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Summary

GASTROESOPHAGEAL REFLUX DISEASE, DISTALE LATENCY AND DYSPHAGIA. IS THERE A CORRELATION?

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In a cohort of 2629 patients with typical reflux symptoms undergoing manometry and pH-impedance testing, GERD diagnosis was independently associated with decreased distal latency, but this decrease was not correlated with the presence of dysphagia.

KEY POINTS

- Patients with GERD showed significantly decreased distal latency compared to those without GERD (6.1±1.8 vs 6.6±2.7, p<0.001), an association maintained in multivariate analysis (OR: 0.907, p=0.002).
- GERD diagnosis was not correlated with dysphagia reporting (35.5% vs 36.1% in non-GERD patients, p=0.788), and distal latency did not differ between GERD patients with or without dysphagia (p=0.772).
- GERD was significantly associated with EGJ type 2 or 3 anatomy (42.4% vs 24.3%, p<0.001), ineffective esophageal motility or absent peristalsis (44.7% vs 35.7%, p<0.001), and LES hypotension (53.1% vs 44.8%, p<0.001).
- Among all patients, those reporting dysphagia had decreased distal latency compared to those without dysphagia (6.2±1.7 vs 6.5±2.7, p=0.008).
- This study may be relevant to gastroenterologists evaluating esophageal motility patterns in patients with reflux symptoms and dysphagia.

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