

PREDICTORS OF CONCLUSIVE GERD AT PROLONGED WIRELESS PH MONITORING 96H IN PATIENTS WITH NON-CONCLUSIVE 24-H PH-IMPEDANCE MONITORING

Edoardo Vincenzo Savarino

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Poster

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Mean nocturnal baseline impedance on 24-hour pH-impedance monitoring is the strongest predictor of conclusive GERD diagnosis on 96-hour wireless pH monitoring in patients with borderline or normal acid exposure time values.

KEY POINTS

- In a retrospective study of 51 patients with typical GERD presentation, MNBI was the strongest predictor of confirmed GERD on 96-hour wireless pH monitoring (AUC 1.0), followed by Milan Score (AUC 0.99) and Lyon Score (AUC 0.97).
- Patients with confirmed GERD on 96-hour monitoring had significantly lower MNBI (median 1055 vs 2871 Ohms, $p < 0.001$), higher AET (median 5.20% vs 1.60%, $p < 0.001$), and more total reflux events (median 44 vs 25, $p < 0.001$) on 24-hour pH-impedance monitoring.
- All 13 patients with AET less than 4% but MNBI below 1500 Ohms on 24-hour monitoring were confirmed to have GERD on subsequent 96-hour wireless pH monitoring.
- Patients with confirmed GERD had higher prevalence of hiatal hernia (50% vs 0%, $p < 0.001$), lower EGJ-CI, and were more likely to respond to PPI treatment (69% vs 59%, $p = 0.014$).

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