

BÖLÜM 4



GASTROÖZOFAGEAL REFLÜ HASTALIĞI

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ÖZET

GÖRH toplumda oldukça sık görülen önemli bir sağlık sorunudur. Dünyadaki görülme sıklığı %7-25 arasında değişmektedir. GÖRH için risk faktörleri arasında ileri yaş, aşırı vücut kitle indeksi (BMI), sigara kullanımı, anksiyete/depresyon ve sedanter yaşam tarzı bulunur. Gastroözofageal reflü, öncelikle alt özofagus sfinkterinin (AÖS) bir bozukluğudur, ancak gelişimine katkıda bulunabilecek birkaç faktör vardır; alt özofagus sfinkteri basıncı, hiatal herniler, bozulmuş özofagus klirensi ve gecikmiş mide boşalması sayılabilir. GÖRH' nin en yaygın semptomları mide ekşimesi, disfaji, göğüs ağrısıdır. Tedavi edilmediği takdirde özofajit ve Barrett's özofagusu dahil olmak üzere birçok ciddi komplikasyona neden olabilir. GÖRH ve olası komplikasyonlarının değerlendirilmesi için en çok kullanılan tanı testi, üst gastrointestinal endoskopi veya özofagogastroduodenoskopidir (EGD). Tedavisi genellikle konservatif yönlerle olur, seçilmiş vakalarda cerrahi uygulanabilir.

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KAYNAKLAR

1. Vakil N, van Zanten SV, Kahrlas P, et al. The Montreal definition and classification of gastroesophageal reflux disease: a global evidence-based consensus. *Am J Gastroenterol* 2006;101:1900-20
2. El-Serag HB, Sweet S, Winchester CC, Dent J. Update on the epidemiology of gastroesophageal reflux disease: a systematic review. *Gut* 2014;63:871-80
3. Revicki DA, Wood M, Maton PN, Sorensen S. The impact of gastroesophageal reflux disease on health-related quality of life. *Am J Med.* 1998;104:252-258.
4. Van Soest EM, Dieleman JP, Siersema PD, Schoof L, Sturkenboom MC, Kuipers EJ. Tricyclic antidepressants and the risk of reflux esophagitis. *Am J Gastroenterol.* 2007;102:1870-1877.
5. Zheng Z, Nordenstedt H, Pedersen NL, Lagergren J, Ye W. Lifestyle factors and risk for symptomatic gastroesophageal reflux in monozygotic twins. *Gastroenterology.* 2007;132:87-95.
6. Ferriolli E, Oliveira RB, Matsuda NM, Braga FJ, Dantas RO. Aging, esophageal motility, and gastroesophageal reflux. *J Am Geriatr Soc.* 1998;46:1534-1537.
7. Ciriza-de-los-Ríos C, Canga-Rodríguez-Valcárcel F, Castel-de-Lucas I, Lora-Pablos D, de-la-Cruz-Bértolo J, Castellano-Tortajada G. How useful is esophageal high resolution manometry in diagnosing gastroesophageal junction disruption: causes affecting this disruption and its relationship with manometric alterations and gastroesophageal reflux. *Rev Esp Enferm Dig.* 2014;106:22-29
8. Van Herwaarden MA, Samsom M, Smout AJ. Excess gastroesophageal reflux in patients with hiatus hernia is caused by mechanisms other than transient LES relaxations. *Gastroenterology.* 2000;119:1439-1446.
9. Gastal OL, Castell JA, Castell DO. Frequency and site of gastroesophageal reflux in patients with chest symptoms. Studies using proximal and distal pH monitoring. *Chest.* 1994;106:1793-1796.
10. Tokashiki R, Funato N, Suzuki M. Globus sensation and increased upper esophageal sphincter pressure with distal esophageal acid perfusion. *Eur Arch Otorhinolaryngol.* 2010;267:737-741.
11. Irwin RS, Fransız CL, Curley FJ, Zawacki JK, Bennett FM. Gastroözofageal reflüye bağlı kronik öksürük. Klinik, tanısal ve patojenetik yönler. *Göğüs.* 1993; 104 :1511-1517.
12. Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. *Am J Gastroenterol.* 2013;108:308-328.
13. Dent J, Armstrong D, Delaney B, Moayyedi P, Talley NJ, Vakil N. Symptom evaluation in reflux disease: workshop background, processes, terminology, recommendations, and discussion outputs. *Gut.* 2004;53(Suppl 4):iv1-24.
14. Ronkainen J, Aro P, Storskrubb T, Johansson SE, Lind T, Bolling-Sternevald E, et al. High prevalence of gastroesophageal reflux symptoms and esophagitis with or without symptoms in the general adult Swedish population: a Kalixanda study report. *Scand J Gastroenterol.* 2005;40:275-285.
15. Richter JE. Gastroesophageal reflux disease in the older patient: presentation, treatment, and complications. *Am J Gastroenterol.* 2000;95:368-373.
16. Shaheen NJ, Richter JE. Barrett's oesophagus. *Lancet.* 2009;373:850-861.
17. Khademi H, Radmard AR, Malekzadeh F, Kamangar F, Nasserli-Moghaddam S, Johansson M, et al. Diagnostic accuracy of age and alarm symptoms for upper GI malignancy in patients with dyspepsia in a GI clinic: a 7-year cross-sectional study. *PLoS One.* 2012;7:e39173.
18. Wang WH, Huang JQ, Zheng GF, Wong WM, Lam SK, Karlberg J, et al. Is proton pump inhibitor testing an effective approach to diagnose gastroesophageal reflux disease in patients with noncardiac chest pain?: a meta-analysis. *Arch Intern Med.* 2005;165:1222-1228.
19. Pandit S, Boktor M, Alexander JS, Becker F, Morris J. Gastroesophageal reflux disease: A clinical overview for primary care physicians. *Pathophysiology.* 2018 Mar;25(1):1-11.
20. Locke GR, Talley NJ, Fett SL, et al. Prevalence and clinical spectrum of gastroesophaga-



