

Patologia Benigna del giunto gastroesofageo: verso un approccio integrato multidisciplinare

Malattia da reflusso gastroesofageo

Come diagnosticare la MRE nel 2018?

Sintomi come indice di MRGE e ruolo del PPI test

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Malattia da reflusso gastroesofageo

Clinica

Sintomi Tipici

Bruciore
retrosternale

Rigurgito

Ipersalivazione

Sintomi Atipici

Nausea Vomito
Eruttazioni Gonfiore
Digestione lenta e
sazietà precoce
Dolore epigastrico

Dolore toracico

Tosse Asma

Raucedine
Faringodinia
Bolo faringeo

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Table 3. The Frequency of Atypical Symptoms by Frequency of GERD Among Olmsted County, Minnesota, Residents Aged 25–74 Years

Symptom	Frequent ^a GERD (%) (n = 303)	Infrequent GERD (%) (n = 566)	No GERD (%) (n = 642)	P value ^b
NCCP	37.0	30.7	7.9	<0.001
Dysphagia	29.4	18.2	4.0	<0.001
Globus sensation	14.2	8.7	2.3	<0.001
Dyspepsia	20.8	12.9	3.9	<0.001
Asthma	11.6	8.8	7.9	NS
Bronchitis	22.4	15.0	10.7	<0.001
Pneumonia	28.7	24.7	24.5	NS
Hoarseness	23.4	15.4	10.7	<0.001
Any atypical symptom	79.9	70.3	48.6	<0.001

NOTE. GERD refers to either heartburn or acid regurgitation.

^aAt least weekly.

^bP value based on the usual χ^2 test for a 2 × 3 contingency table.

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Disfagia, Odinofagia
Sintomi bronchiali ricorrenti, Polmoniti da aspirazione
Tosse ricorrente e persistente
Disfonia
Sanguinamento GI
Frequente nausea e/o vomito
Importante dolore
Anemia da carenza di ferro
Involontaria perdita di peso
Linfonodi
Massa epigastrica
Famigliarità
Esordio di sintomi atipici dopo i 45 anni

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Clinica

[Gut](#). 2010 Jun;59(6):714-21. doi: 10.1136/gut.2009.200063.

Accuracy of the diagnosis of GORD by questionnaire, physicians and a trial of proton pump inhibitor treatment: the Diamond Study.

Dent J¹, Vakil N, Jones R, Bytzer P, Schöning U, Halling K, Junghard O, Lind T.

	Sensibilità	Specificità
RDQ	62%	67%
MMG	63%	63%
Specialista	67%	70%

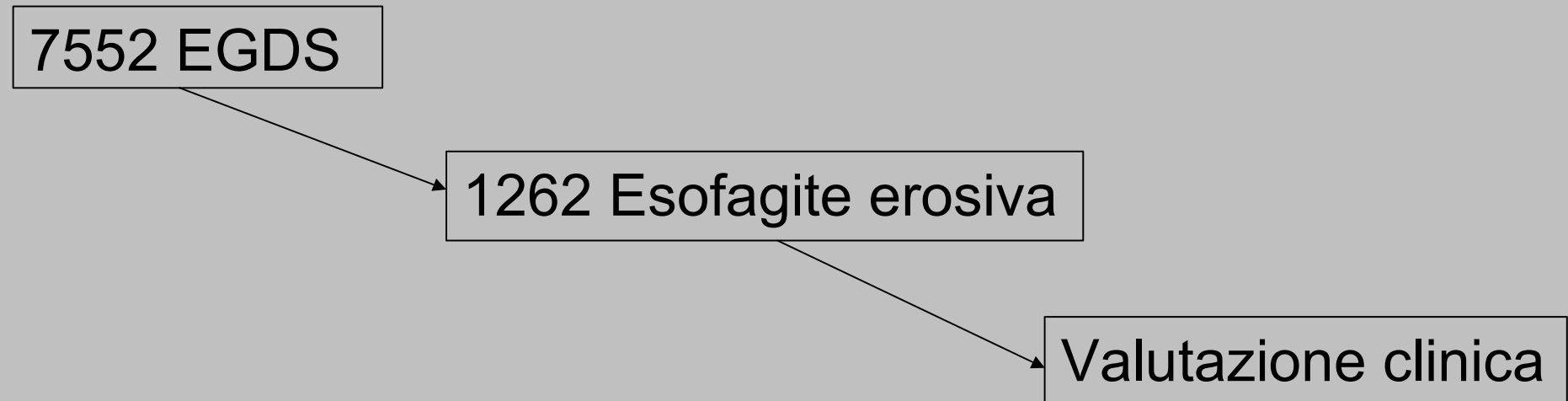
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Clinica

