

Evidence Discussion: Epigastric Pain and Dyspepsia (AB-2.5)

- When patients with epigastric abdominal pain exhibit red flags suggesting serious underlying pathology, early use of advanced imaging is warranted.
- In the absence of red flags, biliary or pancreatic disease and gastric issues such as gastritis, peptic ulcer disease, or gastric mucosal pathology often cause epigastric pain and dyspepsia. Ultrasound is the initial imaging study of choice due to its availability, non-exposure to ionizing radiation, and diagnostic utility. While ultrasound can confirm a diagnosis, if results are inconclusive, it can often guide the selection of the next most appropriate study and the required contrast level (e.g., MRCP/ERCP for dilated biliary ducts, CT for pancreatitis, MRI/CT with and without contrast for liver or kidney masses).
- Upper endoscopy can identify conditions such as gastritis, mucosal abnormalities (which may indicate early malignancies), and peptic ulcer disease that are not detectable with advanced imaging.
- Due to the high prevalence of peptic ulcer disease and gastritis in patients with epigastric pain and dyspepsia, and the generally successful treatment with medication (acid suppression and treatment of *Helicobacter pylori*), a course of treatment prior to advanced imaging is warranted.
- If these studies do not determine the cause and treatment is unsuccessful, advanced imaging with CT should be considered.

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