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Summary

MORE ACID, SAME SYMPTOMS? THE PARADOX OF HIATAL HERNIA SIZE

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UEG Week Berlin 2025 Poster

Oesophagus

October 4, 2025

In 92 patients undergoing high-resolution manometry and pH monitoring, hiatal hernia was significantly associated with increased esophageal acid exposure and higher reflux symptom scores, but symptom severity did not correlate with hernia size and esophagogastric junction morphology showed no functional impact.

KEY POINTS

- Hiatal hernia was present in 55 of 92 patients (59.8%) and was significantly associated with abnormal acid exposure time greater than 6% (29% vs 8%, p = 0.015) and GERD-Q scores of 8 or higher (78% vs 54%, p = 0.015) compared to controls without hernia.
- Acid exposure time increased proportionally with hiatal hernia size, but reflux symptom severity measured by GERD-Q did not correlate with hernia size.
- Esophagogastric junction morphology classification (types I, II, III) did not correlate with clinical symptoms, manometric findings, or pH-metric outcomes.
- No significant differences were found between groups in dysphagia scores, total reflux episodes, integrated relaxation pressure elevation, or prevalence of ineffective esophageal motility.
- This cross-sectional study may be relevant to clinicians evaluating the functional significance of hiatal hernia in patients with gastroesophageal reflux disease symptoms.

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