

CONTRIBUTION OF INEFFECTIVE MOTILITY AND ABSENT PERISTALTIC RESERVE TO THE SEVERITY OF GASTROESOPHAGEAL REFLUX DISEASE

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UEG Week Copenhagen 2023

Poster

Oesophagus

October 15, 2023

Absent peristaltic reserve combined with ineffective esophageal motility is associated with higher esophageal acid exposure and lower mean nocturnal baseline impedance compared to normal motility with normal peristaltic reserve.

KEY POINTS

- In a study of 220 patients undergoing high-resolution manometry and 24-hour impedance-pH monitoring between February 2020 and December 2022, patients were classified by motility pattern and peristaltic reserve status using Chicago 4.0 criteria.
- Peristaltic reserve was defined as distal contraction integral following multiple rapid swallows greater than 25% above the average from single swallows.
- Patients with ineffective esophageal motility and absent peristaltic reserve (N=17) showed higher esophageal acid exposure ($7.9 \pm 2.8\%$ time pH<4), more reflux episodes (71.6 ± 14.0), and lower mean nocturnal baseline impedance (1667.1 ± 267.7 Ohm) compared to those with normal motility and normal peristaltic reserve (N=83; $3.4 \pm 0.6\%$, 46.3 ± 3.8 episodes, 2325.7 ± 110.6 Ohm respectively; $p < 0.05$ in post-hoc comparison).
- This material is relevant for gastroenterologists evaluating esophageal motility disorders and GERD severity, particularly when considering the prognostic value of peristaltic reserve testing.

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