THE DIAGNOSIS OF LARYNGOPHARYNGEAL REFLUX IN PATIENTS WITH EXTRAESOPHAGEAL SYMPTOMS OF GERD

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A study of 50 patients with extraesophageal GERD manifestations used novel MII-pH probes with impedance channels above the upper esophageal sphincter to assess laryngopharyngeal reflux and found that pharyngeal reflux correlates with lower esophageal reflux.

KEY POINTS

- Novel 24h MII-pH probes with 2 impedance channels above the lower esophageal sphincter and 5 channels around the upper esophageal sphincter allowed simultaneous assessment of reflux in the lower esophagus and pharynx.
- Of 50 patients, 21 had more than 1 pharyngeal reflux event (LFR+) and 29 had no pharyngeal reflux (LFR-).
- Patients with pharyngeal reflux significantly more often complained of hoarseness and slightly more often noted cough, burning in the oral cavity, and dysphagia, while those without pharyngeal reflux more often reported heartburn, regurgitation, sore throat, and globus sensation.
- Pathologic GER in the lower esophagus was more common in LFR+ patients (71%) than LFR- patients (24%), with a positive correlation (r=0.46) between pharyngeal and lower esophageal reflux.
- Erosive esophagitis and Barrett's esophagus frequency was equal between groups, and some patients had normal pharyngeal reflux despite high lower esophageal reflux.

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