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Heartburn

Gastro-esophageal Reflux Disease

Gastroesophageal reflux disease (GERD) or “acid reflux” is the most common illness to affect the gastrointestinal tract. The typical symptom of GERD is a burning sensation in the chest (“heartburn”) and/or in the upper abdomen (“indigestion.”) This is caused by a reflux of highly acidic stomach juices upward into the esophagus. The acid causes a chemical burn injury to the lining of the esophagus (“esophagitis”).

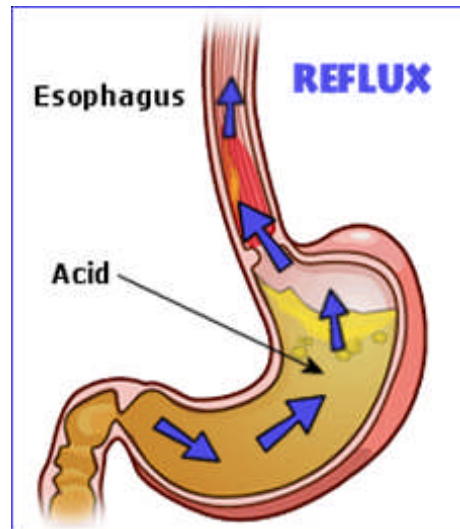


Instead of the typical heartburn, some patients with GERD may experience symptoms of nausea, angina-like pain in the chest, hoarseness, coughing or asthma. Throat and lung symptoms suggest that significant reflux is occurring during sleep at night (“nocturnal reflux”). The acid refluxes upward from the stomach, up through the esophagus, and then down into the airway, ultimately causing injury to the larynx, air passages and lungs. It has been estimated that reflux may play a role in as many as 50% of cases of adult-onset asthma.

Sometimes reflux may be silent, causing no perceptible symptoms, despite the development of significant acid-in-

duced disease in the esophagus.

Most people experience heartburn from time to time. In fact, studies have shown that everyone refluxes several times per day. Our normal protective mechanisms, namely the frequent swallowing of saliva, our upright posture,



and the muscular activity of the esophagus, effectively clear the acid before the esophageal lining is injured.

Nocturnal reflux can be more likely to cause esophageal injury because, while we are sleeping, we do not make much saliva nor do we swallow frequently. In addition, we are lying down rather than upright and thus lose the helpful effect of gravity on returning refluxed acid downward back into the stomach.

Over time, repeated exposure of the lining of the esophagus to stomach acid causes inflammation (“esophagitis”) which, in turn, may result in bleeding, the development of ulcers in the esophagus, or the buildup of scar tissue which can partially block the esophagus, resulting in difficulty in swallowing.

Barrett's esophagus is an additional consequence of chronic reflux. In Barrett's, the lining cells of the lower esophagus are replaced by an abnormal type of cells that resemble intestinal cells, rather than esophageal cells.

Barrett's disease is important because there is an increased risk of cancer developing in the abnormal cell population. Once diagnosed, Barrett's disease requires periodic endoscopic examination to detect any tendency toward the development of cancer (“dysplasia”) before actual cancer develops. While there is no definite cure for Barrett's, preventing further acid injury will likely prevent the development of larger segments of Barrett's.

Medication to reduce stomach acid, avoiding eating shortly before lying down, avoiding overweight, minimizing smoking, reducing the intake of alcohol and fatty foods, and sleeping with the head of the bed elevated, will all improve GERD.