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GASTRO-ESOPHAGEAL REFLUX DISEASE: MINI REVIEW

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ABSTRACT

Gastroesophageal reflux disease (GERD) is the most prevalent digestive diseases in the world and 12% of total population is suffered due to GERD in Brazil. GERD patients have associated complications e.g. peptic stenosis, hemorrhage and Barrett's esophagus being typical and atypical symptoms. High digestive endoscopy and esophageal pH-metry are employed to diagnose GERD as the most sensitive diagnostic methods. Use of drugs and surgical treatments are not enough to control its symptoms with the time. It usually becomes refractory health problem when continued uses of drug make the treatment less responsive to patients that cause ill-effects of GERD complications in patients.

KEYWORDS

Gastroesophageal reflux disease, GERD and Esophageal pH-metry.

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INTRODUCTION

Gastroesophageal reflux disease (GERD) is one of major digestive health problem worldwide involving gastric content reflux as asymptomatic symptoms that attributed serious complications in affected population¹. Its maximum cases has been reported in Western countries as compared to Eastern countries (India - 7.5%, Malaysia - 3.0%, China - 0.8%) that suggested that some of environmental factors and alimentary or eating habits may be important factors as predispose factors in occurrence of GERD in any race or specific population². As well as, GERD was reported maximum in women with age and stress, reaching menopause stage in population as compared to men³.

Previously, a clinical survey was conducted on 3,934 individuals from Pelotas, Rio Grande do Sul state for having heartburn symptoms and about 31.3% of the population was found to affected having this symptoms⁴. GERD patients were observed to have other associated clinical complications especially, Barrett's esophagus (BE), peptic stenosis, and hemorrhage⁵. But, reported typical symptoms in most of patient were heartburn and acid regurgitation⁶. Previous data has been carried out worth pointing about the severity of esophagitis in 40% of GERD patients and it did not correlate with the intensity of GERD associated symptoms in patients⁷.

The effective screening criteria for the diagnosis of GERD in patients were having prolonged complain of cough in the absence of environmental irritants, non-asthmatic, retro nasal secretion, normal thorax and sinus radiographs⁸. Esophageal impedanciometry was recommended as a new method that demonstrates the ante grade and retrograde movements of the refluxate⁹.

Recently, two therapeutic approaches have been proposed to treat GERD patients; clinical and surgical whose choices depend on the patient's characteristics such as age, sex, other ongoing medications to treat other clinical manifestations or hormonal problem such as pregnancy and menopause etc. Recently, it was demonstrated that those drugs can be most promising to treat GERD patients that can inhibit transient lower esophageal sphincter relaxation such as gamma-amino butyric acid type B¹⁰.

Proposed surgical treatment to treat GERD was used in those patients only who exposed to continued drug use to combat ill-effects of typical symptoms of GERD or intolerant to prolonged clinical treatment or with other associated complicated forms of GERD. These reported surgical procedures were total fundoplication (Nissen), partial fundoplication (Toupet) and mixed fundoplication. And, it was analyzed on quality of life of 43 patients and 58.1% of results were found to be satisfied^{11,12}.

CONCLUSION

This precise short-review is based on reported clinical implications of Gastroesophageal reflux disease (GERD) that can able to define the instant medical forefront of Gastroesophageal reflux disease (GERD) and various associated prognostic factors to control ill-effects of asymptomatic symptoms.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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