PLoS One. 2018 May 3;13(5):e0196848. doi: 10.1371/journal.pone.0196848. eCollection 2018.

Factors associated with the presentation of erosive esophagitis symptoms in health checkup subjects: A prospective, multicenter cohort study.

Mochizuki N¹, Fujita T², Kobayashi M¹, Yamazaki Y³, Terao S⁴, Sanuki T⁵, Okada A⁶, Adachi M⁷, Murakami M⁸, Arisaka Y^{8,9}, Uno K¹⁰, Masuda A⁸, Yoshida M⁸, Umegaki E⁸, Kutsumi H¹¹, Azuma T⁸.



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Table 2. Comparison of clinical characteristics between the subjects with erosive esophagitis and the control group.

	EE (n = 1,262)	Control (n = 3,254)	P value
Age, mean±SD (years)	52.6±9.4	52.7±10.3	0.5524
Body mass index (BMI)	22.7	22.8	0.0001
State-Trait Anxiety Inventory (STAI)	47.1	47.1	0.9999
Ever used proton pump inhibitors (%)	78.0	70.6	<0.0001
Use of NSAIDs (%)	1.7	1.2	0.2561
Use of low-dose aspirin (%)	0.87	1.4	0.1636
Use of Ca antagonists (%)	12.5	9.0	0.0005
Use of ARB (%)	10.1	7.3	0.0018
Use of statins (%)	10.7	9.3	0.1678
Use of oral hypoglycemic agents (%)	5.1	3.0	0.0010
Use of bisphosphonate (%)	0.16	0.40	0.2606
Use of gastromucoprotective agents (%)	2.6	2.0	0.2270
Use of statins (%)	10.7	9.3	0.1678
Use of oral hypoglycemic agents (%)	5.1	3.0	0.0010
Use of bisphosphonate (%)	0.16	0.40	0.2606
Use of gastromucoprotective agents (%)	2.6	2.0	0.2270

EE, erosive esophagitis; SD, standard deviation; BMI, body mass index; STAI, State-Trait Anxiety Inventory; NSAIDs, non-steroidal anti-inflammatory drugs; Ca, calcium; ARB, angiotensin II receptor blocker.

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Table 4. Comparison of the clinical characteristics of the three erosive esophagitis groups according to the frequency of reflux symptoms.

