

Acid Reflux Is A Symptom Of

Treatment options include lifestyle changes, medications,... 5af4407524 Risk factors include obesity, pregnancy, smoking, hiatal hernia, and taking certain medications. Medications that may cause or worsen the disease include benzodiazepines, calcium channel blockers, tricyclic antidepressants, NSAIDs, and certain asthma medicines. Acid reflux is due to poor closure of the lower esophageal sphincter, which is at the junction between the stomach and the esophagus. Diagnosis among those who do not improve with simpler measures may involve gastroscopy, upper GI series, esophageal pH monitoring, or esophageal manometry. 5af4407524 == Signs and symptoms == 5af4407524

Acid peptic diseases Acid reflux damages the esophageal mucosa and may also cause laryngeal tissue injury, leading to the development of pulmonary Acid peptic diseases, such as peptic ulcers, Zollinger-Ellison syndrome, and gastroesophageal reflux disease, are caused by distinct but overlapping

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pathogenic mechanisms involving acid effects on mucosal defense. Acid reflux damages the esophageal mucosa and may also cause laryngeal tissue injury, leading to the development of pulmonary symptoms. acid effects on mucosal defense 5af4407524

Vesicoureteral reflux infections, so testing for reflux may be performed after a child has one or more infections. , too "end-on". In infants, the signs and symptoms of a urinary tract infection Vesicoureteral reflux (VUR), also known as vesicoureteric reflux, is a condition in which urine flows retrograde, or backward, from the bladder into one or both ureters and then to the renal calyx or kidneys. e. Reflux occurs if the ureter enters the bladder without sufficient tunneling, i. The valve is formed by oblique tunneling of the distal ureter through the wall of the bladder, creating a short length of ureter (1-2 cm) that can be compressed as the bladder fills. Urine normally travels in one direction (forward, or anterograde) from the kidneys to the bladder via the ureters, with a one-way valve at the vesicoureteral (ureteral-bladder) junction preventing backflow 5af4407524

== Background == 5af4407524 These conditions are often related, and

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differentiating between the two can be difficult. 5af4407524 Irrespective of the cause, achlorhydria can result in known complications of bacterial overgrowth and intestinal metaplasia, and symptoms are often consistent with those diseases: 5af4407524

Reflux suppressant Commonly, following ingestion a 'raft' of alginic acid is created A reflux suppressant is any one of a number of drugs used to combat oesophageal reflux. Commonly, following ingestion a 'raft' of alginic acid is created, floating on the stomach contents by carbon dioxide released by the drug. Some preparations also contain antacids to protect the oesophagus. Alginate-based reflux suppressants relieve heartburn or regurgitation symptoms in about 60–70% of patients. A reflux suppressant is any one of a number of drugs used to combat oesophageal reflux. This forms a mechanical barrier to further reflux 5af4407524

Gastroesophageal reflux disease Symptoms include dental corrosion, dysphagia, heartburn, odynophagia, regurgitation, non-cardiac chest pain, extraesophageal symptoms such as chronic cough, hoarseness, reflux-induced laryngitis, or

asthma. In the long term, and when not treated, complications such as esophagitis, esophageal stricture, and Barrett's esophagus may arise. gastroesophageal reflux disease when signs and symptoms develop into a recurrent problem. Frequent acid reflux can be caused by poor closure of the lower esophageal Gastroesophageal reflux disease (GERD) or gastro-oesophageal reflux disease (GORD) is a chronic upper gastrointestinal disease in which stomach content persistently and regularly flows up into the esophagus, resulting in symptoms and/or complications 5af4407524

In infants, the... 5af4407524 The importance of refluxed gastric contents in the pathogenesis of GERD was emphasized by Winkelstein who introduced the term "peptic esophagitis" and by Bernstein and Baker who reported the symptom of heartburn following instillation of hydrochloric acid in the distal esophagus in what then became known as the acid perfusion test. Formal measurement of acid in the esophagus was first described in 1960 by Tuttle. He used a glass pH probe to map the gastroesophageal pH gradient, and demonstrated a sharp gradient in normal subjects and a gradual, sloping gradient in patients with esophagitis. Four years later, Miller used an indwelling esophageal pH electrode to continuously

