relaxation.
- No significant differences in gastric motility parameters were detected between any groups in the pre-prandial state.
- The study evaluated 49 subjects (18 controls, 22 PDS, 9 EPS) diagnosed by ROME IV criteria who were non-adherent to medications affecting gastrointestinal motility, using cine MRI before and after a test meal.
- Clinicians and researchers interested in functional dyspepsia pathophysiology and non-invasive imaging assessment of gastric motility would benefit from this material.

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