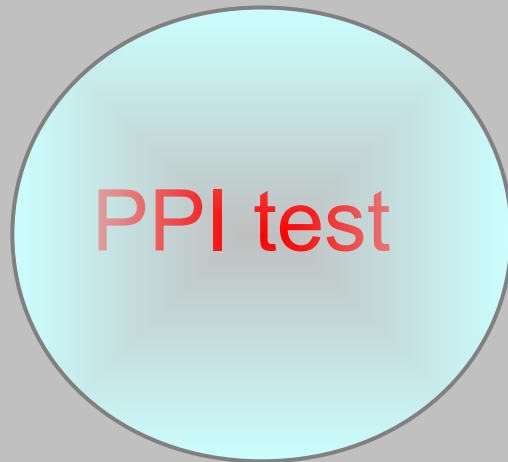
	sEE (n = 189)	msEE (n = 469)	aEE (n = 604)
Age, mean±SD (years)	52.2±9.3	52.3±9.3	52.9±9.6
Age group			
≤39 years (%)	7.4	8.7	7.3
40–59 years (%)	69.8	70.4	68.2
≥60 years (%)	22.8	20.9	24.5
Male (%)	86.8	84.7	82.3
BMI, mean±SD (kg/m ²)	24.6±3.6	24.4±3.4	24.2±3.6
BMI ≥25 kg/m ² (%)	42.9	38.2	34.3
Current smoking (%)	26.5	24.7	24.5
Alcohol consumption ≥20 g/day (%)	45.5 ^a	40.9	35.3
Sleep shortage (%)	37.6 ^a	29.9	27.7
Exercise shortage (%)	68.3	70.8	59.6
Irregular meal time (%)	22.8	26.0	20.2
Experiencing high levels of stress (%)	45.0 ^b	30.9	20.4
Feeling depressed (%)	14.3 ^b	7.9	4.3
Kyphosis diagnosed by questionnaire (%)	1.1	0.64	0.66
STAI score, mean±SD	44.9±10.6 ^b	41.5±10.1	39.7±9.1
High STAI score (%)	51.3 ^b	37.7	32.8
Erosive esophagitis ≥LA grade B (%)	35.5 ^b	22.0	14.2
Hiatal hernia severe grade (%)	18.0 ^b	10.9	5.6
Endoscopic Barret's mucosa ≥10 mm (%)	5.8	5.3	3.5
Atrophic gastritis (%)	31.8 ^a	23.2	23.2
Use of NSAIDs (%)	1.6	1.7	1.7
Use of low-dose aspirin (%)	0.0	0.85	1.2
Use of Ca antagonists (%)	14.3	12.8	11.8
Use of ARB (%)	11.1	11.5	8.8
Use of statins (%)	10.1	11.3	10.4
Use of oral hypoglycemic agents (%)	4.8	4.3	5.8
Use of bisphosphonate (%)	0.0	0.21	0.17
Use of gastromucoprotective agents (%)	2.7	2.1	3.0
Overlapping with FD (%)	33.3 ^b	1.5	1.2
PDS (%)	14.3 ^b	0.64	0.83
EPS (%)	27.5 ^b	0.85	0.33

sEE, symptomatic erosive esophagitis; msEE, mild symptomatic erosive esophagitis; aEE, asymptomatic erosive esophagitis; SD, standard deviation; BMI, body mass index; STAI, State-Trait Anxiety Inventory; NSAIDs, non-steroidal anti-inflammatory drugs; Ca, calcium; ARB, angiotensin II receptor blocker; FD, functional dyspepsia; PDS, postprandial distress syndrome; EPS, epigastric pain syndrome.

^a P<0.05 versus msEE plus aEE

^b P<0.0001 versus msEE plus aEE

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Somministrazione di inibitore di pompa protonica a dosaggio pieno per un periodo breve (2-4 settimane)

La risoluzione della sintomatologia clinica consente di affermare che il paziente è affetto da GERD acido correlata

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Ann Intern Med. 2004 Apr 6;140(7):518-27.

Short-term treatment with proton-pump inhibitors as a test for gastroesophageal reflux disease: a meta-analysis of diagnostic test characteristics.

Numans ME¹, Lau J, de Wit NJ, Bonis PA.

