

Question 15 – December 7

A 44 year old obese female presents with postprandial heartburn, slowly progressive over two years. An upper endoscopy reveals LA grade B esophagitis, a 3 cm hiatal hernia, and is otherwise unremarkable. She is given a proton-pump inhibitor (PPI) once daily, and after 4 weeks of therapy she says her heartburn is only partially improved. What is the next best step in management?

- A. Ambulatory pH monitoring
- B. A repeat upper endoscopy with esophageal biopsies
- C. Optimization of PPI therapy including a review of timing, compliance, and dosing
- D. Addition of baclofen
- E. Referral for laparoscopic fundoplication

Answer: C

In patients with typical GERD not responsive to PPI therapy, the first step in management is to optimize therapy by ensuring compliance and adequate dosing. A repeat endoscopy is not indicated after such a short medical treatment trial. Addition of other anti-reflux therapies or surgery is also not indicated. Ambulatory pH monitoring can be considered after optimization of PPI therapy is performed.

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.