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## GİRİŞ

Gastroözofageal reflü (GÖR), çocuklarda ve yetişkinlerde çok sık görülen bir durumdur. GÖR, mide içeriğinin mideden özofagusa doğru retrograd hareket etmesi olarak tanımlanır. GÖR fizyolojik bir olaydır, gün içinde mukozal hasar ve semptomlara neden olmadan birçok kez meydana gelebilir. Gastroözofageal reflü hastalığı (GÖRH) ise midede yanma, regürjitasyon gibi semptomların, mukozal hasarın veya komplikasyonların eşlik etmesidir.

GÖRH'teki semptomlar, özofageal ve özofagus dışı olarak sınıflandırılabilir. GÖRH'te özofagusa ait göğüs ağrısı, ağıza acı su gelmesi ve komplikasyon varlığında disfaji görülebilir (1). Özofagus dışındaki semptomları laringeal, orofaringeal (ağız kokusu, diş çürümesi, vs.), pulmoner (aspirasyona bağlı pnömoni, bronkokonstrüksiyon, bronkospazm), non-kardiyak göğüs ağrısı ve abdominal belirtiler olarak sınıflandırılabilir (2-4). GÖRH, üç önemli fenotipe sahiptir en sık görüleni %60-70'ni oluşturan non-eroziv reflü hastalığı (NERH), ikinci sıklıkta eroziv özofajit (EÖ) ve daha az oranla Barret özofagusu (BÖ) görülmektedir (5,6). Montreal konsensusuna göre; NERH, reflüye bağlı

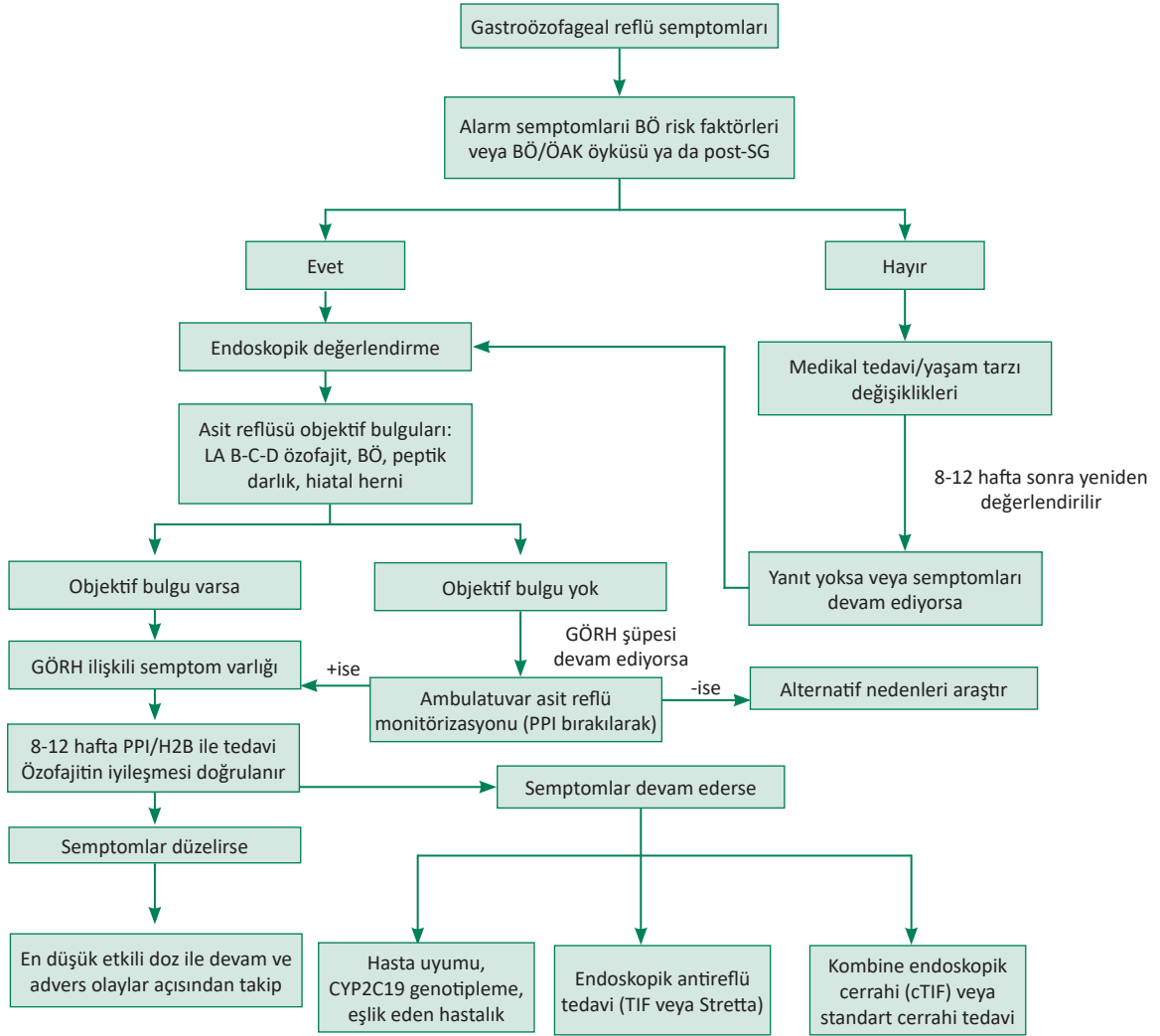
komplikasyon düşündürecek semptomların olmaması ve endoskopik olarak özofagusta mukozal hasarın görülmemesidir. EÖ ise endoskopide distal özofagusta mukozal hasarın, erozyon ve ülserlerin görünür olmasıdır. EÖ şiddetini belirlemede endoskopik inceleme yapılmalıdır. GÖRH'ün en az görülen bulgusu olan Barrett özofagusunda ise özofagus distalinde en az  $\geq 1$  cm lik alanda skuamöz epitelin yerini metaplastik kolumnar epitelin alması olarak tanımlanmıştır (7-10).

## Epidemiyoloji ve Risk Faktörleri

GÖRH prevalansını net olarak saptamak kolay değildir, çünkü bu hastaların bir kısmında şiddetli semptom olmadığından sağlık merkezine başvurmazlar. GÖRH, İngiltere ve Amerika' da yıllık 5/1000' dir. GÖRH' e bağlı gelişen EÖ, BÖ ve özofageal adenokarsinom erkeklerde, beyaz ırkta ve batı ülkelerinde daha sık görülmektedir. GÖRH'de görülme sıklığı ile birlikte sık görülen semptomlar da coğrafi farklılıklar gösterebilir. Örneğin, Batı ve Orta Doğu ülkelerinde prevalans benzerdir fakat bu oran Güneydoğu Asya ülkelerinde daha düşüktür. Ortadoğu ve Asya ülkelerinde prevalans daha düşük ve regürjitasyon daha sık eşlik etmekteyken, Batılı ülkelerde prevalans daha yüksek seyretmek-

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