December 2012

CAN THE PPI TEST ADEQUATELY DIAGNOSE GERD? 1363

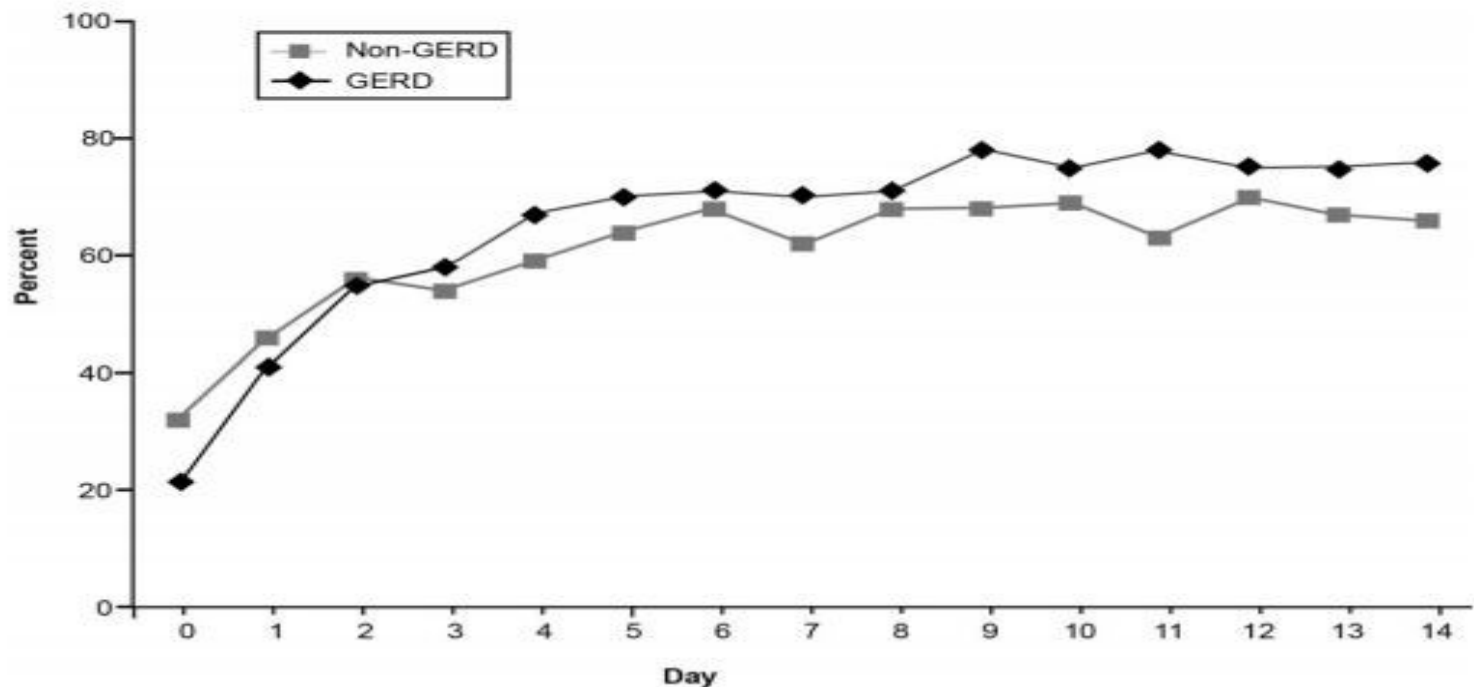


Figure 2. Proportion of patients with relief of reflux symptoms in response to PPI day by day.

Venables et al. (29)	80	21	120	109	330	0.61	0.31	0.79	0.48	0.40	0.84	1.52
Combined								0.71	0.41			

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World Gastroenterology Organisation Global Guidelines
GERD Global Perspective on Gastroesophageal Reflux Disease



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“Non è raccomandato un trattamento a breve termine con PPI per stabilire se i sintomi del paziente siano o no acido correlati”

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Guidelines for the Diagnosis and Management of Gastroesophageal Reflux Disease

Philip O. Katz, MD¹, Lauren B. Gerson, MD, MSc² and Marcelo F. Vela, MD, MSCR³

Am J Gastroenterol 2013; 108:308–328; doi:10.1038/ajg.2012.444; published online 19 February 2013

Nei pazienti con sintomatologia tipica un trattamento empirico con PPI è fortemente raccomandato. Livello di evidenza medio.

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Conclusioni

I sintomi tipici della MRGE sono poco indicativi di MRGE acido correlata.

Una valutazione globale del paziente è utile e necessaria

Il PPI test non è raccomandato nella diagnosi di MRGE acido correlata