THE LYON SCORE: A NOVEL REFLUX SCORING SYSTEM THAT PREDICTS TREATMENT OUTCOME FROM ANTI-REFLUX THERAPY

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A novel Lyon Score combining six reflux metrics (AET, MNBI, reflux episodes, symptom association, hiatus hernia, and esophagitis grade) successfully phenotyped 281 endoscopy-negative reflux patients into distinct syndromes and predicted response to anti-reflux therapy with 81.6% AUC.

KEY POINTS

- The Lyon Score demonstrated an AUC of 0.816 in predicting 50% symptom improvement from anti-reflux therapy, with an optimal threshold of 3.75 (sensitivity 81.2%, specificity 74.1%), outperforming individual components.
- Response rates to anti-reflux therapy (medical or surgical) progressively increased across phenotypes: idiopathic heartburn 6.1%, isolated permeability defect 18.2%, reflux hypersensitivity 27.7%, borderline GERD 55.9%, conclusive GERD 76.6%, and severe GERD 76.9% ($p<0.001$).
- Principal component analysis showed AET, MNBI, and reflux episode number each independently contribute to predicting treatment response (all ≥0.80 in component matrix).
- The scoring system assigns points a priori based on established thresholds for each metric and was tested retrospectively in two centers on patients with typical reflux symptoms evaluated off antisecretory therapy; prospective validation is needed.

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