

### GERD

#### Definition

Recurrent reflex of gastric contents into the distal esophagus d/t mechanical or functional abnormality of the lower esophageal sphincter (LES)

#### Normal protectant factors of the esophagus

Gravity, LES tone, esophageal motility, salivary flow, gastric emptying, tissue resistance

#### What can chronic reflux cause?

Barrett's esophagitis (replacement of normal squamous epithelium with metaplastic columnar epithelium)

#### Barrett's esophagitis can predispose

Malignancy

#### Clinical Features

*Heartburn* (worse after meals + lying down), hoarseness, halitosis, cough, hiccuping, atypical chest pain

#### Sx of more severe GERD

Occurs spontaneously when supine, sign of severe impairment of lower esophageal sphincter tone

#### Sx of less severe disease

Pattern of heartburn following meals, but no PM sx

#### Lab Studies

*Clinical* usually, can do endoscopy, EKG r/o MI if needed,

#### When is endoscopy indicated?

>45 yo w/ new onset of sx, long-standing or frequent sx and failure to respond to therapy, anemia, dysphagia, or recurrent vomiting

#### Treatment

Lifestyle modifications, antacids, H2-blockers 1st line, PPI most powerful, surgery/endoscopy available last resort

### Mallory-Weiss Tear

#### Definition

Linear mucosal tear in the esophagus, generally at the gastroesophageal junction, that occurs with forceful vomiting, causing hematemesis

#### Most commonly associated with

*Alcohol use* but should be considered in all cases of upper GI bleeding

#### Diagnosis

Endoscopy

#### Treatment

Most cases resolve on their own, but may need endoscopic injx of epinephrine or thermal coagulation

### Infectious Esophagitis

#### Seen in what patient population?

Rare except in immunocompromised

#### Etiology

Fungal: Candida, Viral: CMV and HSV, other (HIC, M. tuberculosis, EBV)

#### Clinical Features

*Odynophagia* (painful swallowing), or *dysphagia* (difficulty swallowing) in an immunocompromised patient

#### Lab Findings

Endoscopy shows large deep ulcers (CMV, HIV), or multiple shallow ulcers (HSV), or white plaques (Candida)

#### What is needed for definitive dx?

Cytology or culture from endoscopic brushings

#### Treatment

Candida-->fluconazole, HSV-->acyclovir, CMV-->ganciclovir

### Esophageal Varices

#### Definition

Dilations of the veins of the esophagus, usually at the distal end

#### Etiology

Underlying portal HTN, most commonly from cirrhosis (EtOH abuse or chronic viral hepatitis); NSAIDs can exacerbate bleeding

#### Budd-Chiari Syndrome

May cause thrombosis of the portal vein, leading to esophageal varicose

#### Diagnosis

Patient with signs of cirrhosis + hematemesis (varicose can be asymptomatic until they bleed at which time they can be life-threatening)

#### Treatment

Hemodynamic support w/ high-volume fluid replacement, vasopressors, immediate control of bleeding! (Bleeding = high mortality). Preferred therapies: endoscopic therapy + pharm. vasoconstriction (i.e. octreotide)

### Esophageal Neoplasms

#### Most common types

SCC and adenocarcinomas

#### Barrett's esophagitis associated with

Adenocarcinoma in the distal 1/3 of the esophagus

#### Squamous cell lesions associated with

Proximal 2/3 of the esophagus

#### Why is local spread to the mediastinum common

Esophagus has no serosa

#### Risk factors esophageal cancer

Smoking, EtOH, exposures (HPV, poor dental hygiene)



### Esophageal Neoplasms (cont)

#### Clinical Features

Progressive dysphagia for solid foods  
assoc. w/ weight loss (also heartburn,  
hoarseness, vomiting)

#### Best initial lab test to visualize

Biphasic barium esophagram

#### Best lab test to diagnose

Endoscopy with brushings

#### Treatment

*Surgical*

### Esophageal Dysmotility

#### Definition

Includes neurogenic dysphagia, Zenker's  
diverticulum, esophageal stenosis,  
achalasia, diffuse esophageal spasm,  
scleroderma

#### Etiology

Neurologic factors, intrinsic or external  
blockage, malfunction of esophageal  
peristalsis

#### Clinical features

*Dysmotility* most common

#### Lab Findings

Barium swallow, can show *achalasia*  
(parrot-beak)

#### Treatment

Benign strictures-->dilation, Malignant  
strictures-->resection



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