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Summary

POSITIONING IN HIGH RESOLUTION MANOMETRY IN PATIENTS WITH GASTRO-ESOPHAGEAL REFLUX DISEASE. DOES IT MATTER?

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In 49 patients with GERD, upright high-resolution manometry doubled the diagnosis rate of ineffective esophageal motility compared to supine position, but upright diagnosis correlated less with inadequate multiple rapid swallow response and showed no correlation with dysphagia symptoms.

KEY POINTS

- Mean distal contractile integral was significantly lower in upright (1629 $mm^2/s/mmHg$) versus supine position (2762 $mm^2/s/mmHg$, p=0.010), with upright position showing significantly higher rates of ineffective swallows (29.0% vs 12.3%, p=0.010).
- Ineffective esophageal motility or absent contractility was diagnosed in 16.3% of patients in upright position versus 8.2% in supine position (p=0.001).
- Inadequate post-multiple rapid swallow contraction occurred in 75% of patients with supine-position diagnosis versus 50% with upright-position diagnosis, and dysphagia showed no correlation with ineffective motility diagnosis in either position.
- The authors suggest that upright testing may lead to overdiagnosis in GERD patients and propose that manometry in this population may be better performed only in the supine position.

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