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Summary

# PATTERN OF INTRAGASTRIC CARBON DIOXIDE CONCENTRATIONS IN HEALTHY SUBJECTS AND PATIENTS WITH FUNCTIONAL DYSPEPSIA AND GASTROPARESIS: EVIDENCE OF GREATER DUODENO-GASTRIC REFLUX IN ASSOCIATION WITH DELAYED GASTRIC EMPTYING

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**A study using gas-sensing and wireless motility capsules in 33 participants found that delayed gastric emptying, but not clinical diagnosis, is associated with increased intragastric CO2 bursts, which authors suggest may reflect duodeno-gastric reflux.**

## KEY POINTS

- Participants with delayed gastric emptying (>5 h) had significantly more CO2 bursts (3 vs 2, p=0.01) and greater CO2 area-under-curve (28 vs 0.9 %.h, p<0.0001) compared to those with normal gastric emptying.
- Among 33 participants (4 healthy, 24 gastroparesis, 5 functional dyspepsia), total CO2 burst AUC did not differ significantly by clinical diagnosis (p=0.2), with median values of 6.6, 1.8, and 1.2 %.h respectively.
- CO2 peaks showed no consistent relationship with symptom exacerbation or changes in intragastric pH.
- Authors interpret the CO2 bursts as consistent with duodeno-gastric reflux despite absence of pH changes and note that larger studies are needed to determine physiological and clinical significance.
- This material may be most relevant to researchers and clinicians investigating gastroparesis pathophysiology and diagnostic technologies.

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