

That Heartburn May Not Be Just "Something you ate."

by

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Ouch—not again! It's that burning persistent pain or pressure sensation in your chest that creeps up your throat and leaves a sour taste in the back of your mouth. Almost everyone experiences some degree of acid reflux (or heartburn) at one time or another. While occasional heartburn is common, reflux that plagues you several times a week, or even several times a day could be a disease called GERD. GERD stands for Gastro-Esophageal Reflux Disease and it isn't just "something you ate." It's a real disease and a real problem for more than 21 million Americans. GERD afflicts people of every socioeconomic class, ethnic group and age.

During normal digestion, a circular band of muscle between the esophagus and stomach widens to allow food to enter the stomach and then tightens. When certain factors loosen or relaxes muscle tone in the sphincter separating the esophagus from the stomach, acid can flow back into the food tube (esophagus). This causes a burning sensation in the chest, and in severe cases, acid can even be regurgitated (vomited) into the lungs causing coughing, choking and even difficulty breathing.

Acid refluxed into the throat can cause pain and if it reaches the mouth, it can dissolve tooth enamel. Unlike the stomach, the esophagus does not have a protective barrier against digestive acids that can damage its delicate lining. Before you reach for more antacids, read ahead.

What causes GERD?

GERD occurs when the lower esophageal sphincter muscle, does not tighten properly causing digestive fluids and stomach acid to splash back, or reflux into the esophagus. Also, Hiatal hernias, where part of the stomach protrudes into your lower chest, weaken the lower esophageal sphincter muscle and can cause GERD.

What are some of the signs and symptoms?

Persistent heartburn (uncomfortable, rising, burning sensation behind the breastbone) is the most common symptom of GERD and often occurs after meals. This may also include regurgitation (vomiting) of gastric acid or sour contents into the mouth.

Other symptoms include chest pain, nausea, difficult and/or painful swallowing, hoarseness, recurrent bronchitis, choking sensations, and sleep disturbance. Also, GERD can create a chronic cough and bad breath. Most significantly, chronic GERD can lead to a condition called Barrett's esophagus, which is a premalignant condition for esophageal

adenocarcinoma (cancer). Some studies have reported that esophageal adenocarcinoma is the fastest growing cancer in the western world

Are there certain risk factors?

Obesity, wearing tight clothing at the waist, and eating large meals late in the evening are factors. But also, pregnancy, genetics, smoking, stress, alcoholic beverages and certain foods (i.e., chocolate, caffeine, fried, spicy, citrus, and tomato-based) can exacerbate GERD. Finally, a history of peptic ulcer disease and hyper-secretion of acid are common risk factors for developing this disease.

Endoscopy and GERD?

Endoscopy or EGD (esophagogastroduodenoscopy), done with IV conscious sedation, is a quick and painless test where a thin flexible tube with a camera attached at the end of it is gently guided down the throat to allow the physician to examine the inside of the esophagus, stomach, and duodenum to assess the extent and severity of the disease. Sometimes biopsies or small samples of suspicious tissue are obtained during the endoscopy to rule out the possibility of pre-cancerous or cancer cells. In addition, if there are strictures (narrowed inflamed and scarred segments of the esophagus as a result of chronic GERD) present, which can lead to difficulty swallowing or a sensation that food is getting hung up or delayed, endoscopic therapeutic dilatation (or stretching open) of the esophageal stricture can allow for easier passage of food down into the stomach.

What are some of the treatments for GERD?

In some cases, GERD is a mild or temporary condition and will just go away spontaneously or be easily treated with the institution of dietary changes and lifestyle modifications. However, in **many** cases GERD is a chronic more serious condition that benefits from being effectively managed by a gastroenterologist, a specialist in the diagnosis and treatment of digestive disorders, who can perform endoscopy and may recommend a combination of medications and/or lifestyle changes depending upon the extent and severity of the disease. In addition as GERD becomes more severe and complicated there are additional advanced endoscopic and laparoscopic surgical procedures that can tighten the sphincter and "wrap" the upper end of the stomach so that reflux episodes are minimized.

What can you do?

Talk to a qualified specialist. Your heartburn may not be just "something you ate" and if ignored or not treated, it can lead to serious complications.