

## GASTROESOPHAGEAL REFLUX DISEASE(GERD)

**Rakesh Kalpala**

Asian Institute of Gastroenterology, India

**G**astro-esophageal reflux disease (GERD), affects one third of the population worldwide and prevalence in India ranges between 8 to 19%. (Gut consensus) Majority of the patients have impaired quality of life (QOL) due to symptoms such as heartburn, regurgitation or dysphagia and long-term complications associated with it. The pathogenesis of GERD is multifactorial, involving transient lower oesophageal sphincter relaxations and other lower oesophageal sphincter pressure abnormalities. As a result, reflux of acid, bile, pepsin and pancreatic enzymes occurs, leading to oesophageal mucosal injury. Other factors contributing to the pathophysiology of GERD include hiatus hernia, impaired oesophageal clearance, delayed gastric emptying and impaired mucosal defensive factors Current treatments include lifestyle modifications, long term pharmacological therapies, surgical fundoplication, and more recently, endoscopic procedures<sup>5</sup>. About 10% of patients with endoscopically proven reflux esophagitis are resistant to proton pump inhibitors (PPIs). Further, almost 20% of patients have inadequate symptom control resulting in heartburn and regurgitation that cause detrimental effects on the quality of life. Also, potential side effects of long-term PPIs use (B12 deficiency; iron deficiency; hypomagnesaemia; increased susceptibility to pneumonia; enteric infections; fractures; hypergastrinemia), results in many patients discontinuing treatment. Surgical options for GERD have their limitations with respect to increased costs, hospitalization, complication rate and recovery. Data from 5-year LOTUS study suggests that 15–20% of patients who have undergone fundoplication may have GERD symptoms. Uncontrolled GERD results in a significant decrease in quality of life, productivity at work and economic burden on the patients from hospital admissions due to acid-induced non-cardiac chest pain. In addition, it is associated with worrisome complications such as strictures, Barrett's esophagus and oesophageal adenocarcinoma. The rising concern of long term side effects of the popular proton-pump inhibitors and the more recent evidence raising doubts about the durability of fundoplication have spurred re-interest in endoscopic procedures such as Stretta and GERD-X to treat reflux disorder. Several clinical studies including a systematic review showed that the Stretta and GERD-X procedure improves GERD symptoms, quality of life, oesophageal acid exposure, and eliminates the need for anti-secretory drugs in majority of patients.

[drkalpala@yahoo.com](mailto:drkalpala@yahoo.com)



Note: