

Question 7 – September 18

An asymptomatic 62 year old male patient undergoes an upper endoscopy for iron deficiency anemia. He has no history of heartburn, regurgitation, or other symptoms to suggest significant acid reflux. On the upper endoscopy, a 2 cm individual tongue of Barrett's esophagus is suggested and confirmed on biopsy. What is true about his diagnosis of Barrett's esophagus and any underlying reflux?

- A. An esophageal manometry should be done to confirm a low resting lower esophageal sphincter pressure in order to make the diagnosis of GERD.
- B. Ambulatory pH and reflux monitoring is not required in this patient to establish a diagnosis of GERD.
- C. Ambulatory pH monitoring should be done to confirm the need for treating the patient for GERD.
- D. If the patient has an elevated BMI they should be considered for anti-reflux surgery.

Answer: B

Ambulatory reflux monitoring is not required in the presence of short or long-segment Barrett's esophagus to establish a diagnosis of GERD. (Strong recommendation, moderate level of evidence from 2013 ACG GERD guidelines).

Reference

Guidelines for the diagnosis and management of gastroesophageal reflux disease. Katz PO, Gerson LB, Vela MF. Am J Gastroenterol. 2013 Mar;108(3):308-28.