

CORRELATION BETWEEN LARYNGOPHARYNGEAL REFLUX CLINICAL SCORES AND ESOPHAGEAL MULTICHANNEL INTRALUMINAL IMPEDANCE PH MONITORING

Somchai Leelakusolvong

UEG Week Copenhagen 2023

Poster

Oesophagus

October 15, 2023

In 100 patients with laryngopharyngeal reflux diagnosed by RSI and RFS clinical scores, MII/pH monitoring showed no significant acid reflux but revealed a correlation between RSI scores and gas reflux episodes, with 60% having esophageal motility abnormalities.

KEY POINTS

- Patients with LPR defined by $RSI \geq 13$ or $RFS \geq 7$ showed median acid exposure time of only 1.85% and no significant correlation between clinical scores and acid reflux parameters on off-PPI MII/pH monitoring.
- RSI scores correlated significantly with the number of gas reflux events ($r=0.255$, $P=0.011$), while gas reflux occurred in 98% of the study population.
- Half of LPR patients had abnormal esophageal manometry, with 48% showing ineffective esophageal motility and 9% having low lower esophageal sphincter pressure.
- No significant differences in RSI or RFS scores were found across MII/pH parameter subgroups including pathological versus non-pathological acid reflux or high versus low DeMeester scores.
- This study of 100 LPR patients (mean age 50.1 years, 71% female) suggests that standard RSI/RFS diagnostic criteria may not identify patients with significant acid reflux, and findings remain under investigation.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/19b672cc-743c-11ee-8b0c-0242ac140004>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.