EP-015 - PREVALENCE OF MOTILITY ABNORMALITIES IN PATIENT WITH SUSPECTED GERD BY HIGH RESOLUTION MANOMETRY

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Introduction:

High-resolution manometry (HRM) in suspected gastroesophageal reflux disease (GERD) is commonly performed to accurately place ph-impedance catheters and to exclude major motor disorders. However, classification of motor findings in GERD was only recently described.

Methods:

Patients that performed HRM for suspected GERD before pH-impedance between 2017-2018 were included. The aim of this study was to characterize motor findings in this group of patients.

Results:

A total of 49 subjects were enrolled, with a mean age of 55.6 ± 14.1 years, including 32 females. The main symptoms were pyrosis (n=17), dysphagia (n=9), non-cardiac chest pain (n=7) and cough (n=6).

A total of 11 patients were classified as GERD (acid exposure time (AET)>6% or endoscopic evidence of GERD), 27 patients as functional heartburn/hypersensitive oesophagus (AET<4%) and 11 patients had borderline criteria (AET 4-6%).

Esophagogastric junction (EGJ) morphology was type 1 in 40 patients (82%), type 2 in 6 (12%) and type 3 in 3(6%). Mean EGJ contractile integral (ECJ-DCI) was 7.1 ± 15.7 mmHg.cm and 96% presented with ECJ-DCI below cut-off values (39.3mmHg.cm). Mean distal contractile integral was 967 ± 595 mmHg.cm.s. Peristalsis was considered failed in 4 patients, weak in 18, normal in 24 and hypercontractile in 1. Peristaltic reserve after multiple rapid swallows was absent in 32% of the patients. According to Chicago classification, 27 (55%) patients had a diagnosis of abnormal motility (4 major disorders - absence contractility (n=3) and jackhammer oesophagus (n=1) and 23 minor disorders - ineffective motility (n=23)).

Discussion:

In our sample, the majority of patients with suspected GERD presented with motility abnormalities on HMR. Its significance as adjunctive measure for diagnosis and treatment should be further explored.