#### Approach To A Case Of Heart Burn

Mahmoud Osman M.D. Prof. Of Medicine Ain Shams University Cairo  GERD is one of the common GI diseases widespread all over the world.

• Heart burn is the golden symptom of GERD.

 The pragmatic approach to manage typical heart burn with no exertional symptoms or alarm signs is giving PPI.  If there is no good response to treatment (with twice daily dose of PPI) or there is +ve alarm signs
→ investigate for proper diagnosis and for identification of complications of reflux disease.  Endoscopy is the first test to evaluate the esophageal mucosa for the presence of erosive esophagitis, to screen and biopsy for Barrett's esophagus, and to rule out other diseases e.g ulcers, infectious esophagitis.

#### Endoscopy

NERD **GERD** 40% 60% - Adjust the dose of PPI -Some patients with - Shift or add drug FD or IBS c/o of heart burn Stable GERD symptoms do not warrant surveillance endoscopy

Ambulatory pH monitoring is the best way to evaluate patients :

- For the presence of acid reflux (after withholding PPI).
- Determine whether reflux occurs during day or night.
- Correlate the presence of reflux with symptoms.

#### Pandoflino et al,2003



Trans nasal pH monitoring for 24 hours is somewhat inconvenient for patients. Shorter time (12 hours) with comparable results would be feasible with placing the tube late in afternoon and removal early the next morning.

#### Hila et al ,2004

 It is the absolute way to document the effectiveness of PPI (up to 80% of patients continue to secrete some acid even on twice daily PPI therapy).

 So, pH monitoring can distinguish between patients with refractory GERD from patients with hypersensitivity or functional disease. Wireless capsule pH monitoring (BRAVO) which uses a "telemetry capsule" – based monitoring system can perform 48 hours pH monitoring. It is placed 6 cm above z-line by sedated endoscopy or non endoscopic applicator.

#### Lacy et al, 2004

Multichannel intra luminal Impedance monitoring → measurement of changes in resistance to alternating current between 2 electrodes allows the measurement of bolus movement either antegrade or retrograde.

#### Tutuian et al ,2003

 It is the most effective way to evaluate patients with GERD-related symptoms who continue to be symptomatic despite high dose PPI therapy.

 The symptom index (+ve > 50%) is calculated and multiple symptoms can be evaluated: heart burn, regurgitation, cough, hoarseness of voice, globus, epigastric pain and chocking.

#### Symptom Index

<u>NO. of attacks with reflux episodes/100</u> Total no. of attacks

+ve if more than 50%

When impedance is combined with pH monitoring on a single catheter it can determine whether the patient is having reflux of either acidic (pH <4) or non acidic (pH > 4) contents.  Motility study diagnose patients with achalasia who have symptoms that overlap with GERD.

 Conventional manometry is a test used to measure the changes in pressure within the gut, caused by the contractions of the muscles surrounding it.











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• High resolution manometry (HRM) is the most recent tool for measuring esophageal motility.

 HRM/ Clouse contour plot is a unique display method which was developed by Dr. Ray Clouse (Washington University) and based on topographic surface maps of the earth.









## Display pressures in 3-D plane

## Look from the top(use a helicopter)





# **\**ĭ U. (\*) (\*)

## Replace pressure levels by colors



## 2 landmarks UES and LES (easy)



## **Ineffective Esophageal Motility**



## Achalasia



## Surgery does have a role !!!!

#### Conclusion

- Evaluation of the patient with GERD must be individualized.
- Both acid and non acid reflux can be assessed simultaneously with well tolerated trans nasal study.
- Recent modalities can expand and facilitate the study of this wide spread GI disorder.

## **THANK YOU**