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Summary

THE OPTIMAL DURATION OF PH-MONITORING: TESTING THE VALIDITY OF LYON 2.0 RECOMMENDATIONS FOR PROLONGED WIRELESS PH MEASUREMENT

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Digestive Oncology | Oesophagus | Stomach & H. Pylori

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A 944-patient study validates that prolonged wireless pH monitoring to 72–96 hours improves diagnostic yield for GERD, reducing inconclusive diagnoses from 113 patients at 24 hours to 40 at 96 hours (35% reduction, p=0.02), with 24-hour AET >6.4% or <2% sufficient for conclusive diagnosis in most cases.

KEY POINTS

- Prolonging wireless pH monitoring from 24 hours to 96 hours reduced inconclusive GERD diagnoses from 113 to 40 patients (35% reduction, p=0.02) using average AET analysis, with dominant pattern analysis showing similar benefit (100% to 59% inconclusive, p<0.05).
- In patients with normal endoscopy, 24-hour AET >6.4% predicted GERD with 100% sensitivity and 99.6% specificity, while 24-hour AET ≤2.0% excluded GERD in over 93% of patients.
- For LA grade B esophagitis, 48-hour AET >6.4% predicted GERD with 94.4% sensitivity and specificity (AUC 0.9), while 93% of LA grade B patients had AET >6%.
- The optimal pH monitoring duration is ≥72 hours, though clearly negative (<2% AET) or positive (>6% AET) 24-hour results are sufficient for conclusive diagnosis.
- Analysis methods using average day AET or dominant pattern (≥2 concordant days) are preferred over worst-day analysis, which did not significantly reduce inconclusive diagnoses (p=0.2).

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