Clinical features

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Symptoms of GORD can be classified into oesophageal or extraoesophageal. Typical oesophageal complaints include heartburn, which is defined as a burning sensation behind the sternum, and regurgitation, which is the perception of the flow of refluxed gastric content into the mouth or hypopharynx. Patients may also complain of epigastric pain, which can be a manifestation of erosive oesophagitis. Symptoms cannot accu rately predict the severity of the mucosal injury . Dysphagia can be related to large hiatus hernia, stricture or even oesophageal carcinoma. Bleeding from erosive oesophagitis, Cameron ulcers (gastric ulcers a t the level of the diaphragmatic constriction within large hiatus hernias) or tumours can present as co ff ee ground vomiting or frank haematemesis. Extraoesophageal symptoms may include chronic cough, laryngitis, asthma and dental erosions (especially on the lingual and palatal tooth surfaces). The causativ e relationship of extraoesophageal manifestations can sometimes be vague. These problems are usually multifactorial but can be aggravated by GORD. Other conditions with proposed association with GORD include sinusitis, pulmonary fibrosis, pharyngitis and recurrent otitis media. Symptoms are often provoked by food, particularly after a full meal with increased intragastric pressure or food that delays gastric emptying (e.g. oily , spicy food). T he refluxate can cause an unpleasant taste, often described as ‘acidic’ or ‘bitter’. Intensive exercise may sometimes induce GORD in healthy subjects owing to an increase in intra-abdominal pressure. Some patients may complain of nocturnal symptoms espe cially when lying supine, probably related to the gravitational e ff ect. This may significantly a ff ect patients’ sleep. Mild symp toms occurring two or more days a week or moderate/severe symptoms a ff ecting more than one day a week are considered troublesome.

Revision #1
Created 2025-12-31 15:24:24 UTC by Omar Ayman
Updated 2025-12-31 15:24:24 UTC by Omar Ayman