

V.N.KARAZIN KHARKIV NATIONAL UNIVERSITY SCHOOL OF MEDICINE  
DEPARTMENT OF INTERNAL MEDICINE

***GASTROESOPHAGEAL REFLUX DISEASE WITH  
EROSIVE ULCERATIVE REFLUX ESOPHAGITIS***

Speaker: 6th course Student: Merna Ballout  
Scientific advisers: Ass. Prof. Zhuravka N.V.  
Assoc. Prof. Bogun L.V.



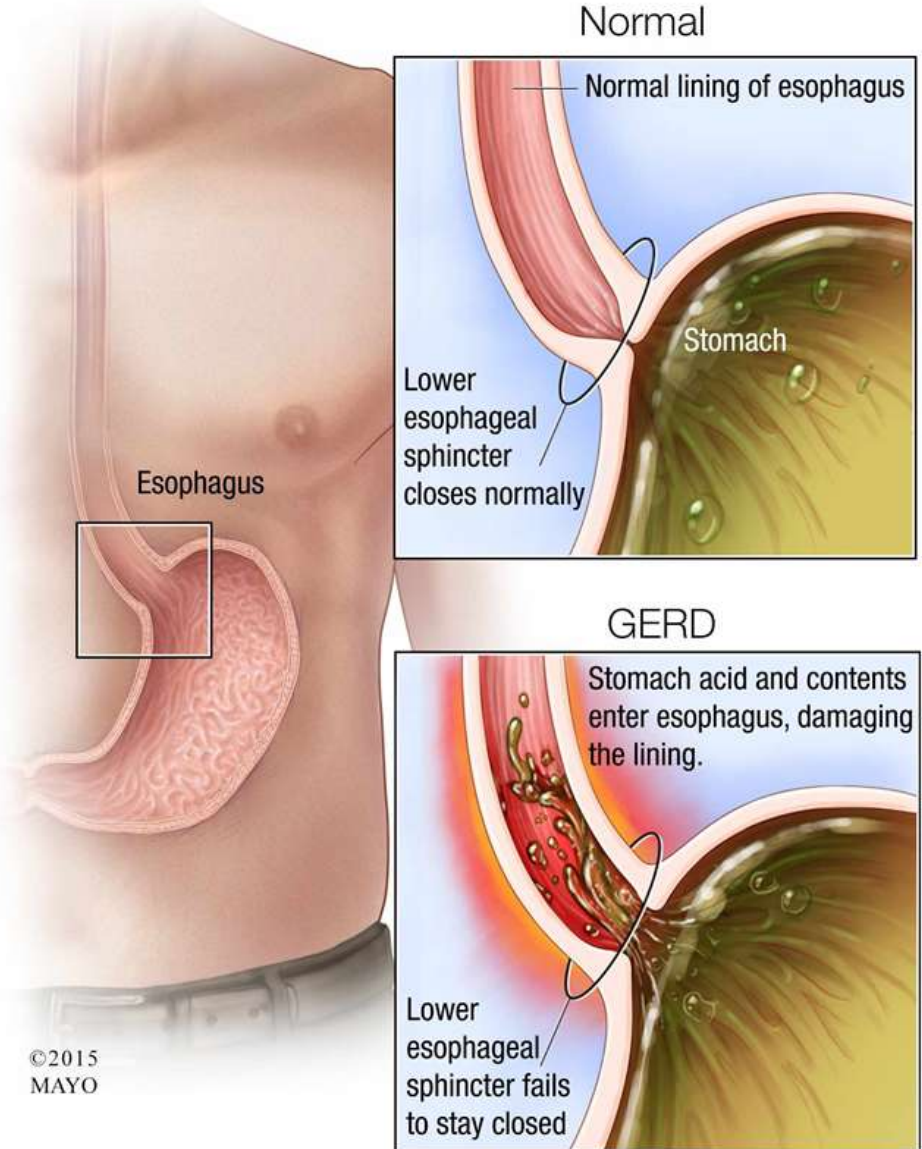
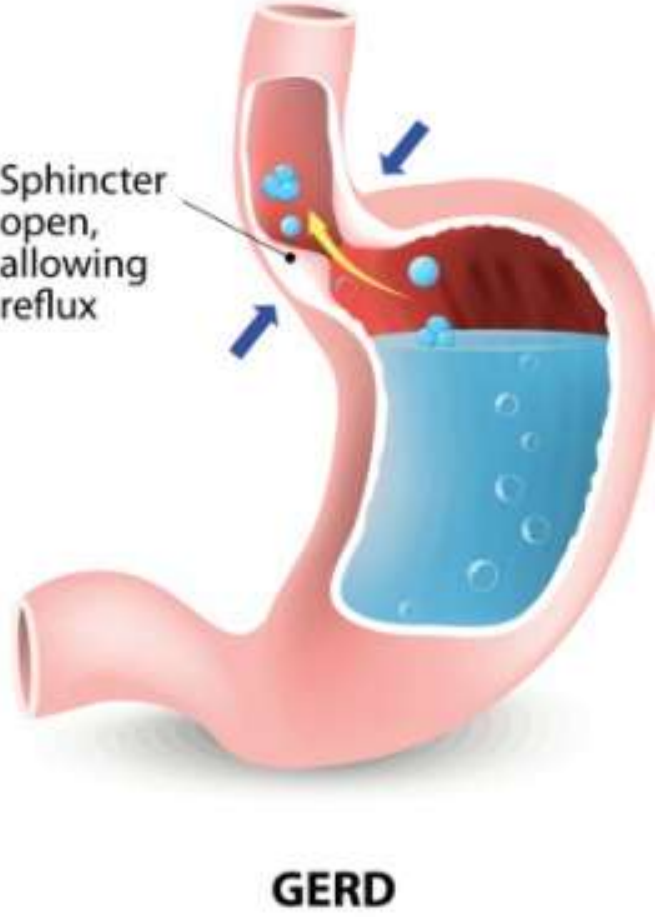
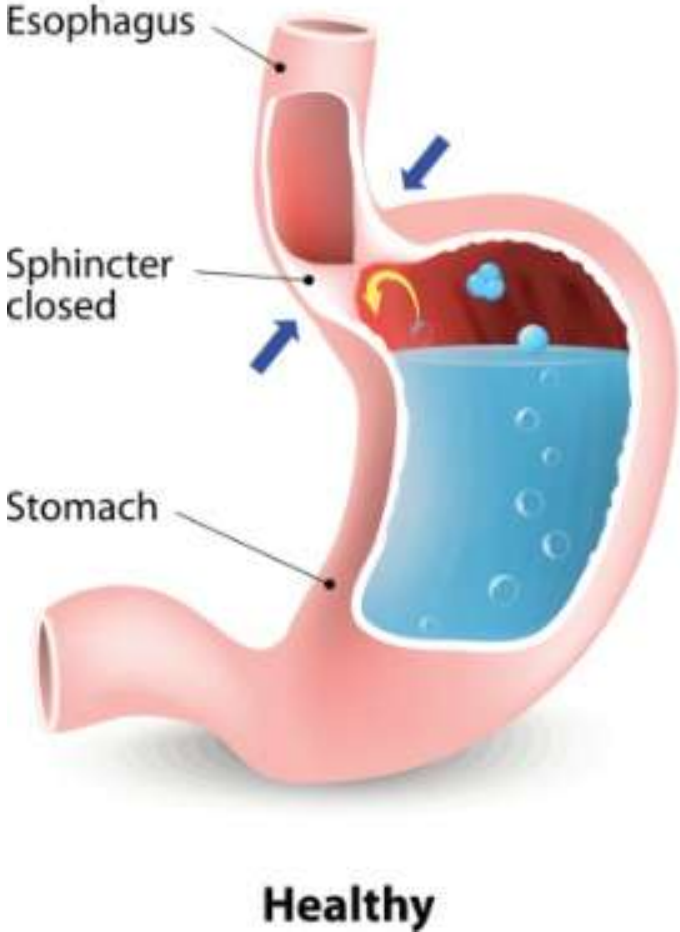
# *Introduction 1*

Gastroesophageal reflux disease (GERD) is primarily determined by its high prevalence and the continuing increase in morbidity. GERD was recognized as an independent disease in October 1997 (Genval, Belgium). GERD is one of the most common diseases of digestive system which may cause such complications as esophagitis, esophageal strictures, ulcers, perforation, bleeding, Barrett's esophagus, esophageal adenocarcinoma.

