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Summary

# All GORD symptoms are not the same: How may a better understanding of pathophysiology change the diagnostic approach?

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Education & Training | Neurogastroenterology & Motility | Oesophagus | Primary Care | Stomach & H. Pylori | Surgery

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**Understanding the pathophysiology of different reflux-related symptoms enables tailored diagnostic approaches, with specific testing methods matched to symptom mechanisms.**

KEY POINTS

- Basal impedance can identify mucosal integrity damage in the 65% of heartburn patients without esophagitis who have dilation of intercellular spaces and immunological infiltration.
- Persistent postprandial regurgitation on PPIs, particularly in young women, may indicate rumination rather than refractory reflux and can be diagnosed using HRM with impedance showing high-frequency early postprandial retrograde flow with 100% symptom correlation.
- Oesophageal chest pain may result from acid reflux, hypersensitivity to distension, hypercontractility, or oesophageal shortening during longitudinal muscle contraction, which can be evaluated with high-resolution manometry during meals.
- The speaker stated that proximal extent of reflux determines symptom perception because the proximal oesophagus has more superficial afferent nerves and greater sensitivity than the distal oesophagus.
- Distinguishing whether reflux precedes cough or cough provokes reflux is clinically critical because the treatments differ—anti-reflux therapy versus cough suppressants.
- Hypervigilance, a psychological phenomenon common in hypersensitive oesophagus, can be quantified using a questionnaire and represents an important component of oesophageal hypersensitivity.

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