4/6/2020
31-year-old female with history of rheumatoid arthritis, arrives into your clinic complaining of a chronic dry cough. Patient underwent pulmonary testing, however returned negative as etiology for cough. Patient empirically was tried on nasal fluticasone for one week, however it did not resolve her symptoms. She continues to experience everyday cough and therefore her primary care doctor empirically prescribed Omeprazole 20mg daily, however patient did not experience any improvement in symptoms. Patient is now in your clinic, continuing to complain of daily dry cough. What is the next best step in management?

A. Increase Omeprazole to twice-daily  
B. Order 24-hour pH impedance testing off PPI  
C. Order 24-hour pH impedance testing on PPI  
D. Order Esophageal manometry  
E. Order upper endoscopy with EndoFLIP

Answer: B
Rationale: Symptomatic response to PPI therapy does not predict a diagnosis of GERD. Furthermore, patients with atypical symptoms such as chest pain, chronic cough, laryngitis typically have less success responding to a PPI, diminishing the utility of using empiric PPI as a means to diagnose atypical GERD. Use of ambulatory reflux monitoring, such as with a 24-hour pH impedance catheter, can confirm the evidence of GERD particularly in the setting of atypical symptoms. The primary outcome on a 24-hour pH study is the acid exposure time (AET). The Lyon Consensus recommends proving GERD off therapy, therefore the correct answer is ordering 24-hour pH impedance testing off PPI.