- geal reflux: a population-based study in Olmsted County, Minnesota. *Gastroenterology* 1997;112:1448-56.
21. Department of Gastroenterology and Hepatology, Center for Swallowing and Esophageal Disorders, Cleveland Clinic Foundation, Cleveland, Ohio Available online 23 February 2005.
 22. Clarrett DM, Hachem C. Gastroesophageal Reflux Disease (GERD). *Mo Med*. 2018 May-Jun;115(3):214-218.
 23. Wiener GJ, Morgan TM, Copper JB, Wu WC, Castell DO, Sinclair JW, et al. Ambulatory 24-hour esophageal pH monitoring. Reproducibility and variability of pH parameters. *Dig Dis Sci*. 1988;33:1127-1133.
 24. Thompson JK, Koehler RE, Richter JE. Detection of gastroesophageal reflux: value of barium studies compared with 24-hr pH monitoring. *AJR Am J Roentgenol*. 1994;162:621-626.
 25. Kaltenbach T, Crockett S, Gerson LB. Are lifestyle measures effective in patients with gastroesophageal reflux disease? *Arch Intern Med*. 2006;166:965-971
 26. Khan BA, Sodhi JS, Zargar SA, Javid G, Yattoo GN, Shah A, et al. Effect of bed head elevation during sleep in symptomatic patients of nocturnal gastroesophageal reflux. *J Gastroenterol Hepatol*. 2012;27:1078-1082.
 27. Meining A, Classen M. The role of diet and lifestyle measures in the pathogenesis and treatment of gastroesophageal reflux disease. *Am J Gastroenterol*. 2000;95:2692-2697.
 28. Festi D, Scaiola E, Baldi F, et al. Body weight, dietary habits and gastroesophageal reflux disease. *World J Gastroenterol* 2009;15:1690-701.
 29. Bujanda L. The effects of alcohol consumption upon the gastrointestinal tract. *Am J Gastroenterol* 2000;95:3374-82.
 30. Collings KL, Rodriguez-Stanley S, Proskin HM, et al. Clinical effectiveness of a new antacid chewing gum on heartburn and oesophageal pH control. *Aliment Pharmacol Ther* 2012;16:2029-35.
 31. Rohof WO1, Bennink RJ, Smout AJ, et al. An alginate-antacid formulation localizes to the acid pocket to reduce acid reflux in patients with gastroesophageal reflux disease. *Clin Gastroenterol Hepatol* 2013;11:1585-91.
 32. Khoury RM, Katz PO, Castell DO. Post-prandial ranitidine is superior to post-prandial omeprazole in control of gastric acidity in healthy volunteer. *Aliment Pharmacol Ther* 1999;13:1211-4.
 33. Gralnek IM, Dulai GS, Fennerty MG, Spiegel BM. Esomeprazole versus other proton pump inhibitors in erosive esophagitis: a meta-analysis of randomized clinical trials. *Clin Gastroenterol Hepatol* 2006;4:1452-8.
 34. Lidums I, Lehmann A, Checklin H, et al. Control of transient lower esophageal sphincter relaxations and reflux by the GABA (B) agonist baclofen in normal subjects. *Gastroenterology* 2000;118:7-13.
 35. Yew KC, Chuah SK. Antireflux endoluminal therapies: past and present. *Gastroenterol Res Pract*. 2013;2013:481417.
 36. Nissen R (1956) Eine einfache Operation zur Beeinflussung der Refluxösophagitis. *Schweiz Med Wochenschr* 86(Suppl 20):590-2
 37. Dallemagne B, Weerts JM, Jehaes C, Markiewicz S, Lombard R (1991) Laparoscopic Nissen fundoplication: preliminary report. *Surg Laparosc Endosc* 1(3):138-43
 38. Lundell L (2010) Surgical therapy of gastro-oesophageal reflux disease. *Best Pract Res Clin Gastroenterol* 24(6):947-59
 39. Galmiche JP, Hatlebakk J, Attwood S, Ell C, Fiocca R, Eklund S, Långström G, Lind T, Lundell L (2011) LOTUS Trial Collaborators. Laparoscopic antireflux surgery vs esomeprazole treatment for chronic GERD: the LOTUS randomized clinical trial. *JAMA* 305(19):1969-77
 40. Yang H, Meun C, Sun X, Watson DI (2012) Outcome following management of dysphagia after laparoscopic anti-reflux surgery. *World J Surg*. Feb 1. (in press)
 41. Toupet A (1963) Technique d'oesophago-gastroplastie avec phrenogastropexie appliquée dans la cure radicale des hernies hiatales et comme complément de l'opération de Heller dans les cardiospasmes. *Mem Acad Chir* 11:394-8