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measure esophageal and gastric pH for a period up to 12 hours. This technique...
5af4407524 == Definition and symptoms == 5af4407524 == Signs and symptoms == 5af4407524 == References == 5af4407524

Esophageal pH monitoring It can also be used in diagnosing laryngopharyngeal reflux. It provides direct physiologic measurement of acid in the esophagus and is the most objective method to document reflux disease, assess the severity of the disease and monitor the response of the disease to medical or surgical treatment. It provides direct physiologic measurement of acid in the In gastroenterology, esophageal pH monitoring is the current gold standard for diagnosis of gastroesophageal reflux disease (GERD). monitoring is the current gold standard for diagnosis of gastroesophageal reflux disease (GERD) 5af4407524

== Causes == 5af4407524 Bile is a digestive fluid made by the liver, stored in the gallbladder, and discharged into the duodenum after food is ingested to aid in the digestion of fat. Normally, the pyloric sphincter prevents bile from entering the stomach. When the pyloric sphincter is damaged or fails to work correctly, bile can enter the stomach and then be transported into the esophagus as in

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gastric reflux. The presence of small amounts of bile in the stomach is relatively common and usually asymptomatic, but excessive refluxed bile causes irritation and inflammation... 5af4407524 Extraesophageal symptoms result from exposure of the upper aerodigestive tract to gastric contents. This causes a variety of symptoms, including hoarseness, postnasal drip, sore throat, difficulty swallowing, indigestion, wheezing, globus pharyngeus, and chronic throat-clearing. Some people with LPR have heartburn, while others have little to no heartburn... 5af4407524 == Signs and symptoms == 5af4407524 LPR reportedly affects approximately 10% of the U.S. population. However, LPR occurs in as many as 50% of individuals with voice disorders. It may also correlate with the ability to voluntarily burp (supragastric belching). 5af4407524 Biliary reflux is often mistaken for acid reflux (gastroesophageal reflux disease, GERD). The difference is in the fluid involved: 5af4407524 Acid reflux (GERD): stomach acid moves up into the esophagus. 5af4407524 Symptoms from a hiatal hernia may be improved by changes such as raising the head of the bed, weight loss, and adjusting eating habits. Medications that reduce gastric acid such as H2 blockers... 5af4407524 Complications of achlorhydria most frequently include small intestinal bacterial overgrowth and the nutritional deficiencies that can result from it. Rarely,

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achlorhydria may contribute to formation of gastric cancers or gastric carcinoid tumors. 5af4407524

Achlorhydria Achlorhydria is commonly a complication of some other disease, such as chronic *Helicobacter pylori* infection or autoimmune pernicious anemia, as well as a possible side effect of long-term use of proton pump inhibitors. overgrowth and intestinal metaplasia, and symptoms are often consistent with those diseases: gastroesophageal reflux disease abdominal discomfort early satiety Achlorhydria and hypochlorhydria are states where the production of hydrochloric acid in gastric secretions of the stomach is absent or low, respectively 5af4407524

Bile reflux: bile and enzymes from the small intestine move into the stomach and esophagus. 5af4407524

Biliary reflux The difference is in the fluid involved: Acid reflux (GERD): Biliary reflux, also called bile reflux, duodenogastroesophageal reflux (DGER) or duodenogastric reflux, is a condition that occurs when bile and/or other contents

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like bicarbonate and pancreatic enzymes flow upward (refluxes) from the duodenum into the stomach and esophagus. Biliary reflux is often mistaken for acid reflux (gastroesophageal reflux disease, GERD) 5af4407524

Most children with vesicoureteral reflux are asymptomatic. Vesicoureteral reflux may be diagnosed as a result of further evaluation of dilation of the kidney or ureters draining urine from the kidney while in utero as well as when a sibling has VUR (though routine testing in either circumstance is controversial). Reflux also increases risk of acute bladder and kidney infections, so testing for reflux may be performed after a child has one or more infections. 5af4407524

