ATYPICAL APPEARANCE OF GASTROESOPHAGEAL REFLUX DISEASE, THE DEGREE OF BRONCHOOBSTRUCTIVE SYNDROME DEPENDING ON THE TYPE OF REFLUX

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ABSTRACT

This article explores the atypical appearance of gastroesophageal reflux disease (GERD) and its association with bronchoobstructive syndrome (BOS), particularly in the broncho-pulmonary form. The study focuses on the clinical symptoms, diagnosis, and prevalence of GERD, as well as its connection to bronchial asthma. The research analyzes the immixture of the bronchoobstructive syndrome with the refluxate and its implications for diagnosis and treatment. The findings suggest that GERD can manifest with extra-oesophageal complaints and manifestations, including bronchial asthma. The study highlights the importance of considering the broncho-pulmonary form of GERD in patients with respiratory symptoms.

Keywords: gastroesophageal reflux disease, bronchoobstructive syndrome, broncho-pulmonary form, extra-oesophageal complaints, bronchial asthma.

The urgency of the problem. Gastro-esophageal reflux disease (GERD), with its main symptoms of heartburn and regurgitation, is one of the most common conditions affecting the esophagus; however, it has been appreciated that symptomology in GERD patients is more complex and also extends to extra-oesophageal complaints and manifestations [1,3,6,7]. The diagnosing disease, almost is not difficult, because typical clinical symptoms of the GERD rae observed frequently in the clinical practice, for example heartburn, burp, regurgitating and others. However, typical forms of the disease are diagnosed much difficulty [1,7,8]. Because clinical view of them looks like the diseases of the neighbor organs. The broncho-pulmonary form of the GERD from atypical views is much observed. For instance, according to medical literatures one of atypical forms of the GERD reflux – asthma from 30 % until 90 % happens together with bronchial asthma (BA) [2,4,5,7].

According to our primary researchings among the atypical forms of the GERD, precisely, broncho-pulmonary type is progressive because we aimed during the research to define the immixture of register grade of the bronchoobstructive syndrome (BOS) with hue of the refluxate.

MATERIALS AND METHODS

The clinical, laboratory and instrumental facts of analysis results of 86 seconded patients, which are diseased with GERD and alternatively diseased with 1-2 steps of BOS were taken for the research. From the patients 51 women and 35 men ages between 18 and 57 (medium 35 + 0,7). Estimating benchmarks to the exploration: they are those people who have complaints about heartburn and regurgitation, older from 18 age and agreed in writing form for the clinical and instrumental analyzings. Releasing benchmarks from the exploration: consumption H_2 blockers, proton pump inhibitors, prokinetics before 10 days addressing, attack level of the ulcer stomach and duodenum, achalazia of cardia, cirrhosis of the liver in various etiology, chronic pancreatitis in the twinge level , cholecystitis, choledocholithiasis disease, infection Helicobacter pylori, in the anamnesis operations were thereupon bile, pancreatic and duodenum diseases, pregnant and in the lactation period in the anamnesis which drugs were necessary underlined adverse effects or useless drugs and injuring with chronic deficit of ren.

For the diagnosing used from rentgenological, endoscopic and in necessary times ultrasonography and computer tomography examinations. Types of the refluxate ambience were determined, which were invited by authors in vivo and in vitro haller in the early morning first quality, then quantity with ph-metric method.

Before doing this method patients were invited to reject juices,coffee and antacid drugs.We used classification that was offered in 2009 during the diagnosis. (4) Taken patients are separated into 2 groups cally representative according to age,sex,quantity currency of anamnesis, degree of the Kettle index and others.

For this distrubation taken to basis that only yardstick index type of the ambience refluxate (A.R). In the 1 group 48 patient’s ambiences were acidic (Acidic. A=2.6±0.3) and in 28 patients were alkaline (Al.A=8.7±0.4)Ph-metric research were carried out by fashion BFRL-S20 ph-meter.

In the process diagnosis from rentgenological ,endescopic, for analyzing function of the external respiration (peakflowmetry and spirography),common analysis of the blood and dejecta ,necessary times ultrasonography ,computer tomography was used.In the preliminary level of the examination through polls-asking determined that is happening with the GERD degree occur of the BOS.

In the next levels of the exploration learned which were injured with GERD and at the same time types of the BOS patient’s clinic-diagnosing results.(table) Practically healthy 16 people haven’t any complaints and objective symptoms of the somatic pathology.Taken facts are recycled used

from Student's T-yardstick and diversity of P<0.05 results are acknowledged as reliable.

RESULTS AND DISCUSSION

The pathology of respiration organs BOS and GERD frequency of occurring together showed the followings. When BA and GERD are diagnosed together in patients Ac.A=56,2% and Al.A=43,7% ambience refluxates were difned (Difference of statistician symbols p<0,05).

Obviously, index of occurring together GERD and BOS according to ambience of refluxate, whichpatients have acidic ambience (Ac.A) is high. In the GERD occurring degree of the BOS dependence to ambience refluxate in the 2 group patients clinical and endoscopic aspects were learned specially. The features of clinical and endoscopic symptoms for characterize largely and extensively, primarily, those are essence of the disease that basic symptoms were defined.

Table 1.

The occurring degree the dependence to the ambience of refluxate in the GERD of the BOS symptoms.

Symptoms:	Occurrence degree dependence to the ambience of the refluxate	
	Acidic N=48	Alkaline N=38
1.Heartburn +BOS (Attack asphyxia +chronic cough)	27 (56,5%)	17 (44%)
2.Burp +BOS	17 (35,4%)	8 (21%)
3.Bitter in the mouth+BOS	3 (6,2%)	16(43%)
4.Dysphagia +BOS	18 (37%)	15 (39%)
5.Regurgitation + BOS	27 (56%)	16 (43%)
6.Chronic cough	12 (25%)	4 (11%)
7.Attack asphyxia	18 (37,5%)	8 (21%)

Note.p<0,05* p<0,001** reliable difference between acidic and alkaline.

Ph-metric results of examination shows that, who are injured with GERD patient's mucus of esophagus and ph-metric index is healthy patients have seriously differences.In the 1 group patients A.R ph-metric indexes are 2,6±0,3, they differed reliable from index of control group. (6,9±0,8) (p<0,001).

In the 2 group patients this index 8,7 ± 0,4, they differed from index control (p<0,05) and 1 group (p<0,001)

So, developing clinical symptoms and occurring degree of the BOS in the GERD in evaluation dependence calls to the A.R, patients who has Ac.A occurring together BOS is high.

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