GASTROESOPHAGEAL REFLUX DISEASE.

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DEFINITION.

- GORD is a condition that develops when reflux of gastric contents causes troublesome symptoms and or complications.

- EPID: 10-20% IN WESTERN COUNTRIES 20-40% in USA.

GUT. 2005;54.

SYMPTOMS

- TYPICAL.

  High specificity (95 & 90%)

  Low sensitivity (38 & 6%)

At least weekly

  Heartburn

  Regurgitation.

Typical symptoms and endoscopic 97%.

lancet 1990;335:205.

ATYPICAL SYMPTOMS.

NON SPECIFIC:

- Epigastric pain
- Dyspepsia
- Nausea
- Belching
- Bloating
- Non cardiac chest pain

EXTRA OESOPHAGEAL SYMPTOMS.

- Chronic cough.
- Asthma.
- Laryngitis.
- Dental erosions.

Caused by micro-aspiration or vagus, OESOPHAGOBRONCHIAL REFLEX'.

- Drugs 2013;73

COMPLICATIONS.

- Erosive oesophagitis.
- Peptic strictures.
- Barrett’s oesophagus.
- Adenocarcinoma of oesophagus.
- Pulmonary diseases.

TYPES OF GORD.

- Non Erosive 70% NERD.
  - True NERD. (high AET, pos SI)
  - Acid sensitive oesoph(n AET, pos SI)
  - Functional heartburn (n AET,neg SI)

- Erosive GERD 20-30%.

ASGE LEADING EDGE VOL 2 NO 2

DIAGNOSIS.

- TYPICAL SYMPTOMS / RESPONSE TO 2/12 bd ACID SUPPRESSION & LifeStyleModification.

Success rate if managed correctly is 60-70%.

ASGE LEADING EDGE VOL2 NO 2.

REFRACTORY GERD.

- DEFN:

  PERSISTANCE OF TYPICAL SYMPTOMS DESPITE BD PPI THERAPY

EPID: 10-40%.

ASGE LEADING EDGE VOL2 NO2
AJG, 2018;113.

REASONS FOR PPI FAILURE.

INSUFFICIENT ACID SUPPRESSION.

- LACK OF COMPLIANCE 54%.(15%)
- GENETIC VARIATION.
- ZOLLINGER-ELLISON SYNDROME.

AJG. 2014;109:789.

Aliment Pharmacol Ther 2006;23.

REASONS FOR PPI FAILURE

- INSUFFICIENT DURATION OF TREATMENT
- NOCTURNAL ACID BREAK THROUGH
- NON ACID REFFLUX.
- BILE REFLUX.
- ESOPHAGEAL HYPERSENSITIVITY.

euro j gastroenterol hepatology. 2008;20(3)
aliment pharmacol ther. 2006;23
j Gastroenterol. 2009;44.
Drugs. 2007;67

REASONS FOR PPI FAILURE.

NO GERD.

- FUNCTIONAL DYSPEPSIA.
- RUMINATION SYNDROME.
- AEROPHAGIA.
- ACHALASIA.
- EOSINOPHILIC OESOPHAGITIS.

REASONS FOR PPI FAILURE.

- INCREASED TRANSIENT LES RELAXATION.
- IMPAIRED OESOPHAGEAL CLEARANCE.
- PSYCHOSOCIAL FACTORS.
- DISRUPTED ANTI REFLUX BARRIER.

APPROACH TO PPI FAILURE.

- UPPER GI ENDOSCOPY. Poor sensitivity and specificity)

  ESOPHAGITIS/N/BIOPSY

  PILL OESOPHAGITIS.

  AUTO IMMUNE DX.

  HYPER SECRETORS Z-E-S.

  GENOTYPE PROBLEMS.

  EOSINOPHILIC OESOPHAGITIS.

APPROACH TO PPI FAILURE.

NO OESOPHAGITIS: BIOPSY.

FOLLOW WITH IMPEDANCE/PHMONITORING 30% false neg. (ON THERAPY)

- NON ACID REFLUX.
- FUNCTIONAL HEARTBURN.
- WRONG DIAGNOSIS.

Achalasia, gastroparesis etc.

ASGE LEADING EDGE VOL 2 NO 2

TREATMENT

- DEPENDS ON PATIENT.
- TYPE OF GERD.
- PRESENCE OR ABSENCE OF BARRIER DEFECTS AND SIZE.
- CO-MORBIDITIES.
- AVAILABILITY OF THERAPIES.

TREATMENT

- FUNCTIONAL HEARTBURN

  Cognitive behavioral therapy.

  Pharmacologic neuromodulation.

NB: NO ANTI-REFLUX MEASURES.

AJG. 2018;113.

TREATMENT

- FUNCTIONAL HEARTBURN WITH A LARGE H/H.
- Controversial.

  Cog BehTherapy

  TLESR Inhibition.

  Neuromodulation

laparoscopic anti-reflux measure

AJG 2018;113

TREATMENT

- OESOPHAGEAL SENSITIVITY WITH LARGE H/H REGURGITATION.

  Laparoscopic fundoplication appropriate.
- WITH HEARTBURN,

  Controversial, antireflux surgery.

AJG 2018;113

TREATMENT.

- GORD WITH SMALL OR LARGE H/H.

Anti-reflux surgery indicated.

AJG. 2018;113

CONCLUSION

- 70+15% OF GORD RESPOND TO PPI.
- OF REMAINING 30%, 54% (15%) WILL IMPROVE WITH COMPLIANCE.
- REMAINING 15% COMPRISE OF

  Other diagnoses :Specific Rx

  Non acid reflux :TLESR inhibitors.

Conclusion

Anti-reflux surgery(10-20%)

Indicated only in proven GERD:

- Regurgitation with pos SI + large H/H
- Large reflux burden +/- H/H
- PPI CI.
- The rest is PPI and behavioural therapy

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END.