GP: When to refer?

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Oesophagus | Primary Care

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The speaker presented an approach to recognising and referring spastic oesophagus in primary care, emphasising that dysphagia and non-cardiac chest pain with fluctuating symptoms should prompt consideration of this rare motility disorder diagnosed by high-resolution manometry.

KEY POINTS

- Spastic oesophagus is a rare motility disturbance characterised by uncoordinated oesophageal contraction, diagnosed with high-resolution manometry; the speaker stated it was found in 100 of 2600 motility studies in one tertiary-care series and 91 of 1000 in another.
- Typical symptoms include dysphagia and non-cardiac chest pain that are stress- or meal-related and fluctuating; the speaker reported that in a tertiary-centre study dysphagia was the leading symptom in 50% of cases and chest pain in 30%.
- In a general-population study the speaker cited, only half of individuals with dysphagia sought care, and half of patients with dysphagia went unstudied, suggesting underdiagnosis in primary care.
- The speaker recommended ruling out cardiac and structural causes, performing gastroscopy (requesting oesophageal biopsies to exclude eosinophilic oesophagitis), and not accepting a diagnosis of NERD after negative endoscopy without considering motility disorders.
- A PPI trial can be used as a therapeutic trial in patients without alarm signs, especially where direct access to gastroscopy is limited.
- The speaker expressed the opinion in discussion that most patients with spastic oesophagus are misdiagnosed with NERD because investigation stops after a negative gastroscopy, and stated that studies in primary care are needed to determine the real prevalence of the condition.

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