42. Dor J, Humbert P, Dor V et al (1962) L'intérêt de la technique de Nissen modifiée dans la prévention du reflux après cardiomyotomie extra-muqueuse de Heller. *M Acad Chir* 88:877–84
43. Varin O, Velstra B, De Sutter S, Ceelen W (2009) Total vs partial fundoplication in the treatment of gastroesophageal reflux disease: a meta-analysis. *Arch Surg* 144(3):273–8
44. Herbella FAM, Patti MG, Del Grande JC (2011) Hiatal mesh repair—current status. *Surg Laparosc Endosc Percutan Tech* 21:61–66
45. Pointner R, Granderath FA (2008) Hiatushernie und Rezidive. Die Achillessehne der Antirefluxchirurgie? *Chirurg* 79:974–981
46. Stadlhuber RJ, Sherif AE, Mittal SK, Fitzgibbons RJ Jr, Michael Brunt L, Hunter JG, Demeester TR, Swanstrom LL, Daniel Smith C, Filipi CJ (2009) Mesh complications after prosthetic reinforcement of hiatal closure: a 28-case series. *Surg Endosc* 23(6):1219–26
47. Symons NR, Purkayastha S, Dillemans B, Athanasiou T, Hanna GB, Darzi A, Zacharakis E (2011) Laparoscopic revision of failed antireflux surgery: a systematic review. *Am J Surg* 202(3):336–43