

Summary: Management of GORD in 2024

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UEG Postgraduate Teaching Programme Vienna 2024

Presentation

Education & Training

Neurogastroenterology & Motility

Oesophagus

Primary Care

Stomach & H. Pylori

Surgery

October 12, 2024

This closing summary of an esophageal reflux session emphasizes that esophageal hypersensitivity and hypervigilance are key drivers of treatment refractoriness, and that atypical symptoms pose major diagnostic and therapeutic challenges.

KEY POINTS

- Esophageal hypersensitivity and esophageal hypervigilance may be important drivers of PPI refractoriness or surgical refractoriness in patients reporting esophageal symptoms.
- Gastroesophageal reflux disease may overlap with esophageal hypersensitivity or esophageal hypervigilance, and these patients require particular attention because they will never respond to any therapy.
- Atypical symptoms are a big challenge in clinical practice from both diagnostic and therapeutic points of view.
- Medical therapy is the first line and should always be considered, especially in patients with gastroesophageal reflux disease responding to medical therapy, with surgery and anti-reflux endoscopic procedures as options.
- The speaker recommends that in obese patients, Roux en Y gastric bypass should be considered and sleeve gastrectomy should not be done because it increases the gastroesophageal pressure gradient and may worsen gastroesophageal reflux disease.

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