Heartburn It is a symptom that is commonly linked to acid reflux and is often triggered by food. Causes include acid reflux, gastroesophageal reflux disease (GERD), damage to the esophageal lining, bile acid, mechanical stimulation to the esophagus, and esophageal hypersensitivity. Lying down, bending, lifting, and performing certain exercises can exacerbate heartburn. It is a symptom that is commonly linked to acid reflux and is often triggered by food. Heartburn affects 25% of the population at least once a month. Lying Heartburn is a burning

sensation felt behind the breastbone. Heartburn is a burning sensation felt behind the breastbone 5af4407524

Laryngopharyngeal reflux LPR may play a role in other diseases, such as sinusitis, otitis media, and rhinitis, and can be a comorbidity of asthma. While LPR is commonly used interchangeably with gastroesophageal reflux disease (GERD), it presents with a different pathophysiology. LPR causes respiratory symptoms such as cough and wheezing and is often associated with head and neck complaints such as dysphonia, globus pharyngeus, and dysphagia. of measuring proximal esophageal, or ideally pharyngeal acid exposure, in patients with clinical symptoms of LPR to document reflux as the cause of the Laryngopharyngeal reflux (LPR) or laryngopharyngeal reflux disease (LPRD) is the retrograde flow of gastric contents into the larynx, oropharynx and/or the nasopharynx 5af4407524

Mucosal disruption in acid peptic disease patients can be caused by infection, barrier disruption, or gastric acid hypersecretion. Acid peptic diseases can arise due to various risk factors such as *Helicobacter pylori* infection, alcoholism, tobacco use, cocaine and amphetamine use, nonsteroidal anti-inflammatory drug

use (NSAIDs), fasting, Zollinger-Ellison syndrome, angiogenesis inhibitor-treated cancer, and bariatric surgery. 5af4407524 The most common risk factors are obesity and older age. Other risk factors include major trauma, scoliosis, and certain types of surgery. There are two main types: sliding hernia, in which the body of the stomach moves up; and paraesophageal hernia, in which an abdominal organ moves beside the esophagus. The diagnosis may be confirmed with endoscopy or medical imaging. Endoscopy is typically only required when concerning symptoms are present, symptoms are resistant to treatment, or the person is over 50 years of age. 5af4407524

Hiatal hernia compartment of the chest. This may result in gastroesophageal reflux disease (GERD) or laryngopharyngeal reflux (LPR) with symptoms such as a taste of acid in the back of the mouth or heartburn. This may result in gastroesophageal reflux disease (GERD) or laryngopharyngeal reflux (LPR) with symptoms such as a taste of acid in A hiatal hernia or hiatus hernia is a type of hernia in which abdominal organs (typically the stomach) slip through the diaphragm into the middle compartment of the chest. Complications may include iron deficiency anemia, volvulus, or bowel obstruction. Other symptoms may

include trouble swallowing and chest pains 5af4407524

The pharmacologic treatment of acid peptic disorders centers on redressing this imbalance by either improving mucosal defenses with drugs like sucralfate, bismuth, and prostaglandin analogs, neutralizing acid with antacids, or decreasing acid secretion with histamine 2 receptor antagonists or, more recently, proton pump inhibitors. 5af4407524 Endoscopy and esophageal pH monitoring can be used to evaluate heartburn. Some causes of heartburn, such as GERD, may be diagnosed based on symptoms alone. Potential differential diagnoses for heartburn include motility disorders, ulcers, inflammation of the esophagus, and medication side effects. Lifestyle changes, such as losing weight and avoiding fatty foods, can improve heartburn. Over-the-counter alginates or antacids can help with mild or occasional heartburn. Heartburn treatment primarily involves antisecretory medications like H2 receptor antagonists (H2RAs) and proton-pump inhibitors (PPIs). 5af4407524 Reflux can also be coincidentally reduced by the motility stimulants and antidopaminergics. 5af4407524

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