## *Introduction 2*

Over the past three decades the incidence of GERD and esophageal adenocarcinoma, as well as mortality from the latter, have increased markedly. In some regions, the incidence of GERD has reached almost epidemiological levels which is accompanied by a corresponding increase in the incidence of Barrett's esophagus.

# Gastroesophageal reflux disease



# *Our Patient*

- ❖ Name: EI
- ❖ Gender: male
- ❖ Age: 42
- ❖ Occupation: office manager
- ❖ Admitted to the hospital: 21.03.2018

# *Complaints*

- ❖ Heartburn
- ❖ Sour belching
- ❖ Aggravated in a horizontal position and leaning forward after eating

# *Anamnesis Morbi*

- ❖ Symptoms appeared approximately three months ago, for no reason, patient was not previously examined, did not take drugs.
- ❖ Smokes 8-10 cigarettes a day.
- ❖ Consumes alcohol in minimal quantities.

# *Physical Examination*

Patient condition is relatively satisfactory.

- ❖ BMI - 32 kg / m<sup>2</sup>.
- ❖ Skin: Clean, normal color.
- ❖ Lungs: Vesicular breathing, no wheezing
- ❖ Heart: Muffled heart sounds, regular rhythm, no murmurs.
- ❖ HR - 72 beats per minute, blood pressure - 120/78 mm Hg.
- ❖ Abdomen: Soft, painless to palpation. Liver and spleen are not palpable.
- ❖ The sign of tapping on the lumbar area is negative.
- ❖ Defecation and urination are normal.
- ❖ Laboratory test results are within normal ranges.



- ❖ *ECG*: sinus rhythm, HR 72 beats per minute, horizontal position of electric axis of heart, as a variant of norm.
- ❖ *Esophagogastroduodenoscopy (EGDS)*: multiple areas of hyperemia of mucous membrane and separate non-eroding erosions of distal part of esophagus up to 5 mm in diameter.

# Diagnosis

- ❖ On the basis of the patient's complaints of sour belching, aggravated in a horizontal position and by leaning forward after eating the preliminary clinical diagnosis of “gastroesophageal reflux disease” was made.
- ❖ The diagnosis of “erosive-ulcerative reflux esophagitis” was made on the basis of EGDS data (the presence of multiple areas of mucosal hyperemia and separate non-eroding distal esophageal erosions).
- ❖ The diagnosis of "obesity" was based on inspection data (the presence of a BMI of more than 30 kg / m<sup>2</sup>), stage 1 of obesity corresponds to the value of BMI of 32 kg / m<sup>2</sup>.

# Clinical diagnosis

- ❖ Main diagnosis: Gastroesophageal reflux disease.  
Erosive-ulcerative reflux esophagitis.
- ❖ Concomitant disease: Obesity grade 1.

# Management

- ❖ We recommend 24-hour intra-esophageal pH-metry to determine the number and duration of reflux episodes per day, pH value;
- ❖ X-ray examination of the esophagus, stomach to identify possible pathological changes in the esophagus, hernia of the esophageal hiatus of the diaphragm;
- ❖ Tests for determining the presence of *Helicobacter pylori* (HP);
- ❖ Manometric study of esophageal sphincters to determine their tone.

# Our Recommendation 1

- Life style modification :

- ❖ Smoking cessation

- ❖ Weight loss

- ❖ Diet: Patient should exclude large amounts of food, take it at a fast pace, eat food with a low fat content and high protein content, avoid taking foods that cause irritant effect on the gastric mucosa

# Our Recommendation 2

## Drug treatment :

- ❖ Antacid (e.g. Aluminum phosphate): to prevent irritation of esophageal mucosa by acid reflux and fast heartburn relief;
- ❖ Proton pump inhibitor (omeprazol 20 mg/day): to suppress the synthesis of hydrochloric acid and a prokinetic agent to stimulate the motility of the gastrointestinal tract, restore the normal physiological condition of the esophagus (e.g. Itopride hydrochloride 50 mg 3 times per day).
- ❖ In case of positive HP test result standard triple 14-days therapy for HP eradication (Maastricht-3) should be prescribed.

THANK YOU FOR ATTENTION!

