

# ORLANDO Medical News

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## Diagnosis and Management of Typical and Atypical GastroEsophageal Reflux Disease



BY BASHER ATIQUZZAMAN, MD

Twenty percent of the United States population has a medical illness called GERD, short for Gastroesophageal Reflux Disease.

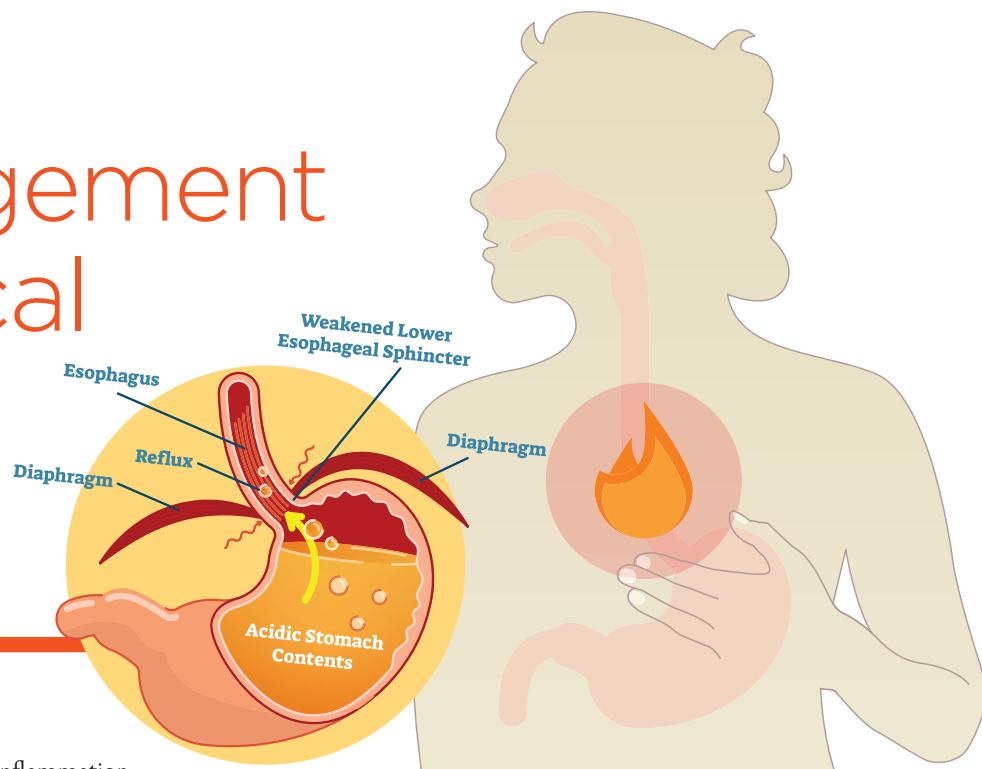
Though it is a common disease among many of the population, it can lead to serious complications over time. GERD occurs when stomach acid flows from the stomach to the esophagus, due to the relaxed sphincter that is between the esophagus and the stomach. This flowing of acid is called acid reflux, and allows for irritation of the esophagus lining. This irritation causes acid indigestion or "heartburn." GERD is a one-time occurrence of acid reflux/heartburn, but GERD is longer lasting and more serious.

Though there is not one cause of GERD, there are risk factors. Obesity, smoking, connective tissue disorders, hiatal hernia, certain foods, and certain medications are large factors in GERD. GERD may cause complications, such as esophagitis, esophageal stricture, or respiratory problems. Some of the most common complica-

tions occur because of chronic inflammation of the esophagus. Esophageal stricture occurs with the narrowing of the esophagus, which leads to difficulty in swallowing. An esophageal ulcer can form due to stomach acid wearing away the esophageal tissue. Barrett's esophagus is the damage in the lower esophagus that increases risk of esophageal cancer.

To confirm that a patient has GERD, there are many tests for diagnoses: upper endoscopy with biopsy, esophageal manometry, x-ray, pH probe test. In an endoscopy, the doctor inserts a tube (with a camera and light) down the throat to examine the esophagus and stomach. An endoscopy can detect inflammation and a biopsy can test for Barrett's esophagus. With an x-ray, the patient drinks a liquid that fills the lining of the esophageal tissue that allows for a silhouette in the x-ray. The manometry measures the esophageal muscle contraction rhythm and the force exerted by esophageal muscles. In the pH probe test, a monitor is used to identify when the stomach acid regurgitates and how long it occurs for.

GERD can be treated over the counter, with prescription medications or surgical procedures. The prescription medicines are h2 receptor blockers (Pepcid, Zantac) and proton pump inhibitors (Nexium, Prilosec). Some



of the surgical procedures are Robotic Valvuloplasty, fundoplication and LINX devices. Fundoplication is done when the surgeon puts the top part of the stomach around the esophageal sphincter. This allows for the tightening of the esophageal muscle and less acid reflux. The LINX device allows for magnetic beads to be inserted around the area in which the esophagus and stomach join together. The magnetic attraction between these beads allow for the tightening of the junction of the esophagus and stomach. GERD related to hiatal hernia can be treated with Robotic Valvuloplasty, a minimally invasive procedure.

Basher Atiquzzaman, MD, is the Director of the Heartburn Center at Digestive and Liver Center of Florida, providing personalized management of (GERD), its complications and related disorders. Leaders in academic research on endoscopic therapies and novel treatments for GERD we provide our patients access to the latest and most advanced endoscopic and surgical options, including those currently only available through clinical trials. Visit [www.dlcfl.com](http://www.dlcfl.com)