Summary: Non-cardiac chest pain - The tale of a sore oesophagus

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UEG Postgraduate Teaching Programme Berlin 2025 | Presentation

Oesophagus

October 5, 2025

This educational session reviewed the diagnostic and treatment approach to non-cardiac chest pain, emphasizing the need to rule out cardiac causes first, then systematically evaluate for GERD, eosinophilic esophagitis, dysmotility, and functional chest pain.

KEY POINTS

- The speaker outlined that esophageal causes of non-cardiac chest pain include GERD, eosinophilic esophagitis, dysmotility, and functional chest pain, with possible overlap between functional chest pain and other etiologies.
- The diagnostic approach starts with ruling out cardiac causes, followed by evaluation for GERD using PPI trial when no alarm signs are present, then assessment for eosinophilic esophagitis and dysmotility.
- Treatment should be tailored to the underlying cause, with PPIs for GERD and endoscopic treatment considered for dysmotility.
- Neuromodulators and non-pharmacological approaches are important for all patients with non-cardiac chest pain, including those with functional